



TRANSPORTATION TIME REPORT - SUB ONLY

1936 Carlotta Dr., Wing B
Concord, CA 94519
(925) 682-8000, ext. 4201

Employee ID # _____ Pay Period Ending _____
Required on all timesheets (found on Check/Direct Deposit Advice) (MM/DD/YY)

Name _____
(Last) (First) (Middle Initial)

(PLEASE PRINT ALL INFORMATION) **This time report must be in Payroll Dept. by the 16th of the month to be paid.**

PLEASE SUBMIT TO THE TRANSPORTATION OFFICE BY THE END OF PAY PERIOD.

DATE	HOURS WORKED		STR. TIME	OT	DF	TOT	VER BY			REG	TRIP	BUS NO
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
TOTAL												

TIME	HOUR CODE	TIME	HOUR CODE	TIME	HOUR CODE	RATE OF PAY	EXPENSE CODE OBJECT
	3600						017.5410.46.2250
							017.5410.46.____
							017.5411.46.2250
							017.5411.46.____

PREPARED BY _____

DATE _____

APPROVED BY _____

EMPLOYEE SIGNATURE _____