

Name: _____

Substitute

ID No. - or -

Social Security No. _____

1	5	3	0						
---	---	---	---	--	--	--	--	--	--

Need one or the other--
not both

Pay Period Starting (mm/dd/yy): _____

Pay Period Ending (mm/dd/yy): _____

Transportation Department

Day	Date	Time Sheet Data										Absence		Explanation of: Working Hours and/or Attendance Hours			
		Bus Hours	Veh. Hours	Stud. Attd. Hours	Mech. Hours	Extra Hours	Field Trips	Athletic Trips	OBI Training New	+ Overtime	Unpaid Leave or Dock Hours	Sick Leave Hours	Personal Leave Hours		Vacation Hours		
Sun																	
Mon																	
Tue																	
Wed																	
Thu																	
Fri																	
Sat																	
Sun																	
Mon																	
Tue																	
Wed																	
Thu																	
Fri																	
Sat																	
Sun																	
Mon																	
Tue																	
Wed																	
Thu																	
Fri																	
Sat																	
Sun																	
Total Hours																	

* Extra hours are beyond your regular scheduled hours but are less than 40 hours per week. + Overtime is hours greater than 40 hours per week (per 6.02 B).

I hereby certify the hours recorded are as worked or absent are correct.
I understand that falsification of this timesheet is grounds for discipline and/or termination.

OFFICE USE ONLY

PRE-TRIPS
TURNED IN

Signature of Employee _____

Supervisor _____

Wadsworth City Schools

Transportation Time Report

Day	Date		AM	Kdg	PM	Extra	Field Trip	Athletic Trip	Training
Sun		Starting							
		Ending							
Mon		Starting							
		Ending							
Tue		Starting							
		Ending							
Wed		Starting							
		Ending							
Thu		Starting							
		Ending							
Fri		Starting							
		Ending							
Sat		Starting							
		Ending							

Sun		Starting							
		Ending							
Mon		Starting							
		Ending							
Tue		Starting							
		Ending							
Wed		Starting							
		Ending							
Thu		Starting							
		Ending							
Fri		Starting							
		Ending							
Sat		Starting							
		Ending							

**Definition of Immediate Family: Spouse of employee, children (step) of employee, son/daughter-in-law, grandchildren of employee, parents of employee or employee's spouse, bother, sister, bother of employee's spouse, sister of employee's spouse, grandparents of employee employee's spouse, person in loco (living with in your home) WESPA Sec 8.01 D

**Babysitting for grandchildren is not appropriate use of sick leave WESPA 8.01 B

**Sick Leave is used for attending the Funeral of an Immediate Family Member

**Personal Leave is used for attending any other Funeral whether Friend or Relative

**Personal Leave may not be used the first or last week of school, the week before school starts, the week after school ends, the day before or after a paid holiday, to extend vacation, for recreation, to accompany a spouse on business, or performing or seeking other employment

PETERMANN,LLC
 1033 KELLY AVE
 AKRON OH
 330-773-4222

WEEKLY TIME SHEET

EMPLOYEE NAME: _

driver

DATE	Bus #	Start time	End Time	pre-trip	Total Hrs	Misc	Total
				15			
DATE	Bus #	Start time	End Time	pre-trip	Total Hrs	Misc	Total
				15			
DATE	Bus #	Start time	End Time	pre-trip	Total Hrs	Misc	Total
				15			
DATE	Bus #	Start time	End Time	pre-trip	Total Hrs	Misc	Total
				15			
DATE	Bus #	Start time	End Time		Total Hrs	Misc	Total
				15			
DATE	Bus #	Start time	End Time	Total Hrs	Total Hrs	Misc	Total

Weekly total _____

Employee Signature _____

Date _____

REVERE LOCAL SCHOOLS

TRANSPORTATION DEPT.

