

BUS DRIVER REQUEST FOR LEAVE

Payroll Authorization

Bus Driver Name (*print*) _____

Date of Request _____ Date of Leave _____

Type of Leave:

- Personal
- Sick
- School Business
- Other (*description required*) _____

- Morning Route
- Afternoon Route

Bus Driver Signature _____

Substitute Bus Driver Information

Substitute Driver Name (*print*) _____

Date (s) of Service: _____

- Morning Route
- Afternoon Route

Substitute Driver Signature _____

School Official Initials _____

For Payroll Use Only

Sub Driver Total Paid _____ Route Driver Deduction _____

OCAS Coding @ 2720 142 @ 803 050 Payroll Date _____