Bus Duty Timesheet

SCHOOL _____

Month_____ Teacher_____

*Place a check in the appropriate box for each day of the month worked

	a.m. Duty	p.m. Duty		a.m. Duty	p.m. Duty
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Total hours submitted for payment _____

rate per hour **x** **$7.25**

Total Amount Due _____

I certify that the above listed teacher is due compensation for bus duty performed.

Teacher's Signature _____

Principal's Signature _____