

ROLLING RIVER SCHOOL DIVISION POLICY

Bus Driver Training – Expenditure Reimbursement

EEACAA/P

The Division is committed to training bus drivers to safely transport students. The Division appreciates the time and costs associated with completing bus driver training. In support of completing this training, the Division will reimburse out of pocket expenditures associated with School Bus Driver training.

Index Regulation

Date Adopted: January 12, 2011

Date Reaffirmed: October 28, 2015

Date Reaffirmed: October 30, 2019

ROLLING RIVER SCHOOL DIVISION REGULATION

Bus Driver Training – Expenditure Reimbursement

EEACAA/R

1. The Division will reimburse out of pocket expenditures associated with School Bus Driver training upon successful completion of the Rolling River School Division School Bus Driver training program and receipt of a Class II Drivers License and School Bus Operators Certificate subject to :
 - Employment by the Rolling River School Division for 60 hours of service to the Division. Extra-curricular trips will be calculated for the actual hours paid and regular routes will be calculated as four (4) hours per day / two (2) hours per half day.and
 - Submission of a completed *Bus Driver Training - Claim for Expenditures Approved for Reimbursement form*, accompanied by itemized receipts to support the expenditures and as recommended by the Transportation Supervisor.

2. The actual costs of the following expenditures as indicated on the itemized receipts will be reimbursed.
 - Written Tests (*Class II and School Bus*)
 - Manitoba Drivers License Abstract
 - Class II Road Test
 - Handbooks (*Drivers Handbook and Professional Drivers Handbook*)
 - Medical Examination Certificate

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Bus Driver Training: Claim for Expenditures Approved for Reimbursement

Section A- To be Completed by Bus Driver

Bus Driver Name: _____
(Print)

Claim Description	Claim Amount	Itemized Receipt Attached (X)
Written Test Class II		
Written Test School Bus		
MB Drivers License Abstract		
Class II Road Test		
Drivers Handbook		
Professional Drivers Handbook		
Medical Examination Fee		
TOTAL		

Date _____ *dd/mm/yy* Bus Driver Signature: _____

Section B: To be completed by Transportation Supervisor

Date Worked <i>(dd/mm/yy)</i>	Hours Worked	Date Worked <i>(dd/mm/yy)</i>	Hours Worked
		TOTAL <i>(60 or more hours)</i>	

Date _____ *dd /mm/yy* Trspt. Supervisor Signature: _____