

ATHLETIC ROUTES

CLASSIFIED EMPLOYEE TIME SHEET ----- Bus Driver

Employee Name _____ Work Period _____
 Address _____ Pay Period _____
 _____ Employee ID _____
 School _____
 GROUP _____

Week 1								
Date	TRIP 1 Time Began Work	TRIP 1 Time Ending Work	TRIP 2 Time Began Work	TRIP 2 Time Ending Work	Total trips		Number of Miles Driven	Number of Students Transported
M								
T								
W								
Th								
F								
Sat								
Sun								
Weekly Total								

Week 2								
Date	TRIP 1 Time Began Work	TRIP 1 Time Ending Work	TRIP 1 Time Began Work	TRIP 2 Time Ending Work	Total trips		Number of Miles Driven	Number of Students Transported
M								
T								
W								
Th								
F								
Sat								
Sun								
Weekly Total								

*****TWO WEEKS TOTALS		
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I hereby acknowledge that all statements made and attached are true to the best of my knowledge. I understand any falsification may be grounds for disciplinary action or dismissal. The employee and supervisor certify that they have examined the time record and it is correct.

 Signature of Employee

 Signature of Principal

 Date Approved

ALL OVERTIME MUST BE PRE-APPROVED BY SUPERINTENDENT AND/OR DESIGNEE

 Superintendent And/Or Designee

 Date of Pre-Approval