



OIL CITY AREA SCHOOL DISTRICT

Excellence in Education

825 Grandview Road Oil City, PA 16301 Phone:814-676-1867

INSTRUCTION IN THE HOME Report of Hours (Must be supported by a NOREP and an IEP)

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.)

<u>Date of Month</u>	<u>Number of Hours Taught</u>	<u>Date of Month</u>	<u>Number of Hours Taught</u>
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 2023

For Admin Office Use: Date Received: _____

Date Approved: _____

Date Entered: _____