



HOURS OF SERVICE - RECORD OF DUTY STATUS

Parking Location _____ Cycle 1 - 70/7 Month: _____ Year: _____

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
MONDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
TUESDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
WEDNESDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
THURSDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
FRIDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
SATURDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Date	Duty Status	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	Totals
SUNDAY	Off-Duty																									
	Driving																									
	On-Duty-Not-Driving																									
	Remarks																									

Print Name _____

Signature: _____