Attendance Month #: _____
Dates: _____ **thru** _____

Irvine Unified School District
504 HOME INSTRUCTION

Home Teacher: _____
Employee ID #: _____

Name of Pupil	Date / Grade	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Instruct Hours	Paid Hours
IEP Approved Added Hours:																												
Teacher Prep Hour/Max: 1.0/Week																												
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Attention Teachers:

For Office Use Only:

ADA Hours:
IEP Hours:
Prep Hours:

***Record your time in hours on the school day/date services were delivered*.**

Attendance Recording:

1. Draw a vertical line down through any official holidays.

2. A maximum of five (5) hours may be claimed in any five day week for attendance purposes (i.e. 4 hours/4 day week; 3 hours/3day week, etc.).

3. Record teaching hours in **whole** numbers on the school day/date they occur.

Special Education Services: Separately record special education service hours of students who receive additional service hours via a Special Education IEP, record them on the **IEP Approved Added Hours** "**gray-line**" on the day/date services were delivered.

Teacher Preparation Hour : A maximum of one (1.0) hour per week may be claimed for teacher preparation any week where you have taught a student 3-to-5 or more hours in one week. This hour is to used for regular contact with school personnel, for grading papers or preparing lessons. It is also to maximize contact hours with each student. Record hour on the **Teacher Prep Hour/Max: 1.0 a Week** "gray-box" if you taught the student 3 or more hours in a week.

***To be paid for your services:* Complete this form.**

1. All fields must be complete. Employee name & ID#. Attendance Month & Dates. Student taught, Grade and Hours worked.

2. Teacher Signature & Date.

***3. Must be returned to your office no later than the 3rd of each month*.** Due to the DO /payroll by the **10th** of each month

4. Return to - Educational Services - Melissa Di Scala, Coordinator II ; c/o' Irvine Unified School District'- 5050 Barranca Parkway, Irvine, CA 92604

Home Teacher Signature _____ Date _____

Melissa Di Scala - Coordinator II _____ Date _____

For Office Use Only:

Budget Number:

Program	Budget Number	Hrly Rate:		Hours		Amount	Total Compensation
Section 504	0102583210-1112	$ 32.64	X		=	$ -	$ -