BUS DRIVER AIDE TIMESHEET

NAME: _____   **MONTH:**_____   **Year: 20_____   ROUTE:** _____

Absent Codes	P	Personal – no pay	S	Sick / Medical	SD	Sick Dependent *(household member)*	B	Bereavement/Compassionate	IW	Inclement Weather	STAT	Statutory Holiday

Date	AM	PM	SICK AM PM		HRS *Mtg/ Other*	OT Payroll Use Only	Expense Claim Form Personal Vehicle KMs.	Medical Meals Misc	Notes *(Must provide: spare Aide name, relationship for code B)*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
TOTALS									
PAYROLL	HR		SICK		HR	OVR	BX	BX	STAT
RATE									
ENTRY									

Driver Signature: _____   **Transportation Approval:**_____