

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number

2. Social Security Number	3. Initial Employment (x one) <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Type of Employment (x one) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov <input type="checkbox"/> Other
5. Transferred From	6. Hired At WV-WVS	7. Employee has (x one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit
		8. Entitled to Return Travel Time (Y or N) <input type="checkbox"/> Yes <input type="checkbox"/> No
		9. Entitled to Return Trans (Y or N) <input type="checkbox"/> Yes <input type="checkbox"/> No

ZIP CODE MUST BE ENTERED BELOW

IN CASE OF ACCIDENT NOTIFY

10. Name (First, Middle, Last)			15. Name		
11. Street Address			16. Street Address		
12. City	13. State	14. Zip Code	17. City	18. State	19. Telephone No.

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					8. Date and Time					8. Date and Time					8. Date and Time				
a. Year:					a. Year:					a. Year:					a. Year:				
Mo o	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.
9. Total Hours----->>					9. Total Hours----->>					9. Total Hours----->>					9. Total Hours----->>				
10. Gross Amount ----->> (Item 7 x item 9)					10. Gross Amount ----->> (Item 7 x item 9)					10. Gross Amount ----->> (Item 7 x item 9)					10. Gross Amount ----->> (Item 7 x item 9)				
11. Inclusive Dates----->>					11. Inclusive Dates----->>					11. Inclusive Dates----->>					11. Inclusive Dates----->>				
12. Time Officer's Signature					12. Time Officer's Signature					12. Time Officer's Signature					12. Time Officer's Signature				
13. Date Signed					13. Date Signed					13. Date Signed					13. Date Signed				

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN AFTER PRINTING SHEET.										22. Commissary Record						
										a. Date		b. Item		c. Amount		
A. Comm. BO 2600	B. Rate	C. Miles*/Hours	D. Accounting Classification			E. Object Class			F. Amount							
			(a)	(b)	(c)	(a)	(b)	(c)								
A.									\$ -	Gross Salary or Equip. Rental*						
B.								\$ -								
C.								\$ -								
D.								\$ -								
								\$ -								
23. Remarks										\$ -	Gross Earnings					
										\$ -	Comm. Deduct.		Total ----->>		\$ -	
Note: The above items are correct and proper for payment from available appropriations.										\$ -	Net Earnings		24. ADO Check Number and Stamp			
25. Employee (signature)					26. Time Officer (Signature)											