



Washington County Volunteer Fire & Rescue Association



TIME TRACKING FORM - POINTS SYSTEM

Last : _____ First: _____ Middle _____ SSN: _____

LOSAP EVENTS Summary for _____ thru _____



Date	Hrs for Duties	Hrs for Drills	# of Meetings	Hrs of Training	Hrs of Standby	# of Alarms	Description Alarms Require Incident #	Approval Duties/Stby/Tr.	Date of Approval/Instr
Totals									

I hereby certify under the penalty of perjury that the information contained on this form is true and correct to the best of my knowledge, and that I have not received any monetary compensation for any of the above. (Any person who knowingly makes or causes any false statement or report to be made in any application or document required under law is subject to a fine of \$1000.00)

Claimant Signature _____
Date: _____