South Valley Multi-District Special Education

PO Box 100 - Hankinson, ND 58041 - Fax #701-242-8202
DRIVERS TIME SHEET

Send to
Office by the
16th of each month

Driver_____Month _____ Year_____

Date	Morning ✓	Comments	Afternoon ✓	Comments	Total Miles/Day
(M)					
(T)					
(W)					
(T)					
(F)					
(M)					
(T)					
(W)					
(T)					
(F)					
(M)					
(T)					
(W)					
(T)					
(F)					
(M)					
(T)					
(W)					
(T)					
(F)					
(M)					
(T)					
(W)					
(T)					
(F)					
* AM = ½ Hr & PM = ½ Hr	*Both AM & PM Route = 1 Hour*		*For Total # Days x 1 Hour*		

Total Morning Routes_____   Total Afternoon Routes_____   Total AM/PM Routes _____ × 1/2 _____Hrs.

Driver's Signature _____   Miles _____ ÷ 50 MPH _____Hrs.

Approval_____   Total Hours_____