

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: _____
		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 within 72 hours after the completion of the activity 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	<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 to be paid:	

Approval:		Date Approved:	
-----------	--	----------------	--