



BUS DRIVER COORDINATORS TIMESHEET

NAME: _____ MONTH: _____ Year: 20____ ROUTE: _____

Absent Codes	P	Personal – no pay	S	Sick / Medical	SD	Sick Dependent <i>(household member)</i>	B	Bereavement/Compassionate	IW	Inclement Weather	STAT	Statutory Holiday
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Date	AM	PM	SICK		Charter #	HRS Charter	HRS Shop	HRS Mtg/ Other	OT Payroll Use Only	Expense Claim Form		Notes <i>(Must provide: spare bus driver name, relationship for code B, Extra_Bus wash)</i>
			AM	PM						Personal Vehicle Kms.	Medical Meals Misc	
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31												
TOTALS												
PAYROLL RATE ENTRY	GRD3	KM\$	SICK			HR		OVR	BX	BX	(attached) BOOK	ALLO STAT

Driver Signature: _____ Transportation Approval: _____