

DAILY TIME SHEET
JORDAN VALLEY EMS AUTHORITY

NAME _____

DATE _____

EMS Calls		Start / End		Sleep Time Call 4	Hours Reg / O.T.	
Incident #						
Incident #						
Incident #						
Incident #						
Incident #						
Projects or other work performed		Project / Task assigned by:		Dept. / Self		
Description						
Description						
Description						
Description						
		Duty Time				
This time sheet must be personally filled out and signed by employee. Use and attach additional time sheet if necessary				Total Reg Hours		
				Total O.T. Hours		

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

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Supervisor Signature _____ Date _____