

**Regular Bus Operator Time Sheet
Pendleton County Schools**

Name _____ Bus # _____ School Month/Fiscal Year _____

DAYS	Sat/Sun.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Totals
Date							
Reg. Run							
Other							
Total							
Date							
Reg. Run							
Other							
Total							
Date							
Reg. Run							
Other							
Total							
Date							
Reg. Run							
Other							
Total							
Date							
Reg. Run							
Other							
Total							

I Certify that the reported hours are correct. Employee _____

SS# _____ Supervisor _____ Date _____

**NOTE: "Other" refers to alternative, activity, vo-tech runs, trips, etc
In each block include number of hours worked and/or type of leave.
Pre and Post trip inspections will have a 15 minute maximum each (total 1/2 hour)**