Somerset Hills School District

BUS DRIVERS TIMESHEET

Name: _____ **Date: _____**

BUS DRIVERS: *MUST circle one

Regular Bus Run
Athletic Bus Run
Maintenance Run
ESY

***PLEASE COMPLETE ONE TIME SHEET FOR EACH TYPE OF WORK COMPLETED**

Work Type: _____ **Rate: $_____** **Total Amount: $_____**

Date(s)	Time-In	Time-Out	Total Hours	Rate	Total
Description					
Description					
Description					
Description					
Description					
Description					
Description					
Description					
TOTALS					

Please sign and submit the completed timesheet to your Supervisor for signature *within 30 days of completing the work*. Once signed, the timesheet will be forwarded to Payroll for processing.

_____ _____

Employee's Signature **Supervisor's Signature**