

BUS DRIVER TIME SHEET		<i>PAYROLL USE ONLY</i>					
		<i>EARN/NG CODE:</i>					
NAME:	<i>ACCT NUMBER</i>						
EMP. ID:	X =						
SITE:	<i>(# hours) (rate) (amount to pay)</i>						

DAY OF MONTH	SUB NAME (IF APPLIES)	MONTH:		YEAR:		TOTAL DAILY HOURS	COMMENTS OR ADDITIONAL HOUR
		AM IN	AM OUT	PM IN	PM OUT		
1							
2							
3							
4							
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31							

EMPLOYEE SIGN _____ **SUPERVISOR SIGN** _____
FORWARD THIS FORM TO TRANSPORTATION SUPERVISOR AT END OF EACH MONTH