EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F 8421057

2. Social Security Number | 3. Initial Employment (X one) ☐ Yes ☐ No | 4. Type of Employment (X one) ☐ Casual ☐ Regular Gov't. Employee ☐ Other

[redacted] Transferred From | 6. Hired At | 7. Employee Has (X one) ☐ Been Discharged ☐ Quit | 8. Entitled To Return Travel 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.	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 FOR REGULAR EMPLOYEES.

A. Comm. (SO 2900)	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

Gross Earning	
Comm. Deduct.	
Net Earning	

22. Commissary Record

a. Date	b. Item	c. Amount
Total →		

23. Remarks

[redacted]

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

24. ADO Check Number and Stamp

25. Employee (Signature) | 26. Time Officer (Signature)

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

NSN 7540-01-124-7833

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