Livingstone Range
SCHOOL DIVISION No. 68

SUBSTITUTE
BUS DRIVER'S RECORD

NAME OF SPARE DRIVER: _____ EMPLOYEE #_____

FOR THE MONTH OF: _____

DATE	A.M.	P.M.	BOTH	REGULAR DRIVER (PLEASE PRINT)	REGULAR DRIVER SIGNATURE	EE #	PAY 42	HRS 90

SIGNATURE OF SPARE DRIVER: _____ **DATE:** _____

PLEASE SUBMIT ONE COPY OF THIS FORM TO CENTRAL OFFICE PROMPTLY BY THE END OF EACH MONTH IN ORDER TO MEET PAYROLL RUN DEADLINES.