HOME TEACHER
REGISTER/PAYROLL ESY 2009

LIST ALL STUDENT SERVICE

FAX # (818) 505-0246

AUG. '09

CREDIT RECOVERY

LAST NAME | FIRST NAME | EMPLOYEE NO.

USE BLUE INK

3/14--FAX PROJECTED PAYROLL (8/3-8/21)

8/21--FAX FINAL REGISTER (Please initial) _____

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

PROJECT FOR PAYROLL
Fax after last student served.

RE-FAX, then mail original
Be sure to LS# all your students.

FAX, THEN MAIL ORIGINAL 8/21/09, AFTER LAST STUDENT SERVED.

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

PRINT STUDENT'S NAME **9 - 12** Credit Recovery LAST FIRST	DATE ---->					3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	X	X	X	X	X	X	X	X	X	X
	TRACK	GRADE	AGE	IEP-SRG	LEP	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI	MON	TUE	WED	THUR	FRI					
										(8/3-8/7)					(8/3-8/21)					(8/3-8/21)									
KEEP STUDENTS ON SAME LINE #	9th --12th									FAX					FAX					FAX										
1																														
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10	DAILY MINUTES WORKED																													
11	CONVERTED HOURS WORKED DAILY																													
12	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 & N																												
13						Teacher Worked WEEKLY TOTAL			MI.		Teacher Worked WEEKLY TOTAL			MI.		Teacher Worked WEEKLY TOTAL			MI.		Teacher Worked WEEKLY TOTAL					Teacher Worked WEEKLY TOTAL					
14	STAFF DEVELOPMENT, IEP MEETINGS, OBSERVATIONS, ETC.																													
15	SUPPLEMENTAL/SPECIAL PAY	*Daily minutes w/o prep*																												

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.	HOLIDAY
	0
UN-PAID	OTHER
STAFF DEVELOPMENT	
0	
IEP'S (Include Last name & First Initial)	
SUPPLEMENTAL (No Prep time)	
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.

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

SIGNED _____ 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
55	1.0

DAILY MILEAGE SHEET

BEREHECE CARLSOH HOME/HOSPITAL SCHOOL

CERTIFY THAT THE MILEAGE IS TRUE AHD ACCURATE AHD IS SCHOOL BUSHESS AS DEFIHED BI BOARD RULE 1532.

IAME _____ SIGHATURE _____ ELIP # _____

'AY PERIOD _____ DATES _____ MILEAGE HOME TO OFFICE _____

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

DATE	STUDEHT HAME Last Hame	First Initial	PURPOSE	#	MILES	DATE	STUDEHT HALHE Last Hame	First Initial	PURPOSE	#	MILES