

Month / Year: /

Driver's Full Name (Print):

Date	Start Time	End Time	Total Hours On Duty	Description (i.e. field trip, teaching)	Unit #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

NOTES: All calendar days must be accounted for. If you had no on-duty time for the period covered by this Time Record, write "Off" over the date and submit as specified below.

Submit this Time Record to Lisa Marie Ryall at St. Basil CEC within 20 days of completion.

Driver must retain a copy of this record.

Driver's Signature: _____