

Missoula Rural Fire District Volunteer Time Record

NAME:	ID:	Month/Year:
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#	Date	Incident #, Training, or Other Duties	Incident Hours	Training Hours	Other Duties/ Shift Hours	Staff or IC Initials
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
Total Hours						

The totals reflected on this report are used for Work Comp premium purposes ONLY.

It is the responsibility of the Volunteer to make sure his/her hours and incident totals are recorded appropriately on a training roster, incident report or station log.

REPORTS THAT ARE LATE OR PAST DUE WILL NOT BE CONSIDERED FOR WORKER'S COMPENSATION

Please return to Heidi at Station 1, or send via fax (549-6023) or e-mail (hsather@mrfdfire.org) by the 10th of the next month.

Please record your monthly time record in increments of 30 min (0.5) or whole hours (1.0) in the appropriate columns above.