

Hebrew Learning Circles

Innovative Jewish Education for Children and Adults

Rabbi Reuben Modek, Director P.O. Box 212 Nyack NY 10960 845 348 9810 remodek@hotmail.com

Teacher Time-Sheet

Fall / Spring semester 20_____

Payment for each calendar month will be made upon receipt of original, signed time-sheet. Please do not complete and/or mail your time-sheet before the conclusion of the month. Payment will not be made for teaching hours provided via fax, e-mail, phone or other medium. A separate time-sheet must be completed and submitted for each Circle or private student taught.

Today's date: _____

Teacher's name (please print): _____

Circle/private student(coordinator's name): _____ Day/Time: _____

Time-sheet for (Month/Year): _____

Actual day of week and date of session:

1) Day _____ Date _____

2) _____

3) _____

4) _____

5) _____

Circle coordinator/parent signature: _____

Teacher signature: _____

For office use only: Time-sheet received (date): _____

Received (#)_____ lesson plans for the month of _____ Received curriculum for fall / spring semester

Payment due - this Circle/private student: \$ _____

Payment due - other Circles/private students: 1. Name _____ \$ _____

2. Name _____ \$ _____

3. Name _____ \$ _____

4. Name _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Paid on (date) _____

Check # _____ Check date _____ Amount \$ _____