

**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 *				
	A M	P M	Leave Hours (Used)	Leave Used (Personal/ Sick)	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					

OTHER  Description	HOURS	
	WLA	ASD
TOTAL		

I CERTIFY THAT ALL THE ABOVE HOURS ARE CORRECT

\_\_\_\_\_  
EMPLOYEE SIGNATURE/Date

\_\_\_\_\_  
WLA Authorized Signature/Date

\_\_\_\_\_  
ASD Authorized Signature/Date