



(715)378-2263 - www.solonk12.net

**SCHOOL DISTRICT OF SOLON SPRINGS**

8993 E Baldwin Avenue - Solon Springs, WI 54873

### Tutoring Sheet

Staff Name: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Day/Date	Start Time	End Time	Daily Hours

Total Hours: \_\_\_\_\_

Week Ending Date: \_\_\_\_\_

Day/Date	Start Time	End Time	Daily Hours

**I certify the above hours are true accounting of my workweek.**

Total Hours: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Staff Signature

\_\_\_\_\_  
Date: \_\_\_\_\_

Supervisor Signature

For Office Use Only:      Total Hours: \_\_\_\_\_      Hourly Rate: \_\_\_\_\_      Total Amount Paid: \_\_\_\_\_