

**BALDWIN COUNTY BOARD OF EDUCATION  
SUBSTITUTE BUS DRIVER TIME SHEET**

**SUBSTITUTE INFORMATION (Complete all sections)**

Substitute Name \_\_\_\_\_ Substitute Employee # \_\_\_\_\_ Phone# \_\_\_\_\_

DATE	SUB FOR	BUS #	SCHOOL	TIME IN	TIME OUT	Check only one (1) per line	Trip Destination for
							Supplemental/Vocational/ Aviation ONLY!!
						<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular <input type="checkbox"/> Supplemental/Vocational/Aviation	
						<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular <input type="checkbox"/> Supplemental/Vocational/Aviation	
						<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular <input type="checkbox"/> Supplemental/Vocational/Aviation	
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						<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular <input type="checkbox"/> Supplemental/Vocational/Aviation	
						<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular <input type="checkbox"/> Supplemental/Vocational/Aviation	
						<input type="checkbox"/> AM Regular <input type="checkbox"/> PM Regular <input type="checkbox"/> Supplemental/Vocational/Aviation	

By signing below, you are certifying that the time entries shown here are correct and they reflect all the time you worked for the Board. I understand that it is my responsibility to provide a copy of this form to the bookkeeper at each site listed to ensure accurate compensation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

1. Turn in a copy to each school listed on this form by close of business on the 1<sup>st</sup> day of each month
2. Keep a copy for your files