



## NOTICE OF ROUTE CHANGE

To be completed by the driver when established route kilometers change after initial reporting in September.

Return this form to your Bus Supervisor immediately after the change has occurred.

DRIVER'S NAME: \_\_\_\_\_

AS OF \_\_\_\_\_ MY ROUTE WILL:

Day/ Month/ Year

MY DAILY ROUTE KILOMETRES WILL NOW BE: \_\_\_\_\_

DATE NEW ROUTE KMS DETERMINED: \_\_\_\_\_

MY TIME OF FIRST PICKUP (A.M.) WILL NOW BE: \_\_\_\_\_

MY TIME OF LAST DROP OFF (P.M.) WILL NOW BE: \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF DRIVER: \_\_\_\_\_

**For Office Use Only:**

Route Number: \_\_\_\_\_

Previous Route KMS: \_\_\_\_\_

Adjustment (+/-): \_\_\_\_\_

New Route Kms: \_\_\_\_\_

Signature of Bus Supervisor: \_\_\_\_\_