

Driver Time Record

Drivers Name (Print)___

CDL#

Month_____Year____

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

• Operates within 150 air-mile radius for CDL.

• Returns to headquarters and Is released from work within 14 consecutive hours.

• At least 10 consecutive hours off duty separate each 14 hours of duty

Intermittent Drivers Shall complete this form for 7 days preceding and day driving performed. This includes the preceding month.

| Date | Start Time "All Duty" | End Time "All Duty" | Total Hours | Driving Hours | Truck # | Headquarters |
|------|--------------------------|------------------------|----------------|------------------|---------|---|
| 1 | | | | | | 8834 S Illinois, IL-251, Rochelle, IL 61068 |
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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 ol the following month. Email this report to dispatch on the last day of each month.