MORGAN HILL UNIFIED SCHOOL DISTRICT

Saturday Academy Attendance Recovery Program

Staff Verification Sign In Sheet

SCHOOL:_____ DATE: _____

LEAD TEACHER **TOTAL NUMBER OF STUDENTS:_____**

**** Lead teachers are Paid a total of 6.5 hours ****

ID #	PRINT NAME:	SIGNATURE:	# OF HRS

***Signature above certifies that all time reported is true and accurate to the best of my knowledge.*

INSTRUCTIONAL TEACHERS:

**** Instruction Teachers will receive 5.5 Hours of Instructional pay. ****

***** Teachers sent home will receive 1 hour Instructional pay and must be sent home by 9:15 am *****

	ID #	PRINT NAME:	SIGNATURE:	# OF HRS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CUSTODIAN

		PRINT NAME:	SIGNATURE:	# OF HRS
1				