

**ALSEA SCHOOL DISTRICT/WLA
BUS DRIVER TIME SHEET**

LAST NAME

FIRST NAME

Pay Period

* Indicate hours(1/4 hour increment) in appropriate box

DATE	REGULAR ROUTE HOURS *					MONITOR HOURS *			Meeting/Other	
	A M	P M	Leave Hours (Used)	Leave Used (Personal/ Sick)	Total Hours	A M	P M	TOTAL HOURS	Describe	TOTAL HOURS
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					TOTAL		TOTAL

I CERTIFY THAT ALL THE ABOVE HOURS ARE CORRECT

EMPLOYEE SIGNATURE/Date

WLA Authorized Signature/Date

ASD Authorized Signature/Date