

**ROCKY HILL PUBLIC SCHOOLS  
Rocky Hill, Connecticut**

**TUTOR PAYMENT FORM**

**\*\*\*USE INK ONLY**

**Week Ending** \_\_\_\_\_

Name of Student(s)	Date Service Performed	Hours From - To	No. of Hours	Pay Rate	Total
					-
					-
					-
					-
					-
					-
					-
<b>Total Due</b>				-	-

**Week Ending** \_\_\_\_\_

Name of Student(s)	Date Service Performed	Hours From - To	No. of Hours	Pay Rate	Total
					-
					-
					-
					-
					-
					-
					-
<b>Total Due</b>			-		-
<b>2 Week Total</b>			-		-

\_\_\_\_\_  
**Signature of Tutor**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Payroll Date Paid**

	Rate of pay		Please check one
<b>Certified Staff</b>	\$ 31.50	<input type="checkbox"/>	
<b>Non Certified Staff</b>	\$ 18.80	<input type="checkbox"/>	