LAST NAME	FIRST NAME	EMPLOYEE NO.

SUPPLEMENTAL HOME TEACHER

REGISTER/PAYROLL ESY 2009

FAX # (818) 761-9947

AUG. '09 **CREDIT RECOVERY**

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

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

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

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

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

Fax after last student served.

Be sure to LS# all your students.

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

PRINT STUDENT'S NAME **9 - 12** Credit Recovery LAST FIRST	DATE ------>					AUG. 3	4	5	6	7 (8/3-8/7)	10	11	12	13	14 (8/3-8/14)	17	18	19	20	21 (8/3-8/21)	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	MON	TUE	WED	THUR	FRI
KEEP STUDENTS ON SAME LINE #	9th - 12th									FAX					FAX					FAX										
1																													
PARENT VERIFICATION--INITIALS																													
2																													
PARENT VERIFICATION--INITIALS																													
3																													
PARENT VERIFICATION--INITIALS																													
TEACHERS HOURS OF STUDENT SERVED																													
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				
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
	ADJUSTMENTS	ADJUSTMENTS

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/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 _________ DATES ______________

DATE	TO	PURPOSE	MILES	DATE	TO	PURPOSE	MILES
Student #1				**Student #2**			
Address:				**Address:**			
		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