

2016-2017

Substitute Bus Driving Payment Request

Substitute Name: _____

Substituted for: _____

Date(s) _____

Drove: _____ AM route _____ PM route

Total Number of Trips: _____ X \$20 = _____

Employee Signature _____ Date _____

Superintendent Approval _____ Date _____

Submit to Brenda Fuhrmann before the 10th of the month to be paid for that month.