



# Hours of Service - Driver Time Sheet Example

Carrier Name: Buffalo Trail Public Schools Regional Division No. 28			Driver Name: <b>INSERT YOUR FULL NAME</b>			
Carrier Address: 1041 - 10A Street Wainwright, AB			Month & Year: <b>INSERT CURRENT MONTH AND YEAR</b>			
Name of School: <b>INSERT SCHOOL NAME</b>			School Address: <b>INSERT SCHOOL ADDRESS</b>			
Day	Start Shift	End Shift	Total On-Duty Hours	Description (i.e., Teaching, Supervising, Coaching, Off Duty, etc)	*FMDD	
1	8:30 AM	4:30 PM	8 HRS	<input checked="" type="checkbox"/> Teaching/Supervising <input checked="" type="checkbox"/> Coaching <input checked="" type="checkbox"/> Driving <input type="checkbox"/> Off Duty	<input checked="" type="checkbox"/>	
2	8:30 AM	4:30 PM	8 HRS	<input checked="" type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
3	8:30 AM	4:30 PM	8 HRS	<input checked="" type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
4	8:30 AM	4:30 PM	8 HRS	<input type="checkbox"/> Teaching/Supervising <input checked="" type="checkbox"/> Coaching <input checked="" type="checkbox"/> Driving <input type="checkbox"/> Off Duty	<input checked="" type="checkbox"/>	
5	8:30 AM	4:30 PM	8 HRS	<input checked="" type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
6	↑	↑	0 ←	<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input checked="" type="checkbox"/> Off Duty	↑	
7	↑	↑	0	<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input checked="" type="checkbox"/> Off Duty	↑	
8	TIME YOU STARTED YOUR WORK SHIFT	TIME YOU ENDED YOUR WORK SHIFT	TOTAL HOURS OF ON DUTY AND OFF DUTY	<p style="text-align: center;"><b>ALL ACTIVITIES DURING THE DAY MUST BE ACCOUNTED FOR. PLACE A CHECK MARK IN THE CORRESPONDING BOXES INCLUDING WEEKENDS ←</b></p> <input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		WHEN DRIVING YOU MUST REVIEW AND CHECK OFF THE FATIGUE MANAGEMENT DUE DILIGENCE
9						
10						
11						
12						
13						
14						
15				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
16				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
17				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
18				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
19				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
20				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
21				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
22				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
23				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
24				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
25				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
26				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
27				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
28				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
29				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
30				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		
31				<input type="checkbox"/> Teaching/Supervising <input type="checkbox"/> Coaching <input type="checkbox"/> Driving <input type="checkbox"/> Off Duty		

\*FMDD - MUST be reviewed and checked off every time a unit is driven. If you are "not fit" to drive, write it in the FMDD checklist.

- ✓ I have had 8 hours of off-duty time during the previous day
- ✓ I will not exceed 13 hours of driving time or 15 hours of on-duty time during my work day
- ✓ I am well rested and feel confident I am fit to drive at this time.

Note: All calendar days must be accounted for. Time sheet **MUST** be submitted to the School Safety Officer by the 1st Wednesday of every month.

School Safety Officer to place copy of driver time sheet in driver's file.



