Time Sheet

Name _____

Address _____

_____ Phone Number _____

- Enter Date of Activity - one activity per line
- "Recorded Hours" - Enter number of hours (in 1/4 hour increments) on left side under the appropriate category (See key below)
- "Program" - Check the appropriate Program Box in the right. (See key below)
- "Description of Activity" - provide description of activity (e.g. names of students, test site, etc.)

Please turn the time sheets in to Reading ASSIST® Institute by the 21st of each month to be paid by the end of the month.
RAI Fax number (302) 425-4085 or email to wilmarie@readingassist.org

Date	Recorded Hours (Put # of hrs in appropriate box)									Programs (x)						OUT OF WILM (x)	Description of Acitivity
	INST	OB/AST/CO	TRAVEL	PREP	CD	MENT	TEST	DATA	M/O/A	VTP	PD	SES	STSP	TSP	O		

INST = Any Instruction Time
OB/AST/CO = Observe/Assist/Coach
TRAVEL = Travel over 30 miles
PREP = Prep Time
CD = Curriculum Development

MENT = Mentoring
TEST = Testing
DATA = Entering/Reporting Test Data
M/O/A = Meeting/Office/Admin Time

VTP = Volunteer Tutor Program
PD = Professional Development
SES = Supplemental Education Services
STSP = School Tutor Service Program
TSP = Tutor Service Program

OUT OF WILM = Work is performed out of Wilmington and is not subject to Wilm tax

O = Other: Please specify in Description of Activity

Revised 1/16/2007