

DRIVER'S TIME RECORD

Driver's Name (print) _____ Month _____ Year _____

Date	Start Time "All Duty"	End Time "All Duty"	Total Hours	Driving Hours	Truck Number	Headquarters
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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28						
29						
30						
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 Manager of Administration.