SUPPLEMENTAL HOME TEACHER

REGISTER/PAYROLL 2008-2009

LIST ALL STUDENT SERVICE

FAX # (818) 761-9947

LAST NAME | FIRST NAME | EMPLOYEE NO.

SCHOOL MONTH: 2

TOTAL DAYS OF INSTRUCTION: 18

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

Grade Key Chart: O=Kinder, P=Pre-K, C=Comp. Ed.

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

PROJECT FOR PAYROLL: Fax after last student served.

(Fill & fax 10/1) (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	OCT. X MON	X TUE	1 WED (NORM DAY)	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										(K-12=240 Min./Wk & Pre-K=120 Min)																			
1														UNASSIGNED DAY																
PARENT VERIFICATION--INITIALS																														
2																														
PARENT VERIFICATION--INITIALS																														
3																														
PARENT VERIFICATION--INITIALS																														
TEACHERS HOURS OF STUDENT SERVED																														
						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				
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.**

PARENT TO SIGN AT THE END OF THE MONTH

Parent Signature
Print:
Date:

Parent Signature
Print:
Date:

Parent Signature
Print:
Date:

PLEASE ADD GRAND TOTALS BELOW

HOURS	MILEAGE

CONVERSION TABLE

50 min.	=	.83 hr.	200 min.	=3.33 hr
60	=	1.00	210	=3.5
75	=	1.25<	225	=3.75<
80	=	1.33	240	=4.0
90	=	1.5	270	=4.5
100	=	1.66	300	=5.0<
120	=	2.00	360	= 6.0
140	=	2.33	420	= 7.0
150	=	2.5<	480	= 8
160	=	2.66	540	= 9.0
180	=	3.00	600	=10.0

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.

TEACHER SIGNATURE _____ DATE _____

KEY TO USE FOR STUDENTS

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

CARLSON HOME INSTRUCTIONAL PROGRAM & HOSPITAL SCHOOL

SUPPLEMENTAL HOME TEACHER DAILY MILEAGE SHEET

I certify that the mileage is true and accurate and is school business as defined in board rule 1532.

NAME _____ SIGNATURE _____ EMP. # _____

Teacher's Home School _____ PAY PERIOD OCT. DATES 10/1 - 10/31

DATE	TO	PURPOSE	MILES	DATE	TO	PURPOSE	MILES
Student #1				Student #2			
Address:				Address:			
10/1				10/1			
10/2				10/2			
10/3				10/3			
10/6				10/6			
10/7				10/7			
10/8				10/8			
10/9	UN-ASSIGNED-	DAY		10/9			
10/10				10/10			
10/13				10/13			
10/14				10/14			
10/15				10/15			
10/16				10/16			
10/17				10/17			
10/20				10/20			
10/21				10/21			
10/22				10/22			
10/23				10/23			
10/24				10/24			
10/27				10/27			
10/28				10/28			
10/29				10/29			
10/30				10/30			
10/31				10/31			
		TOTAL MILES				TOTAL MILES	
						GRAND TOTAL MILES COMBINED	

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

Administrator's Signature _____ Date _____

c:payroll/supplementalmileage/gg