

Powell Co Schools Certificate of Time

Employee Name: _____

Week Starting: _____

Regular Route

Date	Time In	Time Out	Time In	Time Out	Time Worked	Extra Time
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Week 1 Regular Route Hrs:						

Week Starting: _____

Regular Route

Date	Time In	Time Out	Time In	Time Out	Time Worked	Extra Time
Sun						
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Week 2 Regular Route Hrs:						

Regular Route Extra Hours	
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Substitute Driver/Monitor Timesheet

Additional Runs

Date	Time In	Time Out	Student	Time In	Time Out	Student	Hourly Rate	Time Worked	Piece Rate	REG ED	SPEC ED
Sun											
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Week 1 Trip hours from back						Wk 1 Additional Run Hours					

Additional Runs

Date	Time In	Time Out	Student	Time In	Time Out	Student	Hourly Rate	Time Worked	Piece Rate	REG ED	SPEC ED
Sun											
Mon											
Tue											
Wed											
Thur											
Fri											
Sat											
Week 2 Trip hours from back					Wk 2 Additional Run Hours						

Additional Hours and Piece Rate Totals		
	Hours	Piece

Codes		
NC- Non Contract	S- Sick Leave	P- Personal Leave
J- Jury Duty	H- Holiday	E- Emergency Leave
V- Vacation Day	UL- Unpaid Leave- (Out of Valid Leave Options)	
T- Last Day of Employment		

Employee Signature

Date

Supervisor Signature

Date

Substitute