EMPLOYEES RETURN FORM TO:
PALM BEACH COUNTY FIRE-RESCUE
MICHELLE LISKA
405 PIKE ROAD
WEST PALM BEACH, FL 33411
TEL (561)616-6930 FAX (561)616-7090

SPECIAL EVENT EMPLOYEE SIGN IN/OUT LOG FORM

Event Name: _____ **Permit Number**: _____

PBCFR Vehicle Used for Coverage: [ ] Check box if Pick up/Drop off required

[ ] Rescue [ ] Explorer [ ] Golf Cart/Gator [ ] Other: _____

EMPLOYEE DETAIL:

EMPLOYEE NAME	DATE	EVENT **ARRIVAL TIME**	EVENT **DEPARTURE TIME**	WAS ADDT'L TIME REQ'D FOR TRAUMA REPORT?	EMPLOYEE SIGNATURE (SEE EMPLOYEE NOTE*)

*Each employee listed on this form is required to sign in the space provided above. By signing this form, you are certifying that the hours listed above are the actual times you were present at this event. Any applicable minimums or travel time will be added by administrative personnel responsible for processing your hours to payroll for payment. You are also certifying you have completed the required maintenance on the Special Event apparatus/facilities, including restocking, refueling, and washing.

EMPLOYEE(S) COMMENTS: _____

VENDOR APPROVAL: By signing below, you are confirming the employee hours noted above for each employee listed on this form. You will receive an invoice for this event including the hours listed above, plus any applicable charges, as stated on the Application for Special Fire Rescue Services form. If you have any questions related to this form, please contact Michelle Liska at (561) 616-6930 (office) or Tim Lewis at (561) 436-4726 (mobile).

_____ _____ _____
Signature Print Name Date