

INSTRUCTOR COMPENSATION FORM



Franklin County Public Safety
 1488 Franklin St
 Rocky Mount, VA 24151
 540-483-3091 Fax 540-483-3086

Public Safety Use Only
Received on _____
Approved on _____
Approved by initials _____
Processed on _____

Instructor Name:	Address:
SSN Number:	City, State, Zip:
Email:	Phone #:

Date	Start Time/ End Time	# of Hours (to .25 hour)	Public Safety Use Only		Class (FFI, EMT, etc.)	Task (lecture, skills, etc.)
			Rate	Total		
01-01-06	1800-2045	2.75	EXAMPLE		FF1	Ventilation lecture
CLASS TOTALS:						

Instructor Signature: _____ Date: _____

Training Coordinator Signature: _____ Date: _____