St Johns Public Schools

EMPLOYEE NUMBER: _____

TIME SHEET RECORD FOR MONTH_____YEAR_____

Transportation Time Sheet

PAYDATE - 25 OF THE MONTH

EMPLOYEE NAME: _____

								TRIP PAY	Workshop	ROUTE PAY	
								$13.95	$10.00	$23.78	
								TRIP	TRNWRK	TRANRG	
DATE	DAY OF WEEK	OUT	IN	OUT	IN	OUT	IN	Hours	Hours	Hours	Daily Total Hrs
26											
27											
28											
29											
30											
31											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
								Total Hrs:	Total Hrs:	Total Hrs:	Grand Total:

Meals	Deducted from Contract *
$5.25	$23.78
MEALS	DOCK
	Negative Hours