BREATHITT COUNTY SCHOOL DISTRICT

BUS MONITOR/AIDE TIMESHEET

SERVICE REPORT FOR THE MONTH/*YEAR* OF _____, _____
(ONE PAY PERIOD only PER TIMESHEET) *(MONTH)* *(YEAR)*

MONITOR'S/AIDE's NAME: _____ SCHOOL: _____

BUS NUMBER: _____ NAME OF BUS DRIVER: _____

LIST NAMES AND AGES OF PRESCHOOL STUDENTS YOU ARE MONITORING:

NAMES OF STUDENTS	AGE	NAMES OF STUDENTS	AGE	NAMES OF STUDENTS	AGE

(1) PLEASE CHECK (✓) IF YOU ARE: A STUDENT: _____ AN ADULT: _____

(2) IF YOU ARE SUBSTITUTING FOR ANOTHER MONITOR/AIDE, LIST THE NAME OF THE MONITOR/AIDE YOU ARE SUBSTITUTING FOR: _____

TO THE BREATHITT COUNTY BOARD OF EDUCATION:

I HEREBY CERTIFY THAT I HAVE RENDERED AUTHORIZED SERVICE AS FOLLOWS:

DATE	TO SCHOOL BEGIN TIME	TO SCHOOL END TIME	FROM SCHOOL BEGIN TIME	FROM SCHOOL END TIME	TOTAL HOURS/MINUTES