## **HICS 252 - SECTION PERSONNEL TIME SHEET**

1. Inc	cident Name			2. Operational Perio	2. Operational Period (# )				
					DATE: FROM: TO:				
3. Time Record									
#	EMPLOYEE (E) VOLUNTEER (V) NAME (PRINT)	E/V	EMPLOYEE NUMBER	RESPONSE FUNCTION SECTION / ASSIGNMENT	DATE/TIME IN	DATE / TIME OUT	TOTAL HOURS	SIGNATURE (TO VERIFY TIMES)	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
4. Prepared by  PRINT NAME:									
	DATE/TIME:			F	FACILITY:				



Purpose: Record each section's personnel time and activities
Origination: Hospital Incident Management Team (HIMT) personnel as directed by Incident Commander or Section Chief
Time Unit Leader

## **HICS 252 - SECTION PERSONNEL TIME SHEET**

**PURPOSE:** The HICS 252 - Personnel Time Sheet is used to record each section's personnel

time and activities.

**ORIGINATION:** Section Chiefs are responsible for ensuring that personnel complete the form.

COPIES TO: Provided to the Finance/Administration Section Time Unit Leader every 12 hours

or every operational period (as directed by the Incident Commander). A copy is given to the

Documentation Unit Leader.

**NOTES:** If additional pages are needed, use a blank HICS 252 and repaginate as needed.

Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS				
1	Incident Name	Enter the name assigned to the incident.				
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.				
3	Time Record					
	Employee (E) / Volunteer (V) Name (Print)	Print the full name of the personnel assigned.				
	E/V	Enter employee (E) or volunteer (V).				
	Employee Number	If employee of the organization, fill in employee number.				
	Response Function Section / Assignment	Enter assignment being assumed.				
	Date / Time In	Enter time started in assignment.				
	Date / Time Out	Enter time ended in assignment.				
	Total Hours	Enter total number of hours in assignment.				
	Signature	Employee/volunteer signature verifying that times are correct.				
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.				

