NHICS 252 | SECTION PERSONNEL TIME SHEET



1. INCIDENT NAME		2. OPERATIONAL PERIOD							
		DATE: FROM:			: FROM:	то:			
				TIME: FROM:		то:			
3. TIME RECORD									
#	EMPLOYEE (E)/ VOLUNTEER (V) NAME (PRINT)	E/V	EMPLOYEE NUMBER	NHICS ASSIGNMENT	DATE/TIME <u>IN</u>	DATE/TIME <u>OUT</u>	TOTAL HOURS	SIGNATURE (TO VERIFY TIMES)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
* MAY BE USUAL NURSING HOME VOLUNTEERS OR APPROVED VOLUNTEERS FROM COMMUNITY									
4. PREPARED BY		PRINT NAME: DATE/TIME:			SIGNATURE: FACILITY:				

PURPOSE: RECORD EACH SECTION'S PERSONNEL TIME AND ACTIVITY
ORIGINATION: INCIDENT MANAGEMENT TEAM PERSONNEL AS DIRECTED BY THE INCIDENT COMMANDER

ORIGINAL TO: FINANCE/ADMINISTRATION SECTION CHIEF

COPIES TO: PLANNING SECTION CHIEF

NHICS 252

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INSTRUCTIONS

PURPOSE: Records each section's personnel time and activities.

ORIGINATION: Section Chiefs are responsible for ensuring that personnel complete the form.

COPIES TO: Finance/Administration Section Chief every 12 hours or every operational period.

NOTES: If additional pages are needed, use a blank NHICS 252 and repaginate as needed.

Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Time Record	
	Employee (E) / Volunteer (V) Name (Print)	Print the full name of the personnel assigned.
	E/V	Enter employee (E) or volunteer (V).
	Employee Number	If employee of the organization, fill in employee
	NHICS Assignment	Enter assignment being assumed.
	Date / Time In	Enter time started in assignment.
	Date / Time Out	Enter time ended in assignment.
	Total Hours	Enter total number of hours in assignment.
	Signature	Employee/volunteer signature verifying that times are correct.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.

COPIES TO: PLANNING SECTION CHIEF