

**BELLEVUE CITY SCHOOL DISTRICT
SUBSTITUTE BUS/VAN DRIVER TIME SHEET**

NAME OF EMPLOYEE _____

ID NUMBER (your initials + last four digits of your Social Security Number) _____

(Account Number 001-2829-142-0000)

DATE WORKED	TOTAL TIME WORKED	AM TIME BEGIN	AM TIME END	PM TIME BEGIN	PM TIME END	REASON FOR TIME WORKED

Signature of Employee

Signature of Transportation Supervisor

PLEASE DO NOT WRITE BELOW THIS LINE
(Payroll Office use only)

TOTAL HOURS = _____ X \$14.00 PER HOUR = \$ _____ TOTAL AMOUNT OWED