

**Bryant School District**  
**Bus Driver Absence Form**

Bus Driver Name \_\_\_\_\_

Dates Absent \_\_\_\_\_

Bus Driver Last 4 of SSN \_\_\_\_\_

AM

PM


\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Supervisor's Signature

If absence is due to reassignment of driver, <u>Supervisor must note reason below:</u>

**Note:** Please attach to weekly time sheet.

Form originated 11/18/16

Cut on Line

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