HOME TEACHER
REGISTER/PAYROLL 2008-2009

LIST ALL STUDENT SERVICE

REGISTER #2 9/29-10/24)

LAST NAME | FIRST NAME | EMPLOYEE NO.

❑ Contracted ❑ Retired

Grade Key Chart
P=Pre-K
O=Kinder
1-12
C=Comp. Ed.

IEP Key Chart
S=Special Day Class
R=Resource Class
G=No IEP

FAX # (818) 505-0246

ANY QUESTIONS ABOUT YOUR REGISTER, PLEASE CONTACT YOUR REP.

PROJECT FOR PAYROLL
Fax after last student served.

CARLSON HOME/HOSPITAL SCHOOL
LOS ANGELES UNIFIED SCHOOL DISTRICT
STATE SCHOOL REGISTER

(10/1-10/3) (10/1-10/10) (10/1-10/17) (10/1-10/31)

MAIL 10/31/08, AFTER LAST STUDENT SERVED.

PRINT STUDENT'S NAME (LAST / FIRST)	TRACK	GRADE	AGE	IEP-SRG	LEP	X MON	X TUE	1 WED	2 THUR	3 FRI	6 MON	7 TUE	8 WED	9 THUR	10 FRI	13 MON	14 TUE	15 WED	16 THUR	17 FRI	20 MON	21 TUE	22 WED	23 THUR	24 FRI	27 MON	28 TUE	29 WED	30 THUR	31 FRI
KEEP SAME ORDER OF STUDENTS	Pre-K--12th									FAX					FAX					FAX					FAX			FAX		
1																														
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
DAILY MINUTES WORKED																														
CONVERTED HOURS WORKED DAILY																														
TEACHER ABSENCE INTO HOURS (Please indicate the absence code from below) (IL - Illness PN - Pers. Nec. KN - Kin Care BV - Bereavement)	LEP LEVELS 1, 2, 3, 4, P & R																													
						Teacher Worked					Teacher Worked					Teacher Worked					Teacher Worked					Teacher Worked				
						WEEKLY TOTAL					WEEKLY TOTAL					WEEKLY TOTAL					WEEKLY TOTAL					WEEKLY TOTAL				
						Mileage					Mileage					Mileage					Mileage					Mileage				
STAFF DEVELOPMENT, IEP MEETINGS, OBSERVATIONS, ETC.																														
OFFICE USE ONLY																														

IMPORTANT!!!

Upon start of service, each full day Kindergarten - 12th- grade student is entitled to the equivalent of 60 MINUTES per instructional day.

Upon start of service, each 1/2 Day Pre-K student is entitled to the equivalent of 30 MINUTES per instructional day.

PLEASE ADD GRAND TOTALS BELOW

HOURS	TOTAL MILEAGE
ILLNESS	PERSONAL NEC.
KIN CARE	BEREAVEMENT
WORKER'S COMP.	BEREAVEMENT
OTHER	
STAFF DEVELOPMENT	
IEP'S (Include Last name & First Initial)	
SUPPLEMENTAL	
HOLIDAYS	
TOTAL COMBINED	

TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS STATE SCHOOL REGISTER PAGE HAS BEEN KEPT AS REQUIRED BY LAW AND IN ACCORDANCE WITH THE INSTRUCTION OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION AND FURTHER CERTIFIES THAT THE HOURS AND MILEAGE CLAIMED ARE TRUE AND ACCURATE.

SIGNED _____ DATE _____

O STUDENT EXCUSED w/ MINUTES
Ø STUDENT UNEXCUSED w/ MINUTES
/ TEACHER ABSENT w/ MINUTES
X TEACHER UNPAID ABSENCE w/ MINUTES

DAILY MILEAGE SHEET
BERENECE CARLSON HOME/HOSPITAL SCHOOL

I CERTIFY THAT THE MILEAGE IS TRUE AND ACCURATE AND IS SCHOOL BUSINESS AS DEFINED IN BOARD RULE 1532.

NAME _____ SIGNATURE _____ EMP.# _____

PAY PERIOD _____ DATES _____ MILEAGE HOME TO OFFICE _____

Use # mileage to indicate that the mileage to first student is greater than the mileage from home to HHP office; the mileage shown is the difference between the two.

DATE	STUDENT NAME Last Name First Initial	PURPOSE	#	MILES	DATE	HOME	PURPOSE	#	MILES
		COLUMN 1–TOTALS					COLUMN 2–TOTALS		
							(Col. 1 & 2 combined) GRAND TOTALS		

I certify that the mileage is school business, as defined in Board Rule 1532, and approve same for payment.

Principal's Signature _____ Date _____

HOME TEACHERS CONVERSION TABLE
(INCLUDES PREP TIME)

MINUTES WORKED	HOURS REPORTED
300	6.0
290	5.8
280	5.6
270	5.4
260	5.2
250	5.0
240	4.8
230	4.6
225	4.5
220	4.4
210	4.2
200	4.0
190	3.8
180	3.6
170	3.4
160	3.2
150	3.0
140	2.8
130	2.6
120	2.4
110	2.2
100	2.0
90	1.8
80	1.6
75	1.5
70	1.4
65	1.3
60	1.2
40	0.8