



# Stafford County Fire and Rescue Department



## Instructor Time Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_ Fire or EMS Instructor (\$25.00/hr)

\_\_\_\_ Fire Apparatus Operator or EMS Assistant (\$20.00/hr)

\_\_\_\_ Patient (\$15.00/hr)

Date: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Class: \_\_\_\_\_

Lecture/Practical Topic(s): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Account:

Fire Programs #3240-5867

Four-for-Life #3240-5860

Tech Training-Fire #3240-3132

Tech Training-EMS#3640-3132

**\*\*New instructors or instructors with address changes must fill out a W-9 and attach to this timesheet\*\***