

TIMESHEETS

- . You may claim **up to 2** hours per student visit and .50 prep time weekly. If you spend an hour with the student, you may claim one hour on your timesheet
- . Please turn in your timesheets **monthly**. Please **do not turn them in all at once**, several months at a time. Remember to attach your matching teaching record/s to the timesheet. If possible, please combine hours for all students you are serving on one timesheet.
- . Timesheets are due in this office (Home & Hospital Instructional Services, CAB West) on the **first working day of the month**.
- . All timesheets must be **completed electronically**. Handwritten timesheets will not be accepted.
- . Please be sure to **enter information in all of the highlighted areas**.
- . You must enter the appropriate budget code. It is: **10 / school number / 9285 / 1015 / 131**.
- . You must **enter your hourly rate** in order for the timesheet to calculate properly. The person responsible for payroll at your school should have this information. If they do not have it, please contact the Payroll Department at 6-5326.
- . You and your administrator must sign the timesheet, and that **original timesheet** must be sent to Home and Hospital Instructional Services, CAB West, with the Teaching Record attached. Faxed/mailed copies will not be accepted.

MILEAGE REIMBURSEMENT

- . Mileage Reimbursement Forms do not have a due date. They should be submitted annually or when the amount payable reaches/exceeds \$25.
- . Mileage Reimbursement Forms must be **completed electronically**. No handwritten forms will be accepted.
- . **You may use the Mileage Tracker** on the Canyons website **instead** of the Mileage Reimbursement Form. If you have questions about how to use this feature, contact Accounting. This form must be printed, signed and submitted to Home and Hospital Instructional Services, Cab West.
- . All mileage must be calculated from your school. It may not be calculated to or from your home.
- . You must enter the budget code in the appropriate field close to the bottom of the form. The code is: **10 / school number / 0050 / 2490 / 581**.
- . You and your administrator must sign the reimbursement form, and the **original** form must be sent to Home and Hospital Instructional Services, CAB West.