

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT
SPECIAL PAY TIME SHEET
WET TEAM

Supervisor Name: _____ **Supervisor Employee #:** _____
(Print Name)

Shift for Special Pay: _____

Special Pay Date: _____

Reason: _____

Remarks: _____

Diver Name	Start Time	End Time	Total Hours

Receiving DC: _____

Date Received: ____ / ____ / ____

Entered Into Staffing _____

Fire Chief Signature _____