

**PORT JEFFERSON SCHOOL DISTRICT**

**HOME INSTRUCTION**

**Budget Code: A2110.152**

HOME INSTRUCTOR NAME: \_\_\_\_\_

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

This request should be submitted as soon as possible following the week of instruction, but no later than ten days from the last day of the period approved.

Please submit this request to the Principal or Assistant Principal who will sign and forward it to the Director of Student Services.

AT THE END OF EACH SESSION OF INSTRUCTION, THE STUDENT'S PARENT MUST SIGN TO VERIFY INSTRUCTION FOR THAT DAY.

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Day	Date	Subject Matter	Start Time	End Time	Total # Hours	Parent Signature
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Principal Signature if not signed by parent: \_\_\_\_\_

<b>PAYROLL OFFICE USE ONLY:</b>		<b>Budget Code</b>	<u>A 2110.152</u>
Total Hours	Total Hours	_____ X _____	= _____

**Signatures:**

\_\_\_\_\_  
Home Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bus. Office Operations Supervisor

\_\_\_\_\_  
Date