

PITTSYLVANIA COUNTY SCHOOLS
CHATHAM, VIRGINIA

REPORT ON INSTRUCTION TO HOMEBOUND PUPILS

<input type="checkbox"/> Pregnancy: Regular
<input type="checkbox"/> Pregnancy: Special Ed.
<input type="checkbox"/> Other Physical: Regular
<input type="checkbox"/> Other Physical: Special Ed.
<input type="checkbox"/> Emotional: Regular
<input type="checkbox"/> Emotional: Special Ed.
<input type="checkbox"/> Other: Special Ed.
<input type="checkbox"/> Expelled: Regular
<input type="checkbox"/> Expelled: Special Ed.

Student: _____ School _____

Grade/Placement: _____ This report is for the month of _____ 20____

Instructions: Report whole or one-half hours only (Ex: 2 hrs., 1 ½ hrs., ½ hr.).

Use *blue* or *black* ink. DO NOT WRITE NOTES ON THIS FORM.

Date of Service	Number of Contact Hours	Date of Service	Number of Contact Hours

Teacher's Name (Print): _____ Total Payroll hours: _____

Teacher's Signature: _____ SSN or PCS ID# (required): _____

*Parent's Certification: _____ Date: _____

**Note: All hours must be entered in ink and totaled BEFORE securing parent's signature.*

DUE DATE: Submit **ORIGINAL** payroll form to the School Board Office ATT: Barbara R. Clay, by the 5th of each month. **DO NOT FAX.**