

AMERICA READS/AMERICA COUNTS WORK SCHEDULE

Name: _____ Phone: _____

ADELPHI Email Address (print in all caps): _____ @mail.adelphi.edu

- | | | |
|---|---|--|
| <input type="checkbox"/> Hempstead ECC | <input type="checkbox"/> Roosevelt W&R | <input type="checkbox"/> H. Frank Carey HS |
| <input type="checkbox"/> Hempstead ABGS
MS | <input type="checkbox"/> Roosevelt UB | <input type="checkbox"/> Barack Obama |
| <input type="checkbox"/> Jackson Ave. | <input type="checkbox"/> Roosevelt
Children's
Academy | <input type="checkbox"/> Jackson Annex |
| <input type="checkbox"/> Meadow Drive | <input type="checkbox"/> Sewanhaka MS | |
| <input type="checkbox"/> Willis Ave. | | |

Working with primary teacher(s), fill out work schedule below. Remember the hours on this schedule are the times when you are working directly with children, with teachers planning or training for work with children. If at any time, your primary teacher is not available for these purposes, you need to fill that time with another teacher. **Please only count the hours you will be working in the school. Do not count travel time.**

Day	Start Time	End Time	# of Hours	Teacher's Name (First & Last)
PLEASE PRINT				
<input type="checkbox"/> Mon	_____	to _____	_____	_____
<input type="checkbox"/> Tues	_____	to _____	_____	_____
<input type="checkbox"/> Wed	_____	to _____	_____	_____
<input type="checkbox"/> Thurs	_____	to _____	_____	_____
<input type="checkbox"/> Fri	_____	to _____	_____	_____

Tutor Signature: _____ Date: _____

I agree that this tutor will work under my supervision according to the above noted schedule. I understand that I am responsible for signing the time sheets of this tutor every two weeks and that, **in doing so I am verifying that the tutor worked all of the time indicated on the sheet.** If necessary, I will confirm all work done with other teachers. I agree to keep a copy of each time sheet on file for the entire school year. I have been given a letter by the tutor explaining the role and allowed activities of Adelphi America Reads and Counts tutors.

Teacher Signature: _____ Date: _____

Teacher Email: _____ Phone: _____

Adelphi University America Reads/America Counts email: areads@adelphi.edu

Please give a copy of your work schedule to each teacher; submit this schedule to The Center for Career Development, Post Hall; and keep a copy for yourself.