

EDISON TRANSPORTATION TIME SHEET

NAME: _____

ID#: _____

ROUTE TIME AM: _____

PM: _____

Fill in date of run, time it began & ended and the total hours/minutes. Pre-trip, warm-up, clean-up & regular fueling time should not be included in the times below unless you are a substitute driver. Substitutes need to indicate the bus # and enter position (aide/driver) for that time

Pay Period from _____ to _____

EXTRA TIME

DATE	BEGAN	ENDED	TOTAL	BUS #	POS./DESCRIPTION

DOCK TIME

DATE	BEGAN	ENDED	TOTAL	BUS #	POS./DESCRIPTION

TRIPS (Trip sheets must be attached)

DATE	BEGAN	ENDED	TOTAL	BUS #	POS./DESCRIPTION

I hereby certify that the above information is true and accurate.

DRIVER/AIDE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

*** Time sheet is due to the Transportation Supervisor on the 6th and 21st of each month***