

SCHOOL DISTRICT OF PHILADELPHIA DAILY TIME REPORT WEEK OF: _____	TEACHER'S NAME
	OFFICE HOMEBOUND / HOSPITAL SERVICE
	SIGNATURE OF ADMINISTRATOR

Absence Codes

- | | | |
|------------------------|-------------------------------------------------|---------------------------------------------------------------------------|
| 01 - Personal Leave | (For other absences refer to Procedures Manual) | 1. Teacher records pupil's name, time of arrival and departure. |
| 02 - Vacation | | 2. Parent or guardian signs at end of lesson. |
| 04 - Personal Illness | | 3. If a hospital lesson, note this under remarks. |
| 21 - Compensatory Time | | 4. Teacher must notify office of his/her absence between 8:00 and 8:30 AM |
| 31 - Illness in Family | | |

DATE	PUPIL'S NAME	TIME		PARENT/GUARDIAN'S SIGNATURE	REMARKS
		IN	OUT		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Date Service Began: _____

Date Medical Expires: _____

Number of Lessons Completed (include hours listed above): _____

Total Number of Hours That Have Been Submitted for Reimbursement (include hours listed above) _____

Employee's Social Security Number

Employee's Signature