

**BRAZOS INDEPENDENT SCHOOL DISTRICT  
SUBSTITUTE BUS DRIVER TIME SHEET**

**SUBSTITUTE INFORMATION (Complete all sections)**

Substitute Name \_\_\_\_\_ Substitute Employee ID# \_\_\_\_\_

DATE	SUB FOR	BUS #	TIME IN	TIME OUT	Check only one (1) per line	COMMENTS
					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	
					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	
					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	
					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	
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					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	
					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	
					<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular	

By signing below, you are certifying that the time entries shown here are correct and they reflect all the time you worked. I understand that it is my responsibility to provide a copy of this form to the transportation department to ensure accurate compensation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

1. Turn in a copy of this form to the transportation department by close of business on the 1<sup>st</sup> day of each month
2. Keep a copy for your files