

**SAU #9  
BUS DRIVER TIME SHEETS**

**EMPLOYEE NAME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_  
(PRINT CLEARLY)

**SCHOOL DISTRICT:** \_\_\_\_\_

**PAY PERIOD WK1 DATES:**

TRIPS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
REGULAR ROUTE								
FIELD TRIP (ATTACH REQUISITION)								
ATHLETIC (ATTACH REQUISITION)								
PROJECT SUCCEED								
OTHER*								
OTHER*								
OTHER*								
<b>TOTAL DAILY HOURS WEEK 1</b>								

WHEN SUBBING: Provide initials for Regular Driver \_\_\_\_\_

**\*EXPLAIN OTHER:**

**PAY PERIOD WK 2 DATES:**

TRIPS	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL
REGULAR ROUTE								
FIELD TRIP (ATTACH REQUISITION)								
ATHLETIC (ATTACH REQUISITION)								
PROJECT SUCCEED								
OTHER*								
OTHER*								
OTHER*								
<b>TOTAL DAILY HOURS WEEK 2</b>								

<b>TOTALS FOR WK 1 &amp; 2</b>								
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WHEN SUBBING: Provide initials for Regular Driver \_\_\_\_\_

**\*EXPLAIN OTHER:**

**SUBSTITUTES PROVIDE THE FOLLOWING INFORMATION:**

**MAILING ADDRESS:** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**TELEPHONE#** \_\_\_\_\_

**BUS DRIVER SIGNATURE** (Required) \_\_\_\_\_

**DATE**

**SUPERVISOR SIGNATURE** \_\_\_\_\_

(Required)

**DATE**

I certify to the best of my knowledge, the above information is true and accurate