EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number

2. Social Security Number

3. Initial Emploment (X one) ☐ Yes ☐ No

4. Type of Employment (X one) ☐ Casual ☐ Regular Gov't. Employee ☐ Other

5. Transferred From

6. Hired At

7. Employee Has (X one) ☐ Been Discharged ☐ Quit

8. Entitled To Return Travil Time (X one) ☐ Yes ☐ No

9. Entitled to Return Transportation (X one) ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW

10. Name (First, Middle, Last)

11. Street Address

12. City

13. State

14. Zip Code

IN CASE OF ACCIDENT NOTIFY

15. Name

16. Street Address

17. City

18. State

19. Telephone No. (include Area Code)

20. FIRE LOCATION IDENTIFICATION

Column A	Column B	Column C	Column D
1. Fire Name	1. Fire Name	1. Fire Name	1. Fire Name
2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code
4. Fire Location / 5. State	4. Fire Location / 5. State	4. Fire Location / 5. State	4. Fire Location / 5. State
6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate
8. Date and Time a. Year	8. Date and Time a. Year	8. Date and Time a. Year	8. Date and Time a. Year

Mo. b.	Day c.	Start d.	Stop e.	Hours f.

9. Total Hours	
10. Gross Amount (item 7 x item 9)	
11. Inclusive Dates	
12. Time Officer's Signature	
13. Date Signed	

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. BO 2600	B. Rates	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip Rental.

23. Remarks

Gross Earning

Comm. Deduct.

NOTE: The above items are correct and proper for payment from available appropriations

Net Earning

25. Employee (Signature)

26. Time Officer (Signiture)

22. Commissary Record

a. Date	b. Item	c. Amount
Total		

24. ADO Check Number and Stamp

*Equipment rentals must be supported with OF-294 and OF-297

NSN 7540-01-124-7633