

DRIVER'S TIME RECORD

Driver's Name (print) _____ Employee No. _____ Month _____ Year _____

DRIVERS MAY PREPARE THIS REPORT INSTEAD OF "DRIVER'S DAILY LOG" IF THE FOLLOWING APPLIES:

- Operates within 100 air-mile radius of headquarters.
- Returns to headquarters and is released from work within 12 consecutive hours.
- At least 8 consecutive hours off duty separate each 12 hours of duty.

INTERMITTENT DRIVERS

Shall complete this form for 7 days preceding any day driving is performed.

This includes the preceding month.

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1						
2						
3						
4						
5						
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31						

To be prepared monthly by each DOT-certified driver unless time record is exclusively kept on Driver's Daily Log. Indicate "days off." Check box if no driving is performed during this month and the first 7 days of the following month. Mail this report to your Division Manger of Administration.