



Beautiful Plains School Division

Bus Driver Absence Form

Name:	
Reason for Absence: (illness, family medical, compassionate, personal day with pay, personal day without pay, in-service)	If Family Medical, state relationship:
	If Personal day, state reason:
No. of Days:	Dates Absent:

Spare Driver's Name:	
Address:	
Number of Days:	Dates:

Driver's Signature (Regular Route)

Transportation Supervisor's Signature

FOR OFFICE USE ONLY

<u>Spare Driver's Pay</u>
_____ NAME
_____ Total Hours
_____ @ Route Rate per hour
_____ TOTAL PAY
_____ Month Paid

<u>Regular Driver's Pay Deduction</u>
_____ NAME
_____ Total Hours
_____ @ Route Rate per hour
_____ TOTAL DEDUCTION
_____ Month Deducted

Secretary-Treasurer