

Please submit time sheet no later than the 3rd of each month.

## Bledsoe County Schools Bus Assistant Timesheet

Please email to Charity Evans@cevas1@bledsoecountyschools.org

Employee's Name:				Month:	
Day:	Date:	Start Time:	End Time:	Hours:	
Mon					
Tues					
Wed					
Thu					
Fri					
				Total Hours for Week 1:	
Day:	Date:	Start Time:	End Time:	Hours:	
Mon					
Tues					
Wed					
Thu					
Fri					
				Total Hours for Week 2:	
Day:	Date:	Start Time:	End Time:	Hours:	
Mon					
Tues					
Wed					
Thu					
Fri					
				Total Hours for Week 3:	
Day:	Date:	Start Time:	End Time:	Hours:	
Mon					
Tues					
Wed					
Thu					
Fri					
				Total Hours for Week 4:	
Day:	Date:	Start Time:	End Time:	Hours:	
Mon					
Tues					
Wed					
Thu					
Fri					
				Total Hours for Week 5:	
				Total Hours for the Month:	
<i>Hours worked must be recorded daily. Time sheet must be approved by Supervisor. You will be compensated according to hours recorded and approved.</i>					
Employee Signature:				Date:	
Supervisor Signature:				Date:	