		BUS	DRIV	FRT	RAIN	ING			
BUS GARAG	<u>GE</u>		ها بصارح زبد اربط الرب	SSNXXX-XX Employee #					
Employee Name					Month	Year			
Activity									
PAY PERIOD From: To:			From:						
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Employee Initials	School	
Sun.									
Mon.									
Tues.									
Wed.									
Thur.									
Fri.									
Sat.									
Total Regular Time First Week									
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Employee Initials	School	
Sun.							_		
Mon.									
Tues.									
Wed.									
Thur.									
Fri.									
Sat.									
Total Regular Time Second Week									
	Date	Time In	Time Out	Time In	Time Out	Hours Worked	Employe e Initials	School Worked	
Sun.									
Mon.									
Tues.									
Wed.									
Thur.									
Fri.									
Sat.	<u> </u>								
	Total Regular Time Third Week								
Total Regular Time Worked I affirm that the information contained on this time sheet is true and accurate Employee/Date:									
To the best of my knowledge this time record is a true and accurate statement of hours worked during this									
pay period	: Superviso	or/Date:							
Principal/D	ate:								
Comments									