

SCHOOL DEPARTMENT
**WAYLAND OWNED BUSES WITH A
WAYLAND EMPLOYED BUS DRIVER FORM**

1. School to complete this form for each scheduled trip. Send the completed form to the Business Office well in advance of the scheduled trip for bus driver assignment.
2. The Business Office will turn original form over to the assigned bus driver and a copy to the Accounts Manager.
3. Bus Driver will return the completed copy to the Business Office after the trip has been completed.
4. Bus Drivers will be paid through Wayland Public Schools payroll. Organizations should not issue a check to the bus driver for the driver's time.
5. All monies for each trip should be sent to the Business Office by each school or organization monthly.

School/organization must complete*

*Date: _____ *Destination: _____
(date of trip) (name and town)

*Name of School/Organization: _____

*Pick-up Point: _____ *Time of Pick Up: _____

*Number of Buses: _____ *Time of Drop Off: _____

Actual Time: _____

***METHOD OF PAYMENT:**

* _____ By check at the end of this month, please make all checks payable to: **TOWN OF WAYLAND**
(specify mileage or driver)

* _____ Please transfer money from **ACCOUNT #** _____ (for Mileage or Driver)

***Individual Signature**

***Individual Print Name**

BUS DRIVER MUST COMPLETE**

Driver's Time: up to \$17.55 per hour **BASE and up to \$26.33 per hour **OVERTIME**

**No. of hours: _____ \$ _____
(includes travel time to and from the bus lot)

**Mileage: _____ @ 1.75 per mile \$ _____
(includes mileage to and from the bus lot)

TOTAL DUE: \$ _____

****Driver's Signature**

****Driver Print Name**