

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

Payroll Timesheet

Name:	Print Name Employee Number	Signature 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.
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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.

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 Check Applicable box	<input type="checkbox"/> Certification Code DPS 32255	<input type="checkbox"/> CPAT Proctor Code DPS 32253	<input type="checkbox"/> Administrative 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