MT DES/SECC TIME RECORD

1. Identification Number

2. Social Security Number	3. Initial Employment (X one) ? Yes ? No	4. Type of Employment (X one) ? Temp Hire ? Regular State Employee ? Federal Employee

5. Transferred From	6. Hired At	7. Employee has (X one) ? Been Discharged ? Fired	8. Entitled to Travel Time (X one) ? Yes ? No	9. Resource Order Number

EMPLOYEE PERSONAL INFORMATION			IN CASE OF EMERGENCY NOTIFY		
10. Name (Last, First, M.I.)			15. Name		
11. Street Address			16. Street Address		
12. City	13. State	14. Zip Code	17. City	18. State	19. Telephone No. (Inc. Area code);

20. EMPLOYMENT LOCATION INFORMATION

Column A		Column B		Column C		Column D	
1 Incident Name		1. Incident Name		1. Incident Name		1. Incident Name	
2. SBAS Number	3. Unit	2. SBAS Number	3. Unit	2. SBAS Number	3. Unit	2. SBAS Number	3. Unit
4. Location	5. State	4. Location	5. State	4. Location	5. State	4. Location	5. State
6. Position	7. Rate/hr $	6. Position	7. Rate/hr $	6. Position	7. Rate/hr $	6. Position	7. Rate/hr $
8. Date and Time Year _____		8. Date and Time Year _____		8. Date and Time Year _____		8. Date and Time Year _____	

Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
9. Total Hours ---------- --					9. Total Hours ---------- --					9. Total Hours ---------- --					9. Total Hours ---------- --				
10. SECC Manager?s Signature					10. SECC Manager? Signature					10. SECC Manager? Signature					10. SECC Manager? Signature				
11. Date Signed					11. Date Signed					11. Date Signed					11. Date Signed				

21. Employees Signature / Date