



**State of Connecticut**  
 Commission on Fire Prevention and Control  
 Connecticut Fire Academy

**Payroll Timesheet**

|              |             |   |
|--------------|-------------|---|
| <b>Name:</b> | Print _____ | Signature _____   |
|              | Date: _____ | I affirm by my signature above that the hours claimed were spent in the performance of my official duties for the Commission on Fire Prevention and Control |

**This form shall be utilized 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, Bookstore, 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 as soon as possible after the completion of the activity.

|                            |   |   |                            |             |                            |              |   |   |                |
|----------------------------|---|---|----------------------------|-------------|----------------------------|--------------|---|---|----------------|
| <b>Section 1</b>           |   |   |                            |             | <b>Training Activities</b> |              |   |   | Code: FPC36532 |
| Program:                   |   |   |                            |             | Location:                  |              |   |   |                |
| <b>Session:</b>            | 1 | 2 | 3                          | 4           | 5                          | 6            | 7 | 8 |                |
| <b>Date:</b>               |   |   |                            |             |                            |              |   |   |                |
| <b>Day - D</b>             | D | D | D                          | D           | D                          | D            | D | D |                |
| <b>Night - N</b>           | N | N | N                          | N           | N                          | N            | N | N |                |
| <b>Hours:</b>              |   |   |                            |             |                            |              |   |   |                |
| <b>Total Hours Taught:</b> |   |   |                            |             |                            |              |   |   |                |
| <b>Office use only</b>     |   |   | <b>PSA Only:<br/>PSA #</b> | <b>Rate</b> |                            | <b>Total</b> |   |   |                |
| <b>SID:</b>                |   |   | <b>Hours Preparation:</b>  |             | <b>Hours to be paid :</b>  |              |   |   |                |

|                                      |   |   |  |  |
|--------------------------------------|---|---|--|--|
| <b>Section 2</b>                     | <input type="checkbox"/> <b>Certification</b> | <input type="checkbox"/> <b>Bookstore</b> | <input type="checkbox"/> <b>CPAT Proctor</b> | <input type="checkbox"/> <b>Administrative</b> |
| Check applicable box                 | Code FPC36540                                 | Code FPC36533                             | Code FPC36531                                | Code FPC36510                                  |
| <b>Activity or Examination Type:</b> |   |   | <b>Location:</b>                             |  |
| <b>Date:</b>                         | <b>Hours:</b>                                 | <b>Day - D</b>                            | <b>Night - N</b>                             | <b>Total Hours Worked:</b>                     |
|                                      |   |   |  |  |
| <b>Office use only</b>               |   |   |  |  |
| <b>SID:</b>                          |   | <b>Hours to be paid :</b>                 |  |  |
|                                      |   |   |  |  |

|                  |  |                       |  |
|------------------|--|-----------------------|--|
| <b>Approval:</b> |  | <b>Date Approved:</b> |  |
|------------------|--|-----------------------|--|