SUBSTITUE BUS DRIVER TIMESHEET

NAME: _____ **SCHOOL:** _____

SS#: _____

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