## **Continental Local Schools**

Bus Driver Payroll Slip

Employe	e Name:_					•	
Please Check:			Route Driver: Route Driver:				
Please (	Complete	the Followin	g Informatio	on for Payme	nt Purposes	:	
Day	Date	AM Route Start Time	AM Route End Time	PM Route Start Time	PM Route End Time	Total Hours	Substitute For/ Additional Information
Mon							
Tues							
Wed							
Thurs							
Fri							
Mon							
Tues							
Wed							
Thurs							
Fri							
					Total Hours		
Shuttles	s/Extra Iri	<b>ps</b> - Please C	complete the	Following Info	ormation for F	Payment F	ourposes:
Day	Date	AM Start Time	AM End Time	PM Start Time	PM End Time	Total Hours	Destination/Purpose of Trip
Sun							
Mon							
Tues							
Wed							
Thurs							
Fri							
Sat							
Sun							
Mon							
Tues Wed	-						
Thurs	1						
Fri							
Sat							
	Į	ļ	!	ļ	Total Hours		
certify t		hours worked ree Signature		period are tru	ue. Date		
Superintendent Signature Date						•	