

SPECIALIZED TRANSPORTATION - Time Sheet

NAME: _____

Sub Driver

Sub Aide

Last

First

Bus #

Garage

REGULAR WORK SCHEDULE

Hours recorded in 1/4 hour increments (i.e. 15 minutes = .25 - 30 minutes = .50 - 45 minutes = .75)

	A.M.			MID-DAY			P.M.			TOTAL HOURS			PROGRAM LOCATION	
	Time In	Time Out	Hours	Time In	Time Out	Hours	Time In	Time Out	Hours	DAY	DATE	Total Hours	Bus #	Program Code (See below)
WEEK 1										Mon				
										Tue				
										Wed				
										Thur				
										Fri				
WEEK 2										Mon				
										Tue				
										Wed				
										Thur				
										Fri				

Grand Total Hours →

Please advise that all timesheets must be submitted no later than the due date as stated on the payroll schedule. Any timesheets submitted past this due date will be processed with the next pay period, no exceptions.

FIELD TRIPS/BUS MOVES/REPAIRS (AM RV)/MEETINGS/OTHER				
Time In/Time Out	Day/Date	Original Starting Location to Destination	Program Code	Hours

Program Code	Description	Total Hours
GCI	Genesee Career Institute	
GE	General Education	
GS	GSRP	
HS	Head Start	
SE	Special Education	
TR	Training	
Grand Total Hours		

** Meetings with supervisor require supervisors initials. These initials indicate payroll approval

Please send timesheets to:

E-Mail: transportationpayroll@geneseeisd.org

Fax: (810) 591-6172

Employee Signature

Date

Supervisor Signature

Date