

EMAC MOBILIZATION  
SPRINGFIELD, MI  
COVID-19



WEEK 1

## DEPLOYMENT TIMESHEET

MISSION NAME: \_\_\_\_\_ Unit Placard ID \_\_\_\_\_

Name \_\_\_\_\_ EMSP# \_\_\_\_\_

Agency \_\_\_\_\_

Pay Period Start Date: \_\_\_\_\_ Pay Period End Date: \_\_\_\_\_

| DAY  | Date    | Time In | Time Out | Hours Worked | Comments                            |
|------|---------|---------|----------|--------------|-------------------------------------|
| SUN  |         |         |          |              |                                     |
| MON  |         |         |          |              |                                     |
| TUE  |         |         |          |              |                                     |
| WED  |         |         |          |              |                                     |
| THUR | 7-22-21 | 08:00   | 23:59    |              | EMAC Mobilization - Springfield, MO |
| FRI  | 7-23-21 | 00:00   | 23:59    |              |                                     |
| SAT  | 7-24-21 | 00:00   | 23:59    |              |                                     |

**ATTESTATION:** I certify that the table above accurately reflects my time worked while deployed with the Arkansas Ambulance Alliance for the time period listed above. I understand that it is my responsibility to report all hours worked in a timely manner.

PLEASE SUBMIT TIMESHEET TO YOUR EMPLOYER FOR VERIFICATION

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor (Agency Representative) Signature Date

EMAIL VERIFIED TIMESHEETS TO: [admin@ambulancealliance.org](mailto:admin@ambulancealliance.org) Subject Line: TIMESHEET <PLACARD>