

BUS DRIVER'S TIME SHEET

Name: _____ Week of: _____ to _____,

Days Worked	Regular Hours	SPED Hours	Deviation Hours	Athletic Trips	Field Trips Hours	Other	Overtime Hours	Double Time Hours	Total Hours
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Total									

Driver's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Note: This time sheet, along with all required forms (absence, personal leave requests, deviation, etc.) must be given to the transportation supervisor no later than 3:00 p.m. on Friday of the week worked.

BUS DRIVER
TIME SLIP/DEVIATION REPORT
ORCHARD VIEW SCHOOLS

This report must be attached to and submitted with the driver's time slip in order to be paid.

Driver's Name: _____ Bus # _____ Week of: _____

Route and/or rescheduled run _____ Regularly Scheduled Hours for Route or Run: _____

Day	In	Out	In	Out	In	Out	In	Out	Deviation
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

Bus Driver's Signature: _____ Extra Time Reported: _____

Transportation Supervisor's Disposition: Approved _____ Denied _____ Date: _____

Transportation Supervisor's Signature: _____