



DCSS BUS MONITOR TIME SHEET

EMPLOYEE NAME _____

LOCATION _____

EMPLOYEE # _____

BUS DRIVER _____

WEEK 1				
Date	A.M. Start Time	A.M. End Time	P.M. Start Time	P.M. End Time
WEEK 2				
Date	A.M. Start Time	A.M. End Time	P.M. Start Time	P.M. End Time

Employee Signature

Date

Bus Driver Signature

Date

Supervisor Signature

Date

Executive Director, Finance & Operational Services

Date

ATTENTION: YOUR SIGNATURE VERIFIES THE INFORMATION IS ACCURATE