

Rescue Program

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

Payroll Timesheet

Name:	_____ Print Name	_____ Signature
	_____ Employee Number	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.

This form shall be used to document the payroll submission for one type of activity from the list below. Do not complete more than one Section on this form. Submit a separate form for each type of separate activity.

Section 1 – Training Activities

Section 2 – Certification Activities, CPAT Proctor, Administrative Projects

Payroll Procedure: Payroll is processed bi-weekly. To ensure prompt payroll processing, this form must be completed and **submitted to the appropriate Division weekly** per DESPP/CFA Policy 01-03.

Section 1		Training Activities						Code: DPS 32253	
Program:				Location:					
Session:	1	2	3	4	5	6	7	8	
Date:									
Day – D Night - N	D N	D N	D N	D N	D N	D N	D N	D N	
Hours:									
Total Hours Taught:									
Office use only			PSA Only: PSA #		Rate		Total		
SID:			Hours Preparation:				Hours to be paid:		

Section 2		<input type="checkbox"/> Certification		<input type="checkbox"/> CPAT Proctor		<input type="checkbox"/> Administrative	
Check Applicable box		Code DPS 32255		Code DPS 32253		Code DPS 32251	
Activity or Examination Type:				Location:			
Date:		Hours:		Day – D Night - N		Total Hours Worked:	
Office use only							
SID:		Hours Preparation:				Hours to be paid:	

Approval:		Date Approved:	
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FY2019
BR2019

