

**FINDLAY CITY SCHOOLS**

**TIME SHEET**

**STIPEND FOR ACCEPTING ADDITIONAL STUDENTS IN CLASSROOM DUE TO LACK OF A  
SUBSTITUTE**

**TEACHER TO BE COMPENSATED (FIRST AND LAST NAME):** \_\_\_\_\_

**TEACHER COVERED FOR:** \_\_\_\_\_

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

**NUMBER OF STUDENTS ACCEPTED (PLEASE CIRCLE A OR B)**

**A. ACCEPTED 11 OR MORE STUDENTS (\$12 FOR EACH 30 MINUTE BLOCK)**

**B. ACCEPTED LESS THAN 10 STUDENTS (\$6 FOR EACH 30 MINUTE BLOCK)**

**\*INDICATE THE NUMBER OF BLOCKS, IN 30 MINUTE INTERVALS THE TOTAL NUMBER OF  
BLOCKS TEACHER ACCEPTED ADDITIONAL STUDENTS:**

\_\_\_\_\_

**\*MAXIMUM NUMBER OF BLOCKS FOR ELEMENTARY AND MIDDLE SCHOOL = 10**

**\* MAXIMUM NUMBER OF BLOCKS FOR FHS = 11**

\_\_\_\_\_  
**PRINCIPAL/SUPERVISOR**

\_\_\_\_\_  
**ASSISTANT SUPERINTENDENT**