



CHARLES COUNTY GOVERNMENT
DEPARTMENT OF EMERGENCY SERVICES



PRECEPTOR PAY REQUEST FORM

EMPLOYEE NAME: _____ ID#: _____

DATE WORKED: _____ TIME FROM: _____ TO: _____ # OF HOURS _____

STATION # _____ STUDENT'S NAME _____ AFFILIATION _____

APPROVED DENIED SUPERVISOR'S SIGNATURE _____ ID# _____

DATE WORKED: _____ TIME FROM: _____ TO: _____ # OF HOURS _____

STATION # _____ STUDENT'S NAME _____ AFFILIATION _____

APPROVED DENIED SUPERVISOR'S SIGNATURE _____ ID# _____

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STATION # _____ STUDENT'S NAME _____ AFFILIATION _____

APPROVED DENIED SUPERVISOR'S SIGNATURE _____ ID# _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____