Teachers Report of Home/Hospital Teaching
Talbot County Public Schools
P.O. Box 1029
Easton, MD 21601

Name:_____

ID Number:_____

Period Dates: Month of _____ Dates(1st-15th or 16th-E.O.M.)_____

Name of Child:_____

Place Child was Taught:_____

Date Taught	Arrive Time	Leave Time	Total Hours	Lessons Taught to Child	Parent's Signature

Total Hours Worked: _____ Acct. # _____

Signature of Teacher: _____Date: __/__/__

Supervisor's Signature:_____Date: __/__/__

This form must be submitted to Sandy Butler at the Talbot County Education Center no later than two calendar days after the end of the pay period.

Supervisor: Signed & Approved forms must be submitted to payroll by the cutoff date for the next

pay run or the payment will be delayed.