



## NOTICE OF ROUTE CHANGE

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

Return this form to [carrielynn.weigel@spiritsd.ca](mailto:carrielynn.weigel@spiritsd.ca) 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: \_\_\_\_\_