

TIME AND PAY PERIOD

BUS DRIVER

Month _____ / / to / /

Date	MORNING		AFTERNOON		Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Month _____ / / to / /

Date	MORNING		AFTERNOON		Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Month _____ / / to / /

Date	MORNING		AFTERNOON		Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Month _____ / / to / / _____

Date	MORNING		AFTERNOON		Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Month _____ / / to / / _____

Date	MORNING		AFTERNOON		Total Time
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I hereby attest that I have personal knowledge of the time entries reflected here is a true and correct statement of the hours I have worked for each period reflected. I further attest that these hours have not been falsified in any way.

Employee's Signature _____ Principal's Signature _____