

Integrity Student Transportation Services, LLC

Time Sheet/Hours of Service Record for Bus Operators

Bus Operator: _____

Date Beginning: _____

Date Ending: _____

INSTRUCTIONS: When using a driver for the first time or intermittently, a signed statement must be obtained per Part 395.8 (j) (2) of the Federal Motor Carrier Safety Regulations, giving the total time on duty (driving and on duty) during the immediately preceding seven (7) days and the first time at which the driver was last relieved from duty prior to beginning work. NOTE: Hours for any compensated work during the preceding seven (7) days, including work for a non-motor carrier entity must be recorded on this form.

Day of Previous Week	SUN	SAT	FRI	THU	WED	TUE	MON	TOTAL
Total Hours Worked	_____	_____	_____	_____	_____	_____	_____	_____

I was last relieved from compensated work on:

Time: _____ AM _____ PM on _____
(Circle One) Month Day Year

		TRIP 1	TRIP 2	TRIP 3	TRIP 4
Monday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				
Tuesday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				
Wednesday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				
Thursday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				
Friday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				
Saturday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				
Sunday	DESCRIPTION:				
	TIME START:				
	TIME END:				
	TOTAL TIME:				

WEEK SUB-TOTAL:					
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TOTAL HOURS:					
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I hereby certify that the information contained above is true to the best of my knowledge and belief .

Bus Operator Signature: _____

Date: _____

Transportation Supervisor Signature: _____

Date: _____

OFFICE USE ONLY	
CHECK#:	_____
NET PAY:	_____
TOTAL TAXES:	_____
DEPOSIT:	_____