

WEEK ENDING _____

WINDHAM EXEMPTED VILLAGE SCHOOLS
BUS DRIVER/BUS AIDE TIME SHEET

NAME _____

Date	AM		MIDDAY		PM		TOTAL HRS	DESCRIPTION <small>(special ed, building, am/pm)</small>	S/L, P/L, DOCK <small>(AM, MIDDAY, PM, ALL DAY)</small>
	Start	Stop	Start	Stop	Start	Stop			
Sun									
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
							TOTAL HRS		
I hereby certify the above listing of hours worked is true and correct.									
MTG HOURS _____								Employee Signature _____	
BUSES WASHED _____								Supervisor Signature _____	
SHOW UP HOURS _____									
Each employee or substitute is responsible for accurately recording hours worked.									
Payroll timesheets must be turned in to your supervisor upon the completion of the work week									