Transportation Time Sheet

Page _____ of _____

Employee Number: _____ Pay period start date: _____

Employee Name: _____ Pay period end date: _____

Program: _____ Special Pay Rate: _____

Manager: _____ Reason: _____

		Time Management								Total Hours				
Date	Day of the Week	Route #	Time In	Time Out	AM Total		Time In	Time Out	PM Total	Regular	Vacation	Sick	Holiday	OT
									Total hours	0.00	0.00	0.00	0.00	0.00

I attest that all hours I worked during the pay period recorded above are the actual hours I worked on each day, including all overtime hours worked.
Unless otherwise recorded above, I attest that I have received all my meal and rest periods consistent with
United Cerebral Palsy of Greater Sacramento's policies and applicable laws.

Employee Signature Date

Manager Signature Date

*please **staple** any approved absence request forms to timecard*