

**Amentum/CAL FIRE Aviation Support – Relief Aerial Supervisor Module Pilot (ASM)/OV-10 10/1/2021**

**AMENTUM EMP #** \_\_\_\_\_

**TIMESHEET DATE:** \_\_\_\_\_ **LOCATION:** **CDF**

**NAME:** \_\_\_\_\_

**IF CORRECTION TIMESHEET, ORIGINAL TIMESHEET DATE:** \_\_\_\_\_

CHECK IF APPLICABLE: \_\_\_\_\_ **DISTRIBUTION CORRECTION (TOTAL HRS. MUST BE ZERO)**

\_\_\_\_\_ **PAYROLL CORRECTION**

DAY OF THE WEEK	DATE	INCIDENT #	FLIGHT TIME		EXT STANDBY	ACTUAL HOURS/REMARKS
			HOURS	100TH'S		
<b>TOTAL</b>						

ACCOUNT		SAT	SUN	MON	TUES	WED	THURS	FRI	WEEK TOTALS
PA	PAY TYPE	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
CD9008	R								
CD9008	FB7								
	<b>DAILY TOTALS</b>								

I HEREBY MAKE CLAIMS FOR PAYMENT FOR THE TIME WORKED AS INDICATED BY THE HOURS AND EXPENSES SHOWN ON THIS FORM AND I CERTIFY THAT THE INFORMATION CONTAINED HEREON IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
APPROVAL