

Williams Unified School District

BUS DRIVING (REQUIRES COMMERCIAL LICENSE Class A or B with Bus Cert.)

MONTH: _____

Name: _____

	DATE	EVENT/DESTINATION	START TIME	<i>LUNCH</i> <small>start</small>	<i>LUNCH</i> <small>end</small>	END TIME	DIFF HRS	OT HRS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Reg Hrs _____ @ \$ _____ = \$ _____

Diff Hrs _____ @ \$ _____ = \$ _____

OT Hrs _____ @ \$ _____ = \$ _____

Total = \$ _____

I certify that the above figures are correct.

Employee's Signature

Supervisor's Signature