Bus Driver Time Sheet – Staff Absence Report

Crook County School District

Light Green

NAME _____ BLDG 10 ID# _____ PAY PERIOD _____ TO _____

	Regular Hours							Trip Hours		
Date	**Job 1 HRS**	**Job 2 HRS**	**Job 3 HRS**	**OT**	**Leave Hours**	**Leave Code**	**Substitute Name**	**Driving Time Regular**	**Driving Time Overtime**	**Standby Time**
Total										

Absence Codes	
VA	Vacation
JD	Jury/Witness
H	Holiday
SL	Sick Leave
SL-FAM	Sick Leave Family
ER	Emergency Leave
SL-IA	Industrial Accident
PL	Personal Leave
BL	Bereavement
NS	No School
*FM	Family Medical Leave
UP	Unpaid
ML	Military Leave
*PP	Parental Leave
CTE	Comp Time Earned
CTT	Comp Time Taken
CO	Conference/Workshop (must identify)

Transportation Codes	
BD	Break Down
TN	Training
CI	Call In
RD	Road Conditions
SM	Staff Meeting
SP	Student Problems
TF	Traffic Conditions
RB	Rooter Bus Assign
CB	Clean Bus
T	Trip

* Need written request 30 days in advance

CERTIFIED TO BE CORRECT:

Employee Signature

Supervisor Signature

For Payroll Use:

CODE	RATE	HOURS

Revised August 2009