

**INSTRUCTIONAL TIME SHEET
FOR HOSPITAL/HOMEBOUND SERVICES
Murray County Schools**

Month/Year _____ School _____
 H/H Teacher _____ Grade _____
 Student's Full Name _____

Does the student have an IEP? _____
 Does the IEP state the student will receive more than 3 hours instruction per week? _____
 If so, how many additional hours per week? _____

Date	Signature of Adult Present During H/H Instruction	Adult's Relationship to Student	Beginning Time of Instruction	Ending Time of Instruction	Hours Served (3 per week)
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Week # _____

Week # _____

Week # _____

Week # _____

The information listed above is accurate, completed in full, and the total hours are calculated correctly.

Total Hours: _____

Signature of Teacher Date

Signature of Principal/Designee Date

For Central Office use only
Total hours service this month: _____
Rate of pay per hour: _____
Amount submitted to payroll: _____
Initials of Director of Pupil Services: _____