

Hays Consolidated Independent School District  
FEDERAL PROGRAMS OFFICE

## Tutoring Log

<<Submit Completed & Signed forms to Federal Programs Director each PAY PERIOD>>

\_\_\_\_\_ Title I \_\_\_\_\_ State Comp Ed \_\_\_\_\_ Other: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Badge#: \_\_\_\_\_

Campus: \_\_\_\_\_ Week of: \_\_\_\_\_

Date: _____ Tutoring Hours: Start Time: _____ am/pm Stop Time: _____ am/pm			
Subject: _____ TEKSaddressed: _____			
Student Name	Student ID	Student Name	Student ID

Date: _____ Tutoring Hours: Start Time: _____ am/pm Stop Time: _____ am/pm			
Subject: _____ TEKSaddressed: _____			
Student Name	Student ID	Student Name	Student ID

Employee  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_