

Robertson County Schools Pupil Transportation Weekly Time Sheet

Pay Period Ending Date _____

Employee Name _____

Please check one: () Full-Time () Part-Time () Substitute

Date	Week Day	Time In	Time Out	Lunch	Time In	Time Out	Total Hours	Extra/Overtime ONLY with Approval from Supervisor PROVIDE DETAILS

WEEKLY TOTALS

If you are out for any of the following reasons: Sick, Personal, or Leave Witout Pay please write the following leave codes into the comments with total hours being populated.
 Leave Codes: SL- Sick Leave PL- Personal Leave AW- Leave without pay

Transportation Supervisor's Signature _____

Employee Signature _____

I certify this statement to be true and correct