

2024-2025

NAME _____
ID # _____
ADDRESS _____
CITY, STATE, ZIP _____

POSITION	CODE	RATE
BUS DRIVER	1	\$19.62
BUS PARA	2	\$17.08

[illegible]

I certify that the above report is correct and accurate.

Substitute Signature_____

TIMESHEETS ARE DUE BY THE 3RD OF THE MONTH. LATE TIMESHEETS WILL BE HELD UNTIL THE FOLLOWING MONTH.