



SPARE BUS DRIVER TIMESHEET

NAME: _____ MONTH: _____ Year: 20____ TOWN: _____

Absent Codes	IW	Inclement Weather	STAT	Statutory Holiday
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Date	Route	A M	Route	P M	Route KM Rate Payroll Use only	Charter #	HRS Charter	HRS Shop	HRS Mtg/ Other	OT Payroll Use Only	Expense Claim Form		Notes <i>(Special Ed Run, Bus Washes, Plug-ins)</i>	
											Personal Vehicle KMs	Medical Meals Misc		
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31														
TOTALS														
PAYROLL			GRD3		KM\$			HR		OVR		BX	BX	STAT
RATE														
ENTRY														

Driver Signature: _____ Transportation Approval: _____