

GOODRICH INDEPENDENT SCHOOL DISTRICT

WEEKLY TIME REPORT FOR BUS DRIVERS

NAME _____ EMPLOYEE NUMBER _____

WEEK _____ TO _____ YEAR _____

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

SPECIAL TRIPS FOR BUS DRIVERS - COMPLETE NEXT SECTION

DATE	TRIP DESIGNATION	TIME DEPARTURE	TIME RETURN	VEHICLE USED	TOTAL HOURS

Driver's Signature _____ Date _____

Supervisor's Signature for Payment _____ Date _____

OFFICE USE ONLY: Date Paid _____ Amount Paid _____

Budget Code _____ Signature _____