



WETASKIWIN REGIONAL PUBLIC SCHOOLS

"Inspiring Students to become the best they can be"

BUS MONITOR/COORDINATOR TIME SHEET

Name: _____

Year: 2____

Month: _____

Month: _____

DAY	AM	PM		DAY	AM	PM
1				1		
2			PLEASE	2		
3				3		
4			MARK	4		
5				5		
6			YOUR	6		
7				7		
8			DAYS	8		
9				9		
10			WORKED	10		
11				11		
12			WITH	12		
13				13		
14			AN	14		
15				15		
16			X	16		
17				17		
18				18		
19				19		
20				20		
21				21		
22				22		
23				23		
24				24		
25				25		
26				26		
27				27		
28				28		
29				29		
30				30		
31				31		

MONTH TOTAL =

SIGNATURE:

APPROVED BY BUS COORDINATOR (INITIALS):

Date:

BUDGET CODE:

RATE:

RATE:

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