

BLUE OR BLACK INK ONLY WAPPINGERS CENTRAL SCHOOL DISTRICT
HOME TEACHING WEEKLY PAYROLL FORM

\$41.29/HR
2024-2025

PROCEDURE:

1. Please submit your forms on a **WEEKLY** basis, by Friday, P.M. to the District Office. Note that payment can only be made if your signed form has been received at least **ten days** prior to the payroll date.
2. Please be advised that **this form will NOT be processed for payment unless completed correctly and completely; it will be returned.**
3. Home teacher's signature requested below attests to the actual amount of **instructional contact time**, which **must be rounded off to the nearest ¼ hour. Exact start and end times must be reported.** Travel time and preparation time are **not** to be included in calculations of instructional time. A **minimum of 10 minutes of travel time** must be taken into account when traveling between students, unless students are located in the same building.
4. **Parents are asked to corroborate the exact amount of instructional time spent by co-signing this report.** If teaching is conducted somewhere other than the student's home, (e.g., the public library), a responsible adult (such as the librarian) should sign in place of the parent.
5. Elementary students (grades K-6) receive 10 hours/week; secondary students (grades 7-12) receive 15 hours/week of home teaching. Any changes must include administrative approval and a note of explanation.
6. If student misses his/her appointment once, without giving advanced notice, the home teacher must call prior to traveling to the student's home or place of instruction before each session to confirm the student's availability on that day/time. Failure to do so will result in no pay for the home instructor for that session. **No shows and missed sessions will be compensated only at the rate of one half hour.**
7. Home Teachers follow Substitute Teachers Pay Schedule. Please refer to pay schedule for days which are included in each pay date at www.wcsdny.org → District Office → Business Office → Business Office Forms → Substitute Payroll Dates
8. Forms submitted for payment more than 2 weeks after the end of the school year will not be processed for payment.

HOME TEACHER'S NAME _____ EMAIL _____ CELL # _____

STUDENT'S NAME _____ SCHOOL _____

GRADE LEVEL _____ SUBJECT(S) _____ CLASSROOM TEACHER _____

ADDRESS OF HOME TEACHING _____

*****All entries must be listed in chronological order*****

DATE	START TIME	END TIME	HOURS TAUGHT (ROUND TO NEAREST ¼ HR)	STUDENT PRESENT or ABSENT (P/A)	DID YOU CONFIRM WITH STUDENT PRIOR TO MEETING? (Y/N)	SIGNATURE OF PARENT (Or Responsible Adult)
		TOTAL HOURS:				

SECTION BELOW TO BE USED FOR EXTENDED INSTRUCTION HOURS ONLY (See Procedure #5)

DATE	START TIME	END TIME	HOURS TAUGHT (ROUND TO NEAREST ¼ HR)	STUDENT PRESENT or ABSENT (P/A)	REASON FOR EXTENDED INSTRUCTION	SIGNATURE OF PARENT (Or Responsible Adult)
		TOTAL HOURS:				

SIGNATURE OF HOME TEACHER _____ DATE _____

PRINCIPAL/COHORT ADMINISTRATOR/ASSISTANT DIRECTOR _____ DATE _____

ASST SUPERINTENDENT OF SPECIAL EDUCATION _____ DATE _____

ASST SUPERINTENDENT OF CURR & INSTRUCTION _____ DATE _____

SIGNATURE OF INTERNAL AUDITOR _____ DATE _____