

PEACE WAPITI SCHOOL BOARD NO. 33

TEAMSTER 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	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					
TS	1.0	BASIC PAY (Including Long Service)	L5A		Driving Time (1hr minimum)
DAA		DAILY RATE	L6A		Waiting Time (8hrs max. per day)
RKM		Total Route Driven Kms.	CAA		Personal Vehicle KM.
L9A		Wheelchairs (Lift Fee)	L7A		\$ _____/hr _____ Misc Time
L2A		Inter-School Program Trip	L8A		@ \$ _____ (as per receipts) or \$5.00 Per Bus Wash
L3A		Trips to Assist Others	BRA		@ \$ _____ (expenses- attach receipts)
LS		Repair Trips – Short	BRA		@ \$ _____ (Med-attach receipt) 2-231-33
L1A		Repair Trips – Medium	SA4	< >	SICK LEAVE
LAA		Repair Trips – Long	BERV	< >	BREAVEMENT LEAVE
		@ \$	CIBR	< >	COMPASSIONATE LEAVE
		@ \$	FAMI	< >	FAMILY MEDICAL

