BUS DRIVER TIMESHEET

Anglophone East School District - District Office: *1077 St. George Blvd., Moncton, NB, E1E 4C9*

SIN:_____ **Last Name**:_____ **First Name**:_____

Classification (*check one*): ( ) **Driver A B C** (circle one) ( ) **Hourly Driver** - regular hours_____/day ( ) **Casual Driver**

TO BE COMPLETED BY THE EMPLOYEE

Date (D/M/Y)	Start Time	End Time	Total Hours	Km Used	Asset No.	Person Replaced or Reason (first & last name or indicate details)	Account 510 REGULAR	Account 512 REPLACE-MENT	Account 515 OTHER	Account 513 OVERTIME	Account 568 CO-CURR. TRIP		Account 569 EXTRA TRIP	
							1.0	1.0	1.0	**1.5**	1.0	1.5	1.0	1.5
						TOTALS								

NOTES:

All meals are to be claimed on a 'Travel Expense Summary & Authorization Form'

Timesheet must be completed in full in order to process payment.

See reverse for pay schedule and additional information.

_____ _____

Signature of Bus Driver **Date**

DISTRICT OFFICE USE

Total Regular Hours: _____ **Rate:** **x 1.0 =** _____

Total Overtime Hours: _____ **Rate:** **x 1.5 =** _____

Date Received:

Approved By - Transportation Manager_____

Entered By_____ ***Pay Date:***

Revised 08/16/18