

Montcalm Area Reading Council
Tutor Timesheet

Tutor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date	Student Initial	Beginning Time	Ending Time	Hours Tutored	Prep Time	Total Hours

Please submit time sheets after each session!

---

*Office use only*

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_