

SUBSTITUE BUS DRIVER TIMESHEET

NAME: _____

SCHOOL: _____

SS#: _____

			MORNING ROUTE		MIDDAY ROUTE				AFTERNOON ROUTE		TOTAL
	DATE	SUB FOR BUS #	START TIME	STOP TIME	SUB FOR BUS #	START TIME	STOP TIME	SUB FOR BUS #	START TIME	STOP TIME	HOURS WORKED
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
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MONDAY											
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WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											
MONDAY											
TUESDAY											
WEDNESDAY											
THURSDAY											
FRIDAY											
SATURDAY											

I HEREBY CERTIFY THAT THIS REPORT OF TIME IS A CORRECT STATEMENT TO THE BEST OF MY KNOWLEDGE AND INCLUDES TOTAL HOURS WORKED EACH DAY AND FOR THE PERIOD COVERED AS INDICATED ABOVE.

DRIVER'S SIGNATURE DATE

PRINCIPAL'S/SUPERVISOR'S SIGNATURE DATE