HICS 252 - SECTION PERSONNEL TIME SHEET

1. Incident Name	2. Operational Period (#)
	DATE: FROM: _____ TO: _____
	TIME: 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: _____   SIGNATURE: _____

DATE/TIME: _____   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
Copies to: Time Unit Leader

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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.

HOSPITAL INCIDENT COMMAND SYSTEM