Oil City Area School District Homebound Instruction

Report of Hours

Name of Instructor Month 20

Name of Student

Please indicate below the number of hours you taught each day during the time period for which you are requesting payment. (Please note the numbers 1-31 represent a day of the month; i.e., if you taught 2 hours on the 10th of the month you would record 2 hours after the number 10, etc.)

PLEASE DO NOT EXCEED 5 HOURS OF INSTRUCTION PER WEEK.

Date of Date of

Month Number of Hours Taught Month Number of Hours Taught

1 17

2 18

3 19

4 20

5 21

6 22

7 23

8 24

9 25

10 26

11 27

12 28

13 29

14 30

15 31

16

TOTAL HOURS FOR WHICH

PAYMENT IS REQUESTED:

Signature:

Revised August 2009