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.

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 Check Applicable box	☐ **Certification** Code DPS 32255	☐ **CPAT Proctor** Code DPS 32253	☐ **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:	

FY2019
BR2019