

BELLEVUE CITY SCHOOL DISTRICT

EXTRA TRIP TIME SHEET

NAME OF EMPLOYEE \_\_\_\_\_

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

(Account Number 001-2829-144-0000)

DATE WORKED	TIME OF DEPARTURE	TIME OF RETURN	HOURS OF TRIP	ADD'L CLEAN UP TIME*	APPROVED TOTAL HOURS	TRIP #

\*Additional clean up time will be no more than 30 minutes per trip. The additional 30 minutes will be extra time for fueling, cleaning, and conducting a safety check on bus.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Transportation Supervisor

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

TOTAL HOURS = \_\_\_\_\_ X \$15.00 PER HOUR = \$ \_\_\_\_\_ TOTAL AMOUNT OWED

(Revised 8/5/20)