

<b>EMERGENCY FIREFIGHTER TIME REPORT</b>														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 <b>WV-WVS</b>			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								
<b>ZIP CODE MUST BE ENTERED BELOW</b>							<b>IN CASE OF ACCIDENT NOTIFY</b>														
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 a. Year:					8. Date and Time a. Year:					8. Date and Time a. Year:					8. Date and Time a. Year:						
Mo o	Day c.	Start d.	Stop e.	Hours f.	Mo o	Day c.	Start d.	Stop e.	Hours f.	Mo o	Day c.	Start d.	Stop e.	Hours f.	Mo o	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.									
										\$ -		<b>Total -----&gt;&gt;</b>									
Note: The above items are correct and proper for payment from available appropriations.										\$ -		Net Earnings									
25. Employee (signature)					26. Time Officer (Signature)					24. ADO Check Number and Stamp											

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