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| **Emergency Incident Time Report** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Social Security Number | | | | | | | | 2. Hired At (i.e., ID-BOF) | | | | | | | | 3. Type of Employment *(X one)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | Casual  Regular Gov’t Employee  State  Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Name *(First, Middle, Last)* | | | | | | | | | | | | | | | | | | | | | | | 5. Home/Hiring Unit Name | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 6. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | 7. Home/Hiring Unit Phone Number | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 8. City | | | | | | | | | | | | 9. State | | | 10. Zip Code | | | | | | | | 11. Home/Hiring Unit FAX Number | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 12. Emergency Contact Name | | | | | | | | | | | | 13. Emergency Contact Phone Number | | | | | | | | | | | 14. Emergency Contact Physical Address | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Column A** | | | | | | | | | | | **Column B** | | | | | | | | | | | | | **Column C** | | | | | | | | | | | **Column D** | | | | | | | | |
|  | | | | | | | | | | | Header info same as A | | | | | | | | | | | | | Header info same as A  B | | | | | | | | | | | Header info same as A  B  C | | | | | | | | |
| 1. Incident Name | | | | | | | | | | | 1. Incident Name | | | | | | | | | | | | | 1. Incident Name | | | | | | | | | | | 1. Incident Name | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 2. Incident Order # / Resource Order # *(i.e., ID-BOF-000906 / C-33)* | | | | | | | | | | | 2. Incident Order # / Resource Order # *(i.e., ID-BOF-000906 / C-33)* | | | | | | | | | | | | | 2. Incident Order # / Resource Order # *(i.e., ID-BOF-000906 / C-33)* | | | | | | | | | | | 2. Incident Order # / Resource Order # *(i.e., ID-BOF-000906 / C-33)* | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 3. Fire Code *(i.e., B2C5)* | | | | | 4. Position Code *(i.e., FFT2)* | | | | | | 3. Fire Code *(i.e., B2C5)* | | | | | | | 4. Position Code *(i.e., FFT2)* | | | | | | 3. Fire Code *(i.e., B2C5)* | | | | | | 4. Position Code *(i.e., FFT2)* | | | | | 3. Fire Code *(i.e., B2C5)* | | | | 4. Position Code *(i.e., FFT2)* | | | | |
|  | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | | |
| 5. AD Class | | | | | 6. AD Rate | | | | | | 5. AD Class | | | | | | | 6. AD Rate | | | | | | 5. AD Class | | | | | | 6. AD Rate | | | | | 5. AD Class | | | | 6. AD Rate | | | | |
|  | | | | | $ | | | | | |  | | | | | | | $ | | | | | |  | | | | | | $ | | | | |  | | | | $ | | | | |
| 7. Home/Hiring Unit Accounting Code | | | | | | | | | | | 7. Home/Hiring Unit Accounting Code | | | | | | | | | | | | | 7. Home/Hiring Unit Accounting Code | | | | | | | | | | | 7. Home/Hiring Unit Accounting Code | | | | | | | | |
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| 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. | |
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| 9. Total Hours | | | | | |  | | | | | 9. Total Hours | | | | | | | |  | | | | | 9. Total Hours | | | | | | |  | | | | 9. Total Hours | | | | |  | | | |
| 10. Gross Amount  *(item 6 x item 9)* | | | | | | $ | | | | | 10. Gross Amount  *(item 6 x item 9)* | | | | | | | | $ | | | | | 10. Gross Amount  *(item 6 x item 9)* | | | | | | | $ | | | | 10. Gross Amount  *(item 6 x item 9)* | | | | | $ | | | |
| 11. Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 12. Payment Office Only | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 13. Commissary Record (Attach additional sheet if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| a. Date | | | b. Item | | | | | | | | | | | | | | | | | | | | | | | | | c. Amount | | | |  | | | | | | | | | | |
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| Total Commissary Deductions | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | 14. Gross Earnings | | | | | $ | | | | | | |
| The signatures below certify the above items are correct and proper for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Employee Signature | | | | | | | | | | | | | | | | | | 16. Date | | | | | | | 17. Time Officer Signature | | | | | | | | | | | | | | 18. Date | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | |
| PRIVACY ACT NOTICE: Section 6311 of Title 5 USC authorizes collection of this information. It is used to record and approve your time and attendance and determine your pay. Use of a SSN is authorized by EO 9397. Failure to provide the required information may result in delayed payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | PMS\_\_\_\_ 10/2005 | | | | | | | | | |