



TRANSPORTATION DEPARTMENT- DRIVER/AIDE TIMESHEET



Period Beg _____ Period End _____ Check Date _____

EMPLOYEE NAME:

ID #

	Date	Absence Code and Hrs.	Regular 1610	Homework Club	Voc Ed 1613	Field Trip 1614	Band 1616	Special Ed 1618	Athletics 1619	Bus Aide 1630	Total	Weekly Totals
Week 1												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Total Hrs Week 1:												
Week 2												
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Total Hrs Week 2:												
Total Pay Period Hrs:												

FOR PAYROLL USE ONLY:									
Regular 300									
Otime 312									
	1610		1613	1614	1616	1618	1619	1630	

D=Death in Family, F=Funeral, H=Holiday, J=Jury Duty, M=Medical Appt, O=Absent without pay
 P=Personal Business, S=Employee Illness, V=Vacation, X=Snow day

I certify that the hours worked listed above are true. I acknowledge that the falsification of time is subject to disciplinary action.

Employee Signature

Supervisor Signature