

Byron-Bergen Central School

Transportation Department

Name: _____

Week Ending: _____

Date	Route/ Trip No	EXTRA DUTY / FIELD TRIP						Description	FT Meal Allow. (check one)		Total Hours	Mgr/Office Notes
		AM Work		Mid-Day Work		PM Work			Lunch	Dinner		
		Start	End	Start	End	Start	End					
Mon												
Tues												
Wed												
Thurs												
Fri												
Sat												
Sun												

OFFICE USE ONLY		Wk 1	Overtime	Wk 2	Overtime	Total
	Reg. Run					
	Field Trip					
	Extra Duty					
	Ride					
	Monitor					
Meal Allow.						

Total Hours

Supervisor's Approval