

Barre Unified Union School District Bus Rider Timesheet

Name: _____ School (select one): **BCEMS** **BTMES** **CVCC** **SHS**

Must be submitted to your Transportation Coordinator by Thursday at 4:00 before the pay period ends.

Date	Bus #	Start Time/End Time	Total # of Hours	Funding Code	Rate	Total
Total #						

Rider's Signature: _____ **Date:** _____ **Transportation Coord. Signature:** _____

Bus Rider	\$25.00/hr effective until 12/31/21				

Please return completed timesheet to the Transportation Coordinator.