

# Warren County Technical School

## *Perkins Grant* Tutoring Time Sheet

Employee: \_\_\_\_\_ Certification Period: 9/1/24 - 6/17/2025  
CTE Program: \_\_\_\_\_ CIP Code: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday

**Total Hours:**

I certify that I performed work consistent with the attached schedule.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Perkins Coordinator Signature

\_\_\_\_\_  
Date