EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number **F**

2. Social Security Number

3. Initial Employment (X one) ☐ Yes ☐ No

4. Type of Employment (X one) ☐ Casual ☐ Regular Gov't. Employee ☐ Other

5. Transferred From

6. Hired At

7. Employee Has (X one) ☐ Been Discharged ☐ Quit

8. Entitled To Return Travel Time (X one) ☐ Yes ☐ No

9. Entitled to Return Transportation (X one) ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW

10. Name (First, Middle, Last)

11. Street Address

12. City

13. State

14. Zip Code

IN CASE OF ACCIDENT NOTIFY

15. Name

16. Street Address

17. City

18. State

19. Telephone No. (Include Area Code)

20. FIRE LOCATION IDENTIFICATION

Column A	Column B	Column C	Column D
1. Fire Name	1. Fire Name	1. Fire Name	1. Fire Name
2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code	2. Fire No. / 3. Unit Code
4. Fire Location / 5. State	4. Fire Location / 5. State	4. Fire Location / 5. State	4. Fire Location / 5. State
6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate	6. Firefighter Classification / 7. Rate
8. Date and Time a. Year _____	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.

Column A	Column B	Column C	Column D
9. Total Hours →	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 →	11. Inclusive Dates →	11. Inclusive Dates →	11. Inclusive Dates →
12. Time Officer's Signature	12. Time Officer's Signature	12. Time Officer's Signature	12. Time Officer's Signature
13. Date Signed	13. Date Signed	13. Date Signed	13. Date Signed

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. BO 2800	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

23. Remarks

Gross Earning

Comm. Deduct.

Net Earning

NOTE: The above items are correct and proper for payment from available appropriations.

25. Employee (Signature)

26. Time Officer (Signature)

22. Commissary Record

a. Date	b. Item	c. Amount
Total →		

24. ADO Check Number and Stamp

*Equipment rentals must be supported with OF-294 and OF-297.

NSN 7540-01-124-7633

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102

PRINTED ON RECYCLED PAPER

Attach leave slips here

GGU & SU LONG FORM - DNR DIVISION OF FORESTRY
ELECTRONIC TIME AND ATTENDANCE REPORT

Collector/Phone: ____________

Status:		RD:
OT Eligible:	Yes No	AKPAY Batch:
Bargaining Unit:	GGU SU	Batch #:
____ Full Time	____ Short Term Non Perm	Entered:
Seasonal	____ Long Term Non Perm	Certified:
____ Part Time		Date:

Carry forward	Employee Name (Last, First M.I.)	Employee #	Pay Period Ending
Hours:			
Lv/Hol:			

Day of Week	Date	Hours Worked - Military Time Start Time	Stop Time	Start Time	Stop Time	Start Time	Stop Time	Hrs Wkd Calc	Reg. time 100	Holi-day 105	Leave Hrs. Pers 165	Misc	Stght 250	OT 1.5 251	Conv 959	Recall 244 245	Standby 210	Swing RT 280	Swing OT 260	Grave RT 290	Grave OT 270	Totals	Excess HRS Flex	Eight Digit Collocation Code	Eight Digit Ledger Code Code
							Total Hrs.																		
							Grand Total																		

OT Conversion? ______ Yes ____ No
(If Yes: _____ GG ____ SS)

LOA: _____ Wildland Fire
_____ IROC # ____________

Hazard on reverse? ___ Yes

Commissary Deduction: $ -

Final determination of pay type and rate of compensation will be made by the Department of Administration.
We certify that the time and hours of work recorded above are true and correct.

Employee Signature:____ Date:_______________________

Approving Authority Signature:__________________________________ Date:_______________________

Leave Usage Codes	
165	Personal
160	Annual
150	Sick
152	Excess Sick
190	Military
195	Court
170	Comp Lve Ann
172	Comp Lve PER
19A	Flex

Comments: ____

Attach Leave Slips Here

LABOR, TRADES & CRAFTS
DNR DIVISION OF FORESTRY
ELECTRONIC TIME AND ATTENDANCE REPORT

Collector/Phone: ____________________

RD:
AKPAY Batch:
Batch #:
Entered:
Certified:
Date:

Carry forward

Hours: ______

Employee Name (Last, First M.I.)

Employee #

Pay Period Ending

Status: (Check One) _____ Full Time _____ Part Time _____ Non Perm

Day of Week	Date	Hours Worked - Military Time Start Time	Stop Time	Start Time	Stop Time	Start Time	Stop Time	Hrs Wkd Calc	Reg. time 100	Holi-day 105	Leave Hrs. Pers 165	Misc	Stght 250	OT 1.5 251	Dbl 252	Call back	On-Call 209	Out of Class Code	Swing Swing 280	OT 260	Grave Grave 290	OT 270	Totals	Eight Digit Collocation Code	Eight Digit Ledger Code Code
							Total Hrs.																		
							Grand Total																		

Hazard on reverse? ____ Yes

Commissary Deduction: $ -

Final determination of pay type and rate of compensation will be made by the Department of Administration.

We certify that the time and hours of work recorded above are true and correct.

Employee Signature: ______________________ Date: ____________

Approving Authority Signature: ______________________ Date: ____________

Leave Usage Codes	
165	*Personal*
150	*Sick Bank*
158	*Donated*
183	*Business*
190	*Military*
195	*Court*

Comments: ____

PAY PERIOD: _____

HAZARD PAY WORKSHEET

NAME: _____ EMP. # _____

NOTE: USE MILITARY TIME (24 HOUR CLOCK) TO RECORD UP/DOWN TIMES.

DATE	UP	DOWN	UP	DOWN	UP	DOWN	UP	DOWN	UP	DOWN	CC CODE	LC CODE

I CERTIFY THAT ALL TIME AND CHARGES REPORTED FOR THE ABOVE NAMED EMPLOYEE ARE ACCURATE.

SUPERVISOR'S SIGNATURE:_____

STATE OF ALASKA — LEAVE REQUEST/REPORT

EMPLOYEE'S NAME (PRINT - LAST - FIRST- MIDDLE INITIAL)	BU	DEPT NO.	Employee #

Total Hrs.	Supervisor Approval

DATE LEAVE BEGINS ____ MONTH ____ DAY ____ HOUR AM PM

DATE LEAVE ENDS ____ MONTH ____ DAY ____ HOUR AM PM

LEAVE TYPE - CHECK ONLY ONE

- ☐ ANN/PERS
- ☐ SICK/PERS
- ☐ MILITARY
- ☐ COURT
- ☐ WKRS COMP
- ☐ AUTH LWOP
- ☐ DISCP LWOP
- ☐ UNAUTH LWOP
- ☐ LV CASH-IN
- ☐ OTHER (Explain Below)

This form must be submitted within 24 hours after return to duty.

EXPLANATION: _____ LV DONATED _____

BUS LV USED _____

BUS LEAVE UNION APPVD _____

BUS LV LABOR REL APPRVD _____

3/16/2010

EMPLOYEE SIGNATURE — DATE

APPROVING OFFICER — DATE

NOTE: No leave with pay will be granted in excess of that accrued to employees' credit. **Bargaining Unit restricts Leave type availability.**