

**BIWEEKLY TIME REPORT
AMERICA READS PROGRAM**

Student's Name _____ EMP ID# _____

Name of School _____

DATE	TIME IN	TIME OUT	SUPERVISOR SIGNATURE	TOTAL HOURS	TRAVEL *	TOTAL TIME

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TOTAL HOURS THIS PAY PERIOD _____

*Within reasonable limits – to be determined by work study office.

I certify that the student was working as a tutor during the hours listed above.

Coordinator's Signature _____

Student's Signature _____

Please indicate the number of hours worked as follows:

- | | | |
|--------------------|--------------------|--------------------|
| 1 – 6 minutes .1 | 19 – 24 minutes .4 | 37 – 42 minutes .7 |
| 7 – 12 minutes .2 | 25 – 30 minutes .5 | 43 – 48 minutes .8 |
| 13 – 18 minutes .3 | 31 – 36 minutes .6 | 49 – 54 minutes .9 |

THIS FORM MUST BE SUBMITTED ON THE APPROPRIATE DATE FOR PAYROLL INPUT.