MEDICINE HAT SCHOOL DISTRICT No. 76

601 – 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

Homebound/Hospital Teachers - Time Sheet

Employee Name: _____ **Employee Number:** _____

Period of _____ **16th to** _____ **15th**

Date(s) of Teaching	School District or Division	Pupil	Gr. Level	Total No. of Hours
			Total	

The original is to be forwarded to the School Administration Office on the 15th of each month: in order that payment can be made at the end of each month. Faxes will be accepted provided that the original is forwarded to the Administration Office the same day.

Bank deposits may be held until records are received.

Approved for Payment

Signature of Teacher: _____

(District Office Use Only)

02/12/99