

# REGIONAL SCHOOL UNIT #20

Belfast · Belmont · Frankfort · Morrill · Northport  
Searsmont · Searsport · Stockton Springs · Swanville

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## Tutorial Timesheet

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

Tutor's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

*I submit that the following is a true record of my time for:*

Pay Period Ending: \_\_\_\_\_

Month

Day

Year

Date	Day	Hours
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
		<b>Total First Week</b>
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
		<b>Total Second Week</b>
		<b>Total Hours</b>
<b>Tutor's Signature</b>		
<b>Supervisor's Signature</b>		