

PEACE WAPITI SCHOOL BOARD NO. 33

SPARE BUS DRIVER TIMESHEET

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

Days	# of Children	Route KMS Driven	Transfer	Wheelchair Lifts	Home Ec. / IA Trips	Assists	Repair Trips	Personal Vehicle KMS	Other			Full Name of the Driver You Subbed for
										AM	PM	
26												
27												
28												
29												
30												
31												
1												
2												
3												
4												
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19												
20												
21												
22												
23												
24												
25												
Total												

*Compressed School Days must be coded as CSW.

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

DA	Daily Basic Rate EL HRS: _____	B4A		Driving Time (1hr minimum)
B6A	Total Route Driven Kms.	B5A		Waiting Time (8hrs max. per day)
BPA	Transfer Buses	CAA		Personal Vehicle KMS
BQA	Wheelchairs (Lift Fee)	BOA		\$ _____/hr _____ Misc Time
BCA	Inter-School Program Trip	BRA		@ \$ _____ (expenses- attach receipts)
BDA	Trips to Assist Others	BRA		@ \$ _____ (Med-attach receipt) 2-231-33
B9A	Repair Trips – Short			
BAA	Repair Trips – Medium			@ \$ _____
BGA	Repair Trips – Long			@ \$ _____