DRIVER'S EDUCATION
RECORD OF TIME AND ATTENDANCE

Employee's Name _____ Emp # _____

School _____

Date	Start Time	End Time	Classroom/Driving	Total Hours Worked

I certify that the reported information is correct and I was not permitted or required to work or perform duties not reported on this time sheet.

Employee's Signature _____ Date _____

Principal's /Supervisor Signature _____

Revised 2/17/12