



Inuvialuit Education Foundation WEEKLY TUTORING LOG

Time logs may be submitted every two weeks or monthly to the IEF Office

Tutor Name: _____

DAY	DATE	STUDENT NAME	TIME START	TIME END	TOTAL # OF HOURS <small>Weekly maximum number of hours per student: 3</small>	STUDENT SIGNATURE
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

I hereby certify that I have tutored the student(s) listed above for the time stated and that this information is true and accurate to the best of my knowledge.

Signature of Tutor _____

Total # of hours _____

Signature of Student or Parent (of student) _____

Date _____

Inuvialuit Education Foundation Bag Service #21 Inuvik, N.T. XOE OTO sandra.elanik@inuvialuit.com Phone #- 867-777-7029 Fax #- 867-777-4506	Total Cost This Week: _____ (\$35.00 hourly rate)	FOR OFFICE USE ONLY Signature/Approval of IEF Manager: _____ Date: _____
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