COLTON-PIERREPONT CENTRAL SCHOOL **PRINT NAME _____**

SALARIED/HOURLY EMPLOYEES – REGULAR TIME AND OVERTIME

	DATE	BUS NUMBER	REGULAR HOURS	EXTRA RUN (check mark)	OVERTIME	SUBSTITUTE HOURS	SUBSTITUTED FOR	MILES
SUNDAY								
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
TOTAL								

BUS DRIVER EXTRA RUN

DATE	BUS	DESTINATION	MILES	CLASSIFICATION	TOTAL TRIP HOURS	LESS REGULAR RUN	TOTAL HOURS TO BE PAID
						TOTAL:	

SIGNATURE _____ DATE _____ TOTAL EXTRA RUN HOURS _____

Supervisor Approval _____ DATE _____GRAND TOTAL HOURS _____