

**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*								
TOTAL DAILY HOURS WEEK 1								

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*								
TOTAL DAILY HOURS WEEK 2								

TOTALS FOR WK 1 & 2								
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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