



# Turtle River School Division

## *Bus Driver Wheel Chair Allowance*

Name:		School:	
Month:	Year:	Position:	

Day	AM	PM	Day	AM	PM
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		

Total Days: \_\_\_\_\_

Approved

Employee

Secretary-Treasurer

Principal or Supervisor