PAYROLL CERTIFICATION SHEET
504 PLANS INSTRUCTIONAL SERVICES 2016-2017

504 Instructor: _____ Date: _____

Name of Student: _____ School/Grade: _____

DATE	START TIME	END TIME	TOTAL HOURS

TOTAL HOURS: _____

****Guided Learning Experience - For every hour of home instruction, please assign one hours of homework to be completed prior to your next session (provided that the student is physically able.***

_____
Parent Signature

I hereby certify that these are the correct hours of 504 instruction, during which I have instructed this student. These hours do not include prep time (504 instructor).

Account Number to Charge:
☐ **Instruction.-504 Plans**
11-150-100-101-00-14

revised 10.24.2014

_____
504 Instructor Signature

_____
Director of Human Resources

**** Please return this form *weekly* to Dr. Carolyn Gibson, Slaybaugh Primary, District Office.**