

~~Wa~~shington County Volunteer Fire & Rescue Association  
**TIME TRACKING FORM**  
**POINTS SYSTEM**



Social Security No.: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

<b>HOURS</b>	<b>TRAINING</b>	<b>INSTRUCTOR</b>	<b>DATE</b>
_____	_____	_____	_____
	[Name of Class] (*) See List for Approved Training	[Use Last Name]	[Completed]

<b>HOURS</b>	<b>DRILL</b>	<b>INSTRUCTOR</b>	<b>DATE</b>
_____	_____	_____	_____
	[Type of Drill] (*) Only Company Approved Drills	[Use Last Name]	[Conducted]

<b>HOURS</b>	<b>STANDBY</b>	<b>APPROVED BY</b>	<b>DATE</b>
_____	_____	_____	_____
	[Type of Standby] (*) See List of Approved Standby	[Signature of Officer]	[Date of Standby]

<b>POINT</b>	<b>MEETING</b>	<b>WHERE</b>	<b>DATE</b>
_____	_____	_____	_____
	[Type of Meeting] Company/County/State/Committee	[Held Where?]	[Meeting Date]

<b>HOURS</b>	<b>COLLATERAL DUTY</b>	<b>APPROVED BY</b>	<b>DATE</b>
_____	_____	_____	_____
	[Type of Duty Performed] (*) See List of Approved Duties]	Signature of Officer]	[Date of Duty]

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