

CARBONDALE AREA SCHOOL DISTRICT  
HOMEBOUND INSTRUCTION  
INDIVIDUAL TIME SHEET

PAY PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS
DATE _____	DATE _____	DATE _____	DATE _____	DATE _____	
HOURS _____	HOURS _____	HOURS _____	HOURS _____	HOURS _____	_____
DATE _____	DATE _____	DATE _____	DATE _____	DATE _____	
HOURS _____	HOURS _____	HOURS _____	HOURS _____	HOURS _____	_____

RATE PER HOUR \$ \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

**NOTICE:**

***This sheet must be received by the Payroll Department on the Friday before pay day.***

***If time sheet is not received by due date you will not be paid until the following Pay Day.***

