

GRANT COUNTY BOARD OF EDUCATION BUS OPERATOR TIMESHEET

Print Name / ID _____

Bus # _____ Bus Route: _____

ACTUAL TIME WORKED ONLY

DRIVER MUST ATTACH ALL TRIP SHEETS TO THIS FORM

School Year 2013/2014		AM Run (Including Pre Trip Insp) Insert code from bottom right of timesheet for non-driving AM Run			L U N C H	PM Run (Including Post Trip Insp) Insert code from bottom right of timesheet for non-driving PM Run			OTHER (Prior Approval Required): 1. Bus Detailing 2. Paperwork 3. Meeting (Driver, Discipline, etc.) 4. Driver Training – Continuing Ed. 5. Other: _____				EXTRA DUTY/CURRICULAR: 6. Curricular 7. Extra Curricular 8. Mid-day Runs 9. Other: _____				DAILY TOTAL HOURS
		MM/DD	Start Time	Stop Time		Total	Start Time	Stop Time	Total	CODE FROM ABOVE	START TIME	STOP TIME	TOTAL	CODE FROM ABOVE	START TIME	STOP TIME	
SUN																	
MON					.5												
TUE					.5												
WED					.5												
THU					.5												
FRI					.5												
SAT																	
TOTALS																	

I hereby certify that this is a true and accurate representation of all hours that I have worked on behalf of the Board of Education during the designated work week.

H M

Bus Operator's Signature

Date

Supervisor's Signature

Date

Codes:		TA – Trip Adjust
SL – Sick Leave Day		E – Election Day
PL – Personal		H – Holiday
IS – Instructional Support		NS – No School
OS – Out of School Environment		P – Preparation Open/Close