



TRANSPORTATION TIME REPORT - SUB ONLY

1936 Carlotta Dr., Wing B
Concord, CA 94519
(925) 682-8000, ext. 4201

Employee ID # _____ Pay Period Ending _____
Required on all timesheets (found on Check/Direct Deposit Advice) (MM/DD/YY)

Name _____ (Last) _____ (First) _____ (Middle Initial)

(PLEASE PRINT ALL INFORMATION) This time report must be in Payroll Dept. by the 16th of the month to be paid.

PLEASE SUBMIT TO THE TRANSPORTATION OFFICE BY THE END OF PAY PERIOD.

DATE	HOURS WORKED	STR. TIME	OT	DF	TOT	VER BY			ON DUTY	TRIP	BUS NO
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
TOTAL											

TIME	HOUR CODE	TIME	HOUR CODE	TIME	HOUR CODE	RATE OF PAY	EXPENSE CODE OBJECT
	3600						01.0928.0000.3600.09280000.554.554.2250
							01.0928.0000.3600.09280000.554.554.____
							01.0929.5001.3600.09290000.554.554.2250
							01.0929.5001.3600.09290000.554.554.____

PREPARED BY _____

DATE _____

APPROVED BY _____

EMPLOYEE SIGNATURE _____