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: - *Must be dated **on or after** last date worked*
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 payroll submission for one type of activity, check one box from the list below.
Submit a separate form for each program type.

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

Activates							
Program:				Location:			
Date:							
Time In: am/pm							
Time Out: am/pm							
Hours:							

☐	Training	Code DPS32253
☐	Certification	Code DPS32255
☐	Administrative	Code DPS32251

	Total Hours Taught:	
Prep Hours:		Hours To be Paid:

| Approval: | | Date Approved: | |

FY2025
BR2025