

St Johns Public Schools

EMPLOYEE NUMBER: _____

TIME SHEET RECORD FOR MONTH _____ YEAR _____

Transportation Time Sheet

PAYDATE - 10TH OF THE MONTH

EMPLOYEE NAME: _____

TRIP PAY	Workshop	ROUTE PAY
\$13.95	\$10.00	\$23.78
TRIP	TRNWRK	TRANRG

Meals	Deducted from Contract *
\$5.25	\$23.78
MEALS	DOCK

DATE	DAY OF WEEK	OUT	IN	OUT	IN	OUT	IN				Daily Total Hrs
								Hours	Hours	Hours	
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
								Total Hrs:	Total Hrs:	Total Hrs:	Grand Total:

		Deducted from Contract *
MEALS	DOCK	
	Negative Hours	
Total Hrs:		Total Hrs:

EMPLOYEE SIGNATURE

EMPLOYEE SIGNATURE

PAYMENT APPROVAL SIGNATURE