Middlesex County Magnet Schools

HOME INSTRUCTION PAYROLL REQUEST

Instructor's Name: _____

Student's Name: _____

Subject(s) Taught: _____

Approved Number of Hours per week: _____

DATE	TIME IN/TIME OUT		TOTAL HRS	PARENT'S SIGNATURE

PLEASE BE ADVISED THAT HOME INSTRUCTION IS NOT AUTHORIZED DURING SCHOOL BREAKS EXCEPT FOR MAKE UP SESSIONS.

Total Hours: _____ X $40.00 = _____

The above is a just and true copy of the amount necessary for the above payroll

for the month of :_____2020.

_____ _____ _____

Employee's Signature **Principal/Supervisor** **Supervisor**

_____ _____

Assistant Business Administrator **Business Administrator**