



Travis County Emergency Services District # 5
 PO Box 1239
 Manchaca, TX 78652

Confidential Employee Timesheet
 For the pay period _____ - _____

Employee Name: _____

	S	S	M	T	W	TH	F		TOTALS:
Date:									
Firefighter:									
Firefighter OT:									
Driver:									
Driver OT:									
Lieutenant:									
Lieutenant OT:									
Admin									
Volunteer:									
Please note: Time off does not qualify as overtime									
PTO									
Other: Please Specify:									

I CERTIFY THAT ALL HOURS ARE TRUE AND CORRECT.

As members, employees and officers of the Manchaca Volunteer Fire Department, we belong to an honorable and trusted profession with high moral standards of which we are justly proud. Our department also holds certain fundamental ethical principles to which we are deeply committed. We believe it is contrary to justice, professional integrity, an offense punishable under the Manchaca Volunteer Fire Department disciplinary policy, up to and including indefinite suspension and criminal investigation. Because this offense undercuts the distinctive moral and ethical character of the Manchaca Volunteer Fire Department, we take this very seriously. By signing your timesheet, you attest and confirm that the information on your timesheet is truthful and accurate.

Employee Signature: _____

Supervisor Signature: _____