WEEKLY TIME RECORD

EMPLOYEE:
ID.# :
JOB POSITION:
WEEK BEGINS:

DATE	7/5/10	7/6/10	7/7/10	7/8/10	7/9/10	7/10/10	7/11/10	TOTAL
Contract Hours								
IN								
OUT								
IN								
OUT								
Extra Hours								
IN								
OUT								
IN								
OUT								
Overtime Hours								
IN								
OUT								
TOTAL HOURS WORKED								

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Administrator Signature _____ Date _____

SP. ED. HOURS _____

SP. ED. Acct# _____

Treasurer's Use Only

Extra Hrs _____ Amount\$ _____

O/T Hours _____ Amount\$ _____

Trips \$ _____

Deduct Hours _____ Amount\$ _____

Trips								
Sick								
Personal Leave								
Vacation								
Deduct Hours								
Grand Total								

Comments: _____

CERTIFICATION: I Certify the hours listed are accurate and reflect my actual hours worked.

COVENTRY LOCAL SCHOOLS CLASSIFIED SUBSTITUTE TIME SHEET

EMPLOYEE NAME: SOCIAL SECURITY # : ***-**-****

PAY ENDING: / /

SUBSTITUTE EMPLOYEE

- > Fill in the dates for the days on which you are claiming hours for pay.
- > Be sure to complete the Description, Building, and person for whom you substituted. Pay cannot be made without this information.
- > Complete ALL required fields.
- > Do not sub-total.
- > Time sheets are due in the Treasurer's Office on the Friday prior to pay day.
- > Direct deposit notices will be mailed to all substitute employees.

JOB #1		JOB #2		JOB #3		JOB #4		JOB #5		
Desc	Bldg	Desc	Bldg	Desc	Bldg	Desc	Bldg	Desc	Bldg	
Sub for	Sub for	Sub for	Sub for	Sub for	Sub for	Sub for	Sub for	Sub for	Sub for	
Hours		Hours		Hours		Hours		Hours		
Week 1 dates	S /									
	M /									
	T /									
	W /									
	T /									
	F /									
	S /									
Week 2 dates	S /									
	M /									
	T /									
	W /									
	T /									
	F /									
	S /									
TOTAL	Do not sub-total		Do not sub-total		Do not sub-total		Do not sub-total		Do not sub-total	
TOTAL	Do not sub-total		Do not sub-total		Do not sub-total		Do not sub-total		Do not sub-total	

DRIVERS ONLY	
Field Trips	Hours
Sun	
Mon	
Tue	
Wed	
Thu	
Fri	
Sat	
Do not sub-total	
Sun	
Mon	
Tue	
Wed	
Thu	
Fri	
Sat	
Do not sub-total	
TOTAL	
Do not sub-total	

EMPLOYEE _____ SUPERVISOR/PRINCIPAL _____

I agree that all the hours claimed on this time sheet are correct.

Mogadore Local Schools - Time Sheet

Pay Period Ending Date:

NAME:

POSITION:

DAY	DATE	REGULAR HOURS	MISC. HOURS	ABSENT HOURS	OVERTIME HOURS	Bus Drivers Only	
						TRIP HOURS	OVERTIME HOURS
SUN							
M							
T							
W							
TH							
F							
SAT							
SUN							
M							
T							
W							
TH							
F							
SAT							
Total Hours							
Rate							
TOTAL \$							

Date(s) and Explanation(s) of Overtime or Absence Hours:

Employee Signature

Supervisor Approval

CUYAHOGA FALLS CITY SCHOOLS - BUS DRIVERS & BUS MONITORS TIME SHEET

NAME OF EMPLOYEE _____

SOCIAL SECURITY NUMBER _____



BUILDING _____

SIGNATURE OF EMPLOYEE _____

POSITION / PAY GROUP # _____

SIGNATURE OF PRINCIPAL / SUPERVISOR _____

2/7/2010 THRU 2/20/2010

TIME PERIOD

ATTENTION!

Please Note: ALL Time Sheets are to be completed in INK and MUST BE signed by the employee as well as have proper approval.

Pay Date: 3/5/2010

Business Mgr's Approval _____

1ST WEEK					OVERTIME & HOURS WORKED IN ADDITION TO REGULAR ROUTE			
WEEKDAY	DATE	REG. HRS.*	Trip Hours	Trip Proj Excel	OVERTIME & TRIP EXPLANATION	ABSENCE CODE	SICK LEAVE CATEGORY	
SUNDAY	2/7							
MONDAY	2/8							
TUESDAY	2/9							
WEDNESDAY	2/10							
THURSDAY	2/11							
FRIDAY	2/12							
SATURDAY	2/13							
WEEK 1 TOTALS:								
2ND WEEK					OVERTIME & HOURS WORKED IN ADDITION TO REGULAR ROUTE			
WEEKDAY	DATE	REG. HRS.*	Trip Hours	Trip Proj Excel	OVERTIME & TRIP EXPLANATION	ABSENCE CODE	SICK LEAVE CATEGORY	
SUNDAY	2/14							
MONDAY	2/15							
TUESDAY	2/16							
WEDNESDAY	2/17							
THURSDAY	2/18							
FRIDAY	2/19							
SATURDAY	2/20							
WEEK 2 TOTALS:								
GRAND TOTAL HOURS								

ABSENCE CODE

SL - Sick Leave PL - Personal Leave JD - Jury Duty CA - Calamity DO - Deduct Day
 ML - Military Leave PR - Professional Leave/COD VA - Vacation HO - Holiday OTR - Other

SICK LEAVE CATEGORIES - 1 Personal Illness 2 - Family Illness 3 - Spouse Illness 4 Death - Family & Other

PRINT NAME: _____

NORDONIA HILLS CITY SCHOOL DISTRICT
TIMESHEET AND ABSENT FORM

WK #1	DATE	ABSENT HOURS	ABSENT CODE*	DOCK HOURS	EXTRA HOURS	OBI HOURS	AM	MID DAY	PM	OFFICE USE
	SUN									
	MON									
	TUE									
	WED									
	THUR									
	FRI									
	SAT									
	TOTAL									

WK #2	DATE	ABSENT HOURS	ABSENT CODE*	DOCK HOURS	EXTRA HOURS	OBI HOURS	AM	MID DAY	PM	OFFICE USE
	SUN									
	MON									
	TUE									
	WED									
	THUR									
	FRI									
	SAT									
	TOTAL									

* Absent Codes: SI-SICK PL-PERSONAL VA-VACATION PR-PROFESSIONAL JD-JURY DUTY DO-DOCK

SUPERVISOR SIGNATURE _____ EMPLOYEE SIGNATURE _____

PRINT NAME: _____

NORDONIA HILLS CITY SCHOOL DISTRICT
TIMESHEET AND ABSENT FORM

WK #1	DATE	ABSENT HOURS	ABSENT CODE*	DOCK HOURS	EXTRA HOURS	OBI HOURS	AM	MID DAY	PM	OFFICE USE
	SUN									
	MON									
	TUE									
	WED									
	THUR									
	FRI									
	SAT									
	TOTAL									

WK #2	DATE	ABSENT HOURS	ABSENT CODE*	DOCK HOURS	EXTRA HOURS	OBI HOURS	AM	MID DAY	PM	OFFICE USE
	SUN									
	MON									
	TUE									
	WED									
	THUR									
	FRI									
	SAT									
	TOTAL									

* Absent Codes: SI-SICK PL-PERSONAL VA-VACATION PR-PROFESSIONAL JD-JURY DUTY DO-DOCK

SUPERVISOR SIGNATURE _____ EMPLOYEE SIGNATURE _____

**Highland Local School District
TRANSPORTATION TIME SHEET**

EMPLOYEE _____ **WEEK ENDING** _____

	DATE	REGULAR DRIVING	SUB DRIVING	SPECIAL ED.	DRUG TESTING	DRIVER'S TRAINING	OTHER DRIVING
SUN.							
MON.							
TUE.							
WED.							
THU.							
FRI.							
SAT.							

TOTALS _____

EMPLOYEE SIGNATURE/DATE

SUPERVISOR'S SIGNATURE/DATE