

**Bus Driver/Combination Employment
Iredell-Statesville Schools**

Note: Changes must be initialed by both employee and supervisor

Name: _____
Address: _____
SS#: _____

School: _____
Dates: From _____ To _____

Bus #	Check One:													Beg	Bal	Comp	Time -
	Combo Bus Dr.	Reg. Bus Driver	Sub Bus Driver	Monitor	Combo Job:								School #:				
Begins	A.M.			Ends	A.M.												
Begins	P.M.			Ends	P.M.												
Day	Date	AM	PM	Clean Time	Extra Time	Total Min.	Sub Bus Driver For / #	Start	Stop	Start	Stop	Hrs.	Min	Comp Time			
Sat																	
Sun																	
Mon																	
Tue																	
Wed																	
Thur																	
Fri																	
TOTAL																	
Sat																	
Sun																	
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Thur																	
Fri																	
TOTAL																	
Sat																	
Sun																	
Mon																	
Tue																	
Wed																	
Thur																	
Fri																	
TOTAL																	

Total Bus Minutes _____ Total Bus Hours _____

Reasons for Extra Driving Time: (Circle) A - Weather B- Road C - Mechanical D - Other

Explain: _____
I hereby certify that the above report of time is a correct statement and includes total hours worked each work-day for the period indicated.

Employee's Signature Date
I hereby approve this statement of total hours worked and that the time indicated is correct.

Employee's Signature Date

Principal's Signature Date

Principal's Signature Date

For Finance Office Use Only		
Leave Used	AL-	
	SL -	
	Bonus -	

CompTime Ending Balance -			
Leave Used	AL	Bonus	
	SL	CompTime	