

Tutor Timesheet

MM/YY: ____/____ Tutor Name: _____ Student Name: _____

Tutoring: ____ Basic Lit ____ ESL ____ GED Tutoring Location: _____

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
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Total Tutoring Hours: _____ Prep & Travel Hours: _____ Working in Skill Book #: _____ Lesson # _____

INSTRUCTIONS

Fill in the monthly dates in the smaller boxes. Put your tutoring time and prep/travel time in the larger boxes.

If the lesson is cancelled, give the reason. If tutoring has stopped, provide reason and date of last session.

At the end of each month, fill in the totals and sent to LCWC, 15 Randolph Avenue, Hagerstown MD 21740 or
office@literacycouncilofwashingtoncounty.com

Literacy Council of Washington County

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<i>Date</i>	<i>Prep Hours</i>	<i>Travel Hours</i>	<i>Tutoring Hours</i>	<i>Book</i>	<i>Lesson</i>	<i>Notes</i>
TOTAL HOURS						