

MONTH: _____, 20____

Name: _____ Bus # _____

*If you have a sub, please write substitute's name on the sub line

*If you are a substitute, write the name of the driver/monitor you are subbing for.

*FT=field trips, please list total hours for trip

CODES:

S = Sick Day

P = Personal Day

LWOP = Leave Without Pay

PAYROLL USE ONLY:

Total Regular Hours: _____

Hourly Rate: _____

Total to be Paid: _____

Payroll Code: _____

Pay Type: _____

Driver Monitor Driving Training Riding

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> FT _____	<input type="checkbox"/> FT _____
<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> FT _____	<input type="checkbox"/> FT _____
<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> FT _____	<input type="checkbox"/> FT _____
<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> FT _____	<input type="checkbox"/> FT _____
<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> _____ am _____ pm Sub: _____ FT _____	<input type="checkbox"/> FT _____	<input type="checkbox"/> FT _____

Employee's Signature: _____

Supervisor's Signature: _____

DAYS WORKED