

# IBERIA PARISH SCHOOL BOARD

## SPECIAL EDUCATION EXTRA TRANSPORTATION REPORT

CIRCLE the Applicable Position **\*REQUIRED\***

Bus Driver	Substitute Bus Driver
Bus Attendant	Substitute Bus Attendant

**\*\*Original** completed form must be sent to Raymond Noel, Trans. Office by the **last working day** of each month otherwise payment will be **DELAYED.\*\***

**MONTH:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BUS #:** \_\_\_\_\_ **EMPLOYEE ID #:** \_\_\_\_\_ **EMPLOYEE PHONE #:** \_\_\_\_\_  
SS# ONLY IF NEW HIRE

**SUBSTITUTE'S NAME:** \_\_\_\_\_ **BUS #:** \_\_\_\_\_ **SUB'S EMP. ID #:** \_\_\_\_\_ **SUBSTITUTE PHONE #:** \_\_\_\_\_  
(IF APPLICABLE) SS# ONLY IF NEW HIRE

	DATE	TIME		# OF STUDENTS	FROM	TO (LIST EACH LOCATIONS DROP OFF)	AMOUNT	*REQUIRED*	*REQUIRED*
		BEGIN	END					PRINT NAME OF SPED PERSONNEL DESIGNATED BY PRINCIPAL	SIGNATURE OF SPED PERSONNEL DESIGNATED BY PRINCIPAL
1		:	:						
2		:	:						
3		:	:						
4		:	:						
5		:	:						
6		:	:						
7		:	:						
8		:	:						
9		:	:						
10		:	:						
11		:	:						
12		:	:						
13		:	:						
14		:	:						
<b>Total</b>							\$		

*\*I hereby verify that this is an accurate and true statement of services provided during this month.*

**\*Bus Personnel Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Transportation Dept. Approval:** \_\_\_\_\_

FOR PAYROLL DEPARTMENT USE ONLY	OTHER DEPARTMENT USE -PROGRAM SUPERVISOR PAYMENT APPROVAL
STIP _____ R ____ L ____ TRNX _____ IPSB _____	APPROVED BY: _____ DATE: _____ ACCOUNT #: _____ -X- - - - -