

Substitute Bus Operator Report to Central Office

Employee Number _____
 Name of Substitute Bus Operator _____
 Name of School _____
 School Month _____
 Principal/Supervisor's Signature _____

Account Code: _____
 (Office Use Only)

- (1) List Below the information requested
- (2) It will be the responsibility of the substitute Bus Operator to report to the principal's office after **each day** worked to record their time.

Date	Half/Whole Day	Regular Bus Operator