

**EMPLOYEE DATA CHANGE
TO BE USED FOR TIME CHANGE and TIME ADJUSTMENT**

Before submitting this form, ensure you have completed the following (5) five actions (if applicable):

1. Reported all inactive riders/stops via Inactive Rider Form
2. Clock in/out each day making every effort to comply with assigned times
3. Make every effort to follow driver directions as per route sheet (taking preferred route may deny request)
4. Reported run/stop corrections and/or driver direction errors via Driver Service Request Form
5. Perform daily pre and post trip bus inspections in a timely manner

Note: All time change requests will be verified via GPS, clock time and inspection review – without exception.

Employee Name: _____ **Social Security # (Last 4 Digits):** _____
Current Route # _____ Current Bus # _____ Pro-Rated: Yes No Current Daily Paid Hours: _____
Reason(s) for the time change request: _____

Clock Times to Support Request: (Indicate clock times on the day(s) all runs are active)

CLOCK IN AM: _____ CLOCK OUT AM: _____

CLOCK IN MID DAY: _____ CLOCK OUT MID DAY: _____

CLOCK IN PM: _____ CLOCK OUT PM: _____

Are any of your assignments (runs) less than 5 days a week? Yes No If yes, complete the following:

Run ID: _____ Days of the Week: _____ Indicate clock times when you do not cover this run?

CLOCK IN AM: _____ CLOCK OUT AM: _____

CLOCK IN MID DAY: _____ CLOCK OUT MID DAY: _____

CLOCK IN PM: _____ CLOCK OUT PM: _____

- I have completed the 5 initial actions indicated at the top of the form _____ (initials)
- I understand that my request will be denied if it is incomplete _____ (initials)
- I am attaching an updated route sheet to this request (to include stop counts) _____ (initials)

My signature below indicates the above information is true and accurate.

DRIVER SIGNATURE: _____ **DATE:** _____

Submit the completed form to your assigned Transportation Operations Assistant (TOA), once the information is verified it will be submitted to Routing and Scheduling. Allow 10 – 12 school days for final decision from R&S.

TOA/TOM Use Only (see Frontline Management Procedure)

TOA Name: _____ Date Received: _____ 2nd Submit (if applicable): _____

Form Complete: Yes No Updated Route Sheet Attached: Yes No Bus # Correct: Yes No

Verify Driver Clocks: Yes No Inactive Riders/Stops Removed: Yes No Follows Route: Yes No

If any answers are “No” deny and return the form to the employee. Date returned (if applicable): _____

If form is complete and times are verified and correct, submit the form to the appropriate TOM for review/submittal

TOM Name: _____ Date Received: _____

TOM approval: Yes No Date submitted to Routing and Scheduling: _____