

RANDOLPH COUNTY SCHOOLS SUBSTITUTE BUS OPERATOR'S WEEKLY WORKSHEET

Employee Name: _____

Employee ID Number: _____

Location: _____

Workweek: _____

Day	Date	Pre-Trip	Begin A.M. Run	Stop A.M. Run	Mid-Day Start Time	Mid-Day End Time	Mid-Day Start Time	Mid-Day End Time	Begin P.M. Run	Stop P.M. Run	Post Trip	Bus No.	Job ID or TRIP	Regular Driver's Name
Monday														
Tuesday														
Wednesday														
Thursday														
Friday														
Saturday														
Sunday														
Total Hours														

	Regular Hours	Mid-Day Hours	Extra Duty	Overtime
TOTAL				

I herby certify that this is a true and accurate representation of all hours that I have worked on behalf of the Board of Education during the designated workweek.

Employee's Signature: _____

Date: _____

I herby certify that this is a true and accurate representation of all hours that I have worked on behalf of the Board of Education during the designated workweek.

Supervisor's Signature: _____

Date: _____

All changes must be iniated by both employee and supervisor