



Michigan Educational Transportation Services

P.O. Box 516 • Portland, MI 48875 • 517 647-7765 • HR Fax: 517 647-7572 • Payroll Fax: 517 647-1005 www.contractbusdrivers.com

Employee Name _____
 (please print)

Position: _____

Client District _____

Rate of Pay: \$ _____

Hourly/Daily/Salary Time Sheet

Day	Date	Hours	Days
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Totals			

For Leave Days please write an "A" in the Days column

Day	Date	Hours	Days
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Totals			

For Leave Days please put an "A" in the Days column

FAX WITH BI-WEEKLY SUMMARY

Mail To: P.O. Box 516
 Portland, MI 48875
 Fax: 517-647-1005

Pay Period	Time Sheet Due*	Pay Date	26 Pays
06/05 - 06/18	06/22/2016	07/01/2016	1
06/19 - 07/02	07/06/2016	07/15/2016	2
07/03 - 07/16	07/20/2016	07/29/2016	3
07/17 - 07/30	08/03/2016	08/12/2016	4
07/31 - 08/13	08/17/2016	08/26/2016	5
08/14 - 08/27	08/31/2016	09/09/2016	6
08/28 - 09/10	09/14/2016	09/23/2016	7
09/11 - 09/24	09/28/2016	10/07/2016	8
09/25 - 10/08	10/12/2016	10/21/2016	9
10/09 - 10/22	10/26/2016	11/04/2016	10
10/23 - 11/05	11/09/2016	11/18/2016	11
11/06 - 11/19	11/23/2016	12/02/2016	12
11/20 - 12/03	12/07/2016	12/16/2016	13
12/04 - 12/17	12/21/2016	12/30/2016	14
12/18 - 12/31	01/04/2017	01/13/2017	15
01/01 - 01/14	01/18/2017	01/27/2017	16
01/15 - 01/28	02/01/2017	02/10/2017	17
01/29 - 02/11	02/15/2017	02/24/2017	18
02/12 - 02/25	03/01/2017	03/10/2017	19
02/26 - 03/11	03/15/2017	03/24/2017	20
03/12 - 03/25	03/29/2017	04/07/2017	21
03/26 - 04/08	04/12/2017	04/21/2017	22
04/09 - 04/22	04/26/2017	05/05/2017	23
04/23 - 05/06	05/10/2017	05/19/2017	24
05/07 - 05/20	05/24/2017	06/02/2017	25
05/21 - 06/03	06/07/2017	06/16/2017	26
06/04 - 06/17	06/21/2017	06/30/2017	27

*This date is when the District submits hours for payroll. Employees need to turn timesheets to the District earlier than this date.

Total Hours/Days: _____ For Pay Period Ending: _____

Employee Signature: _____ Date: _____

Client Approval: _____ Date: _____