

Student Intervention Services 7387 S. Campus View Drive West Jordan, UT 84084 (801) 567-8187

Monthly Teaching Record

No 🗆

Boundary School Copper Hills High School
Grade 10 Internet Access Yes □ No □
Student's Phone (801)888-8888
Parent's or Guardian's Phone (801)777-7777

	SPECIAL CONSIDERATIONS
ELL	Yes No
WID	0A Level
IEP	Yes □ No □
Curr	rent IEP Yes 🗆 No 🗆
Clas	sification
□ Se	elf-Contained Cluster Special School
504	Yes 🗆 No 🗆
Inte	rnet Access Yes 🗆 No 🗆
Acc	ommodations Needed

Date of Visit	Arrival Time	Departure Time	Miles traveled to and from Student's Home	Comments			
9/6/2022	3:00	3:30	prep at school	Sent emails to set up appt., met with Lydia's teachers, gathered work			
9/7/2022	3:00	5:00	2 miles	welcome visit, signed disclosure forms, gave assigned work			
9/13/2022	3:00	3:30	prep at school	sent emails to mom, Lydia and her teachers to get the work for her			
9/14/2022	3:00	5:00	2 miles	Checked work from last week, assigned new work, helped with sicence			
9/20/2022	3:00	3:30	prep at school	collectedd work to take to Lydia, sent emails, checked work on skyward/ca			
9/21/2022	3:00	4:00	2 miles	Student did not show up, waited 30 minutes			
9/27/2022	3:00	3:30	prep at school	Visited with mom on phone to confirm tomorrow's appt and checked on work			
9/28/2022	3:00	5:00	2 miles	Administered a test in biology, helped with language arts and math.			

Parent's or Guardian's Signature_ (Monthly)	rabile John	rett		
Administrator's Signature	1) elekshan	Date referred	Date terminated	
(Monthly)		(Not to exceed 15 school da	ys without permission of Area Administrator over schools)	

For payment of services, return white copy of this form with the payroll time sheet and mileage report form to your Administrator

Jordan School District Timesheet

Timesheet MUST be turned in monthly

	NO X
	are you a student in Jordan School District? YES (place an X in the

Home Base School or Department (REQUIRED)	Distribution Number to be Charged
Copper Hills High School	10 E 703 9410 1015 131

Date	School/Loc Where Worked	Kind Of Work	Time In	Time Out	Total Hours Wo	orked (minus lunch
6-Sep	сннѕ	Preparation	3:00	3:30	0.5	Pay Per Hour Regular Rate
9/7/2022	Lydia's home	H&H Teaching	3:00	5:00	2	46.22
9/13/2022	сннѕ	Preparation	3:00	3:30	0.5	Pay Per Hour Overtime Rate
9/14/2022	Lydia's home	H&H Teaching	3:00	5:00	2	
9/20/2022	сннѕ	Preparation	3:00	3:30	0.5	Pay Per Shift Differential
9/21/2022	Lydia's home-no show	H&H Teaching	3:00	4:00	1	
9/27/2022	сннѕ	Preparation	3:00	3:30	0.5	
9/28/2022	Lydia's home	H&H Teaching	3:00	5:00	2	
						Total
	1			Total Hours	9	\$415.98

Employee Signature

Lange Wichan

Approved District(if required)

Month	Day	Year
9	28	2022

Jordan School District Mileage Report

Normal Work Location	Copper Hills High School

Miles From Home to Normal Work Location* 8

Name	Jane Austen	
Home	8950 S 450 E	
Address	South Jordan, UT 84081	

Home & Hospital-Lydia Bennett

Program Description

Vendor	r Key	Month	Fund	Туре	Location	Program	Function	Object	Mileage Cal	culation Method**	*	FY	/l**	
AUSTEJ	AUSTEJAN000 September		TO F TO TO TO TO TO TO		September 10 E 703									
Date		Purpose of Travel	FF	FROM (Location)			TO (Location)	Beginning	Ending	Distr	Rour	2nd	Total Miles
9/7/2022	Home	& Hospital: Lydia Bennett	CHHS (544	15 New Bin	gham High.)	5360 W	7000 S, Wes	st Jordan			>	(2.00
9/7/2022	Home	& Hospital: Lydia Bennett	5360 W	7000 S, We	est Jordan	Home (9	850 S 450 E	, Sandy)			<u> </u>			9.00
9/14/2022	Home	& Hospital: Lydia Bennett	CHHS (544	15 New Bin	gham High.)	5360 W	7000 S, Wes	st Jordan)	<u> </u>		2.00
9/14/2022	Home	& Hospital: Lydia Bennett	5360 W	7000 S, We	est Jordan	Home (9	850 S 450 E	, Sandy))	(9.00
9/21/2022	Home	& Hospital: Lydia Bennett	CHHS (544	15 New Bin	gham High.)	5360 W	7000 S, Wes	st Jordan			,	۱		2.00
9/21/2022	Home	& Hospital: Lydia Bennett	5360 W	7000 S, We	est Jordan	Home (9	850 S 450 E	, Sandy)			,	(9.00
9/28/2022	Home	& Hospital: Lydia Bennett	CHHS (544	15 New Bin	gham High.)	5360 W	7000 S, Wes	st Jordan			,	(2.00
9/28/2022	Home	& Hospital: Lydia Bennett	5360 W	7000 S, We	est Jordan	Home (9	850 S 450 E	, Sandy)			,	(9.00
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Jan.	Auni	the 9/28/22 Me	my [1 July	la mana	9/29/	12					DTAI		44.00

Submit on June 30, December 31, or when page is full, whichever comes first.

Employee Signature / Date

If you wish to have a copy of this form, please copy before submitting for payment. Accounting will not send a photocopy back to you.

*Reimbursed miles are only those in excess of your normal daily commute. See the Accounting Manual (available online) for additional explanation.

**These boxes are to indicate whether miles reported include the return trip and if the 2nd Commute rules were applied where applicable.

These boxes are to indicate whether thirds reported include the return trip and it the 2nd Continue rules were applied where applicable.

TOTAL TO BE PAID

RATE PER

MILE

Administrator or Director /

25.74

\$ 0.585

Principal or Department Head /

^{***}Use the applicable box that indicates how you computed your total miles (e.g. if using the District Tables, check the District Tables box and leave Odometer Readings and Internet boxes empty).