Rescue Program

State of Connecticut Department of Emergency Services and Public Protection Commission on Fire Prevention and Control Connecticut Fire Academy

Payroll Timesheet

			ı ayı	Oli Tillies	Heet							
Name:	Print Name				Signature							
	Employee Nu	ımber		-	Date: I affirm by my signature above that the hours claimed were actually spent in the performance of my official duties for the Commission on Fire Prevention and Control.							
not complet Section 1 -	e more than - Training A	one Section	ent the payroll n on this form s, CPAT Pro	. Submit a	separate for	n for each t	y from the list k type of separate	pelow. Do activity.				
Payroll Proc completed a	cedure: Payr	oll is proces		y. To ensur	e prompt pa	yroll proces	ssing, this form olicy 01-03.	must be				
Section 1			Trai	ining Activ	vities Code: DPS 32253							
Program:				Loca	ation:							
Session:	1	2	3	4	5	6	7	8				
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					Total Hours Taught:							
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SID:		7,4	Hours	Preparation:		Hours to be paid:						
Section 2												
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Activity or Exar	mination Type:	, 333021		Locatio	The Control of the Co	,	5000 51 0 02201					
Date:			Hours:		Day – D Night - N	Tota	Total Hours Worked:					
Office use onl	у											
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Approval:					Date	Approved:						

FY2019 BR2019

EMPLOYEE PAYROLL REIMBURSEMENTS-

FOR EXPENSES INCURRED IN THE SERVICE OF THE STATE OF CONNECTICUT



STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER PAYROLL SERVICES DIVISION

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such as	family trav SIGNATURI	el and asso	ciated exper	nses have	been repai	id by me in	full.					DATE				
SUPERVIS	OR'S SIGN	IATURE										DATE				
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