

**SEQUIM SCHOOL DISTRICT NO. 323
EXTRA CURRICULAR TRIPS**

Please write your time in decimals.

MINUTES	DECIMALS	MINUTES	DECIMALS
5	0.08	35	0.58
10	0.17	40	0.67
15	0.25	45	0.75
20	0.33	50	0.83
25	0.42	55	0.92
30	0.50	60	1.00

*Drivers please complete upper section
for any trips other than regular run.*

TRIP DATE: _____

TRIP HOURS:

Time of Day _____ am/pm (circle) to _____ am/pm (circle)

Time of Day _____ am/pm (circle) to _____ am/pm (circle)

Trip description (event, where, etc.)

Driving Hours + _____

Standby Hours + _____

Over night Waiting Time + _____

Cleaning + _____

TOTAL Trip Hours _____

Grade Level: (circle) HS MS GW HH

Ferry Slip Used (attach receipt): Yes _____ No _____

Good to Go Pass Yes _____ No _____

Did you drive your regular run?

A.M. Yes _____ No _____

Mid Yes _____ No _____

P.M. Yes _____ No _____

Ending mileage _____

Beginning Mileage _____

TOTAL Mileage _____

A.M. Substitute Driver's Name - Please Print

Driver's Name - Please Print

Supervisor's initials

Mid Substitute Driver's Name - Please Print

P.M. Substitute Driver's Name - Please Print

Driver's Signature *I hereby certify that I have worked the total hours as stated above*

Payroll Office Use:

Meals:

Breakfast _____

Lunch _____

Dinner _____

Hours of Regular run driven _____

Trip driving hours + _____

TOTAL Driving time = _____

Driving time over 8 hrs _____

Amount due for Meal Allowance \$ _____

Comments: