

<b>EMERGENCY FIREFIGHTER TIME REPORT</b>						1. Identification Number <b>F 2639030</b>	
2. Social Security Number <b>123-45-6789</b>		3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Type of Employment (X one) <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Regular Gov'l. Employee <input type="checkbox"/> Other			
5. Transferred From		6. Hired At		7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Entitled to Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No
ZIP CODE MUST BE ENTERED BELOW				IN CASE OF ACCIDENT NOTIFY			
10. Name (First, Middle, Last) <b>Firefighter #1 and #2</b>				15. Name <b>should be completed</b>			
11. Street Address <b>should be completed</b>				16. Street Address			
12. City		13. State	14. Zip Code	17. City		18. State	19. Telephone No. (Include Area Code)
<b>20. FIRE LOCATION IDENTIFICATION</b>							
Column A		Column B		Column C		Column D	
1. Fire Name <b>Specimen</b>		1. Fire Name		1. Fire Name		1. Fire Name	
2. Fire No <b>9141AZUN</b>		3. Unit Code <b>21550</b>	2. Fire No.	3. Unit Code	2. Fire No.	3. Unit Code	2. Fire No.
4. Fire Location <b>Sawyers Bar</b>		5. State <b>06</b>	4. Fire Location	5. State	4. Fire Location	5. State	4. Fire Location
6. Firefighter Classification		7. Rate	6. Firefighter Classification	7. Rate	6. Firefighter Classification	7. Rate	6. Firefighter Classification
8. Date and Time a. Year <b>2004</b>		8. Date and Time a. Year		8. Date and Time a. Year		8. Date and Time a. Year	
Mo. b. Day c. Start d. Stop e. Hours f.		Mo. b. Day c. Start d. Stop e. Hours f.		Mo. b. Day c. Start d. Stop e. Hours f.		Mo. b. Day c. Start d. Stop e. Hours f.	
08 14 1400 2400 10.00 <sup>I</sup>							
08 15 0001 0330 3.50 <sup>T</sup>							
08 15 0630 2100 14.50 <sup>H</sup>							
08 16 0400 2130 17.50 <sup>H</sup>							
08 17 0530 1900 13.50 <sup>I</sup>							
9. Total Hours → <b>59.0</b>		9. Total Hours →		9. Total Hours →		9. Total Hours →	
10. Gross Amount (item 7 x item 9) →		10. Gross Amount (item 7 x item 9) →		10. Gross Amount (item 7 x item 9) →		10. Gross Amount (item 7 x item 9) →	
11. Inclusive Dates → <b>08/14 - 17/04</b>		11. Inclusive Dates →		11. Inclusive Dates →		11. Inclusive Dates →	
12. Time Officer's Signature <i>(must be signed)</i>		12. Time Officer's Signature		12. Time Officer's Signature		12. Time Officer's Signature	
13. Date Signed <b>08/17/04</b>		13. Date Signed		13. Date Signed		13. Date Signed	
<b>21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.</b>						<b>22. Commissary Record</b>	
A. Comm. BC 2800						a. Date	
B. Rate						b. Item	
C. Miles / Hours						c. Amount	
D. Accounting Classification (a) (b) (c)							
E. Object Class (a) (b) (c)							
F. Amount							
						Gross	
						Salary	
						or	
						Equip.	
						Rental	
						Total →	
23. Remarks						24. ADO Check Number and Stamp	
NOTE: The above items are correct and proper for payment from available appropriations.						Gross Earning	
						Comm. Deduct.	
						Net Earning	
25. Employee (Signature) <i>(should be signed)</i>						26. Time Officer (Signature) <i>(must be signed)</i>	

Equipment-rentals must be supported with OF-284 and OF-297.  
PREVIOUS EDITIONS NOT USABLE

NSN 7540-01-124-7833  
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OPTIONAL FORM 288 (Rev. 3/83)  
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