



OWEN COUNTY SCHOOLS - BUS DRIVER TIMESHEET

DRIVER'S NAME _____

MONTH/YEAR _____

DATE	REG HOURS	SICK	EMER	PERS	NO PAY	SUBSTITUTE DRIVER List name of driver you replaced and bus #.	DESCRIPTION AND # OF HRS (Substitute driving, shuttle, monitor, vocational, driver training/evaluation)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

I certify that the above is a true and accurate record of time worked for the month.

Driver Signature _____

Date _____

Supervisor Signature _____

Date _____