# EMPLOYEE TIME SHEET FOR MID-DAY BUS DRIVERS

**Name:**_____ **EmpID#:** _____

**Week Ending:** _____ **Work Site:** _____ **WHPD:** _____ **WHPW:** _____

| Day | Date | In | Out | In | Out | In | Out | Total | *Variance (Include Description) |
|---|---|---|---|---|---|---|---|---|---|
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| | | | | | Employee Initials | | | | Total Hours Worked This Week |
| | | | | | | | | | Comp Time Balance |

**Week Ending:** _____

| Day | Date | In | Out | In | Out | In | Out | Total | *Variance (Include Description) |
|---|---|---|---|---|---|---|---|---|---|
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| | | | | | Employee Initials | | | | Total Hours Worked This Week |
| | | | | | | | | | Comp Time Balance |

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| Day | Date | In | Out | In | Out | In | Out | Total | *Variance (Include Description) |
|---|---|---|---|---|---|---|---|---|---|
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| | | | | | Employee Initials | | | | Total Hours Worked This Week |
| | | | | | | | | | Comp Time Balance |

**Week Ending:** _____

| Day | Date | In | Out | In | Out | In | Out | Total | *Variance (Include Description) |
|---|---|---|---|---|---|---|---|---|---|
| Sat | | | | | | | | | |
| Sun | | | | | | | | | |
| Mon | | | | | | | | | |
| Tues | | | | | | | | | |
| Wed | | | | | | | | | |
| Thurs | | | | | | | | | |
| Fri | | | | | | | | | |
| | | | | | Employee Initials | | | | Total Hours Worked This Week |
| | | | | | | | | | Comp Time Balance |

By my signature below I indicate that the above information is correct.

_____ _____ _____Comp Time Balance Forward

Employee Signature Date

+/-_____Comp Time Earned/Used This Month

_____ _____ =_____Comp Time Balance

Supervisor Signature Date

*Indicate here all work time variances including: (a) leave time and (b) time worked beyond normal hours (allocated hours per day including lunchtime) and who authorized the additional time.