

PEACE WAPITI SCHOOL DIVISION NO. 76

BUS DRIVER TIMESHEET

For the Period of:

Employee's Name: _____, <small>Surname First</small>	Route No.: _____	_____ 26, 200 to _____ 25, 200
Employee No.: _____ <small>Refer to your Earning Statement above your Name</small>	School: _____	

Days	# of Children	Route KMS Driven	Transfer	Wheelchair Lifts	Home Ec. / IA Trips	Assists	Repair Trips	Personal Vehicle KMS	Other	DAYS OFF		
										Sick	LWP Appr.	LWOP Other
26												
27												
28												
29												
30												
31												
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												
TOTAL												

**Compressed School Days must be coded as CSW Other Codes: W-Bus Washes*

Comments from Driver: _____

EMPLOYEE SIGNATURE: _____ **SUPERVISOR APPROVAL:** _____

CHECK WITH YOUR SCHOOL FOR COURIER SCHEDULE TO ENSURE THAT YOUR TIMESHEET IS SUBMITTED TO CENTRAL OFFICE BY THE 25TH OF THE MONTH!

For Payroll Use Only - DO NOT WRITE BELOW THIS LINE

BD	1.0	BASIC PAY (Including Long Service)	B4A		Driving Time (1hr minimum)
DYS		DAILY RATE	B5A		Waiting Time (8hrs max. per day)
B6A		Total Route Driven Kms.	CAA		Personal Vehicle KM.
BPA		Transfer Buses	BOA		\$ _____ /hr _____ Misc
BQA		Wheelchairs (Lift Fee)	BRA		Time @ \$ _____ (expenses- attach
BCA		Inter-School Program Trip	BRA		receipts) @ \$ _____ 2-231-33 (Med-attach
BDA		Trips to Assist Others			@ \$ _____
B9A		Repair Trips – Short	SA4	< > A	SICK LEAVE
BAA		Repair Trips – Medium	BERV	< > A	BEREAVEMENT LEAVE
BGA		Repair Trips – Long	CIBR	< > A	COMPASSIONATE LEAVE
			FAMI	< > A	FAMILY MEDICAL