

HARRISBURG SCHOOL DISTRICT
Transportation – Additional Payment Request

Employee _____

Date: _____

BUS DRIVER-ADDITIONAL PAY

- Bus # or Vehicle: _____
 - Purpose:
 - Student Activity** (\$14.00/hr -min \$40) _____ Destination: _____
 - Route missed due to this trip? **NO** **YES** If yes, add \$30.00
 - Transportation Dept. Trip** (\$14.00/hr): _____ Destination: _____
 - Mileage: Departure _____ Return _____ Total Miles Driven _____
 - Time Left: _____ Time Returned: _____ Total Time: Hrs _____ Min _____
 - # of Meals *(if applicable)*: _____ Noon (\$8/meal)
 Evening (\$8/meal)
- Amt Due:** \$ _____

BUS DRIVER - ABSENCE

- Route Absent For (circle whichever applies) **AM** **PM**
- Date of Absence(s): _____
- Reason for Absence: _____

SUBSTITUTE DRIVER

- Date: _____
 - Bus Driver Substituting for: _____
 - Route Substituting for (*circle whichever applies*, \$36/route): **AM** **PM**
 - Reason for Absence: _____
 - Cancellation Fee (\$15.00)
- Amt Due:** \$ _____

I declare the above information to be correct.

Employee Signature

Date

Return to the Transportation Supervisor for Approval.

Transportation Supervisor Signature

Date

Total Amount Due: \$ _____