

## PUPIL-TEACHER RATIO TIMESHEET

MONTH: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ TEACHER ID: \_\_\_\_\_

Please complete this timesheet and send to Kayli Scott at the County Office. All timesheets must be signed by teacher and principal. Pay will be processed quarterly.

Please indicate date in each square and list the total number of pupils in class for that day on the appropriate line at the bottom of each square. Please note: student absences do not constitute a change in classroom enrollment unless the student is out more than five consecutive days. Your timesheet should indicate the specific date a student withdraws or is reassigned to another classroom. Please be careful to not claim pay for days used as sick, personal, or family. A Professional Day is counted as a day of instruction for this purpose.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____
STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____
STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____
STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____
STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____	STUDENTS _____

SIGNATURE: \_\_\_\_\_  
TEACHER

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
PRINCIPAL

DATE: \_\_\_\_\_