ST. JOHNS PUBLIC SCHOOLS

EMPLOYEE NUMBER: _____

TIME SHEET RECORD FOR MONTH_____YEAR____

Transportation Sub Driver Time Sheet

PAYDATE - 10TH OF THE MONTH

SUB EMPLOYEE NAME: _____

									Meals	Sub	Workshop	Trip	
									$5.25	$14.00	$9.25	$13.00	
			Driving Time		Driving Time		Driving Time		MEALS	TRNSUB	TRNWRK	TRIP	
DATE	DAY OF WEEK	Bus Number	Out	In	OUT	IN	OUT	IN	# of Meals	Hours	Hours	Hours	Daily Total Hrs
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
										Total Hrs:	Total Hrs:	Total Hrs:	Grand Total:

Business Office Only		
Overtime Hours	O/T Rate:	Overtime Total $$

Business Office Only		
Overtime Hours	O/T Rate:	Overtime Total $$

EMPLOYEE SIGNATURE

PAYMENT APPROVAL SIGNATURE