

Peel Regional Paramedic Services

CONFIRMATION OF ATTENDANCE AT JOB FUNCTIONS OUTSIDE OF NORMAL DUTIES

DATE SUBMITTED: _____

I (Please Print): _____, OASIS#: _____, attended the following job related function outside the course of my normal duties:

Please Circle One:

- Testimony at Inquest
- Testimony at Court
- Mandatory Training Program
- Mandatory Meeting
- Other: _____

Date: _____ from: ____:____ to: ____:____ Total Hours: _____

Hours for Training or Meeting are to be (circle one) **BANKED** **PAID OUT**

Location: _____

Signature of Paramedic: _____ Date: