

State Fire/Rescue Training

Activity Report

Area 1

PO Box 8227
Paducah, KY 42002
270-534-3444
Fax 270-534-3430

Employee Name:

Pay Period:

Date	Course Title	Location	Hours	Work Order #	Total Hours
Totals			0		0

Employee Signature:

Date:

Supervisor Signature:

Date:

In the space below, indicate courses, locations, dates and times you expect to report next pay period.

INSTRUCTIONS: Enter each date for the reporting period. Use additional sheets if necessary.
YOU MUST TURN IN A CLASS ROSTER FOR EACH DATE YOU REPORT!!!!!!!