

GOODRICH INDEPENDENT SCHOOL DISTRICT
WEEKLY TIME REPORT FOR BUS MONITOR

NAME: _____ EMPLOYEE ID # _____

WEEK _____ TO _____ YEAR _____

DAY	DATE	ROUTE #	BUS DRIVER	AM	PM
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

SPECIAL TRIPS FOR BUS MONITORS-COMplete NEXT SECTION

DATE	TRIP DESTINATION	TIME DEPARTURE	TIME RETURN	VEHICLE USED	TOTAL HOURS

BUS MONITOR SIGNATURE: _____ DATE: _____

BUS DRIVER SIGNATURE : _____ DATE: _____

OFFICE USE ONLY: DATE PAID _____	AMOUNT PAID _____
BUDGET CODE _____	SIGNATURE _____