

# INSTRUCTOR COMPENSATION FORM



Franklin County Public Safety  
50 Claiborne Ave  
Rocky Mount, VA 24151  
540-483-3091 Fax 540-483-3086

Public Safety Use Only

Received on \_\_\_\_\_

Approved on \_\_\_\_\_

Approved by initials \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Last four digits of SSN : \_\_\_\_\_

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		
01-01-24	1800-2045	2.75	<b>EXAMPLE</b>		FF1	Ventilation lecture
<b>CLASS TOTALS:</b>						

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Training Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_