Scio Fire District Time Sheet

Office Use Only		
Officer Stipend		$
Duty Stipend:		
	# of hours @ $5.00 per hour	$
	or $240 for the weekend	$
Total Stipend		**$**

Name: _____

Position (s): _____

Date Range: / / - / /

Date	Activity	Start Time	End Time	Hours

Total Hours _____

I acknowledge that the above documented activities and or duty shifts are correct.

Signature: _____ Date: / /

Chief Signature: _____ Date: / /