Transfloridian

CREW TIME SHEET

1010 N. Hoagland Blvd.
Kissimmee, FL. 34741

Employee Name: **Title:** **PMCO** *or* **OBA**

Employee Number: **Pay Period:**

Department: Operations / On-Board Crew **Supervisor:**

Duty Day Start Time: This is the time you arrived at the vehicle
Duty Day End Time: This is the time you arrived back at base
Trip Type Codes: OD = On-Demand, **ML** = Mainline Scheduled, **CH** = Charter, **DH** = Deadheading

Date	Duty Day Start Time	Duty Day End Time	Total Duty Time Hours	Trip Type	Fuel Receipts	Total Actual Driving Time
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Totals:						

Employee Signature: Date:

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Process Date	Total Duty Hours	Total Driving Hours