



TIME SHEET

Hope-Page Schools

Employee Name: _____ **Title:** BUS DRIVER

| Date | Time of Day |
|------|-------------|
| | AM/PM |
| | AM/PM |
| | AM/PM |
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| | AM/PM |
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| | AM/PM |

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____