Time Sheet – Hall County Schools

Name: _____ **Bus #:** _____ **Month:** _____ **Year:** _____ **Sheet:** ___ **of** ___

	Early Morning Run AM Route:			PM Route:			Mid-Days/Extra Runs:			
DATE	**Start Time**	**End Time**	**Total Time**	**Start Time**	**End Time**	**Total Time**	**Start Time**	**End Time**	**Total Time**	**REASON**

Office Use Only: **Total AM Hours:** _____ **Total PM Hours:** _____ **Total Mid-Day Hours:** _____ **Grand Total Hours:** _____

- **List below the normal times for your regular route (not including any extra runs, etc).**
- **Extra run time should not be during your normal route times.**
- **If you double for someone else and it adds time to your route or runs, list the extra time in the extra run section above and explain.**
- **Time for Mid-day runs and early morning runs starts when the driver leaves home.**

AM Route: **Start Time:** _____ **End Time:** _____
PM Route: **Start Time:** _____ **End Time:** _____