Payroll Period Dates: _____

Total Hours:_____

Hours Verified by:_____

"Making College a Reality"

Cal-SOAP

Student Opportunity and Access Program

Tutor Name:_____

ID Number: _____

Site:_____

Daily Sign-in Sheet

- ✓ Please specify time spent on tutoring, trainings, and/or other Cal-SOAP work, etc.
- ✓ Include **all** breaks over 15 minutes, if any.

Date	Period #- Period #	In	Out	In	Out	Total Hours	Supervising Teacher Initials (Daily)			Site Coordinator Initials (Weekly)
										_____ Week 1
										_____ Week 2

Date	Period #- Period #	In	Out	In	Out	Total Hours	Supervising Teacher Initials (Daily)			Site Coordinator Initials (Weekly)
										Week 3
										Week 4

Tutor Signature:_____

Supervisor's Signature: _____

FOR WORK-STUDY OFFICE USE ONLY

TOTAL HOURS WORKED: _____ TIME SHEET REVIEWED BY: _____ DATE: _____