

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

**SPECIAL PAY TIME SHEET
EMS/CME INSTRUCTOR**

Name: _____

Print Name and Employee #

Signature

Course Name: _____

Location: _____

Date: _____

Start Time: _____ Stop Time: _____

Taught CME OFF Duty

Taught CME ON Duty – Backfill Position

• Name and Employee # of Backfill Employee _____

• DC Approving Backfill _____

.....
Receiving DC: _____

Date Received: _____

Entered into Staffing

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EMS Coordinator Signature