

ALMIRA SCHOOL DISTRICT
BUS DRIVER TIMESHEET

MONTH: _____
YEAR: _____

NAME: _____

DATE	ROUTE HRS	PE	PRACTICE/ SPORTS	FIELD TRIPS	TRAINING	EXPLANATION
1						
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EMPLOYEE SIGNATURE: _____ SUPERVISOR SIGNATURE _____

I hereby certify that this is a true and correct report of the time I have worked during the dates indicated. EMPLOYEES ARE PROHIBITED FROM WORKING ANY OVERTIME WITHOUT PRIOR APPROVAL FROM THEIR SUPERVISOR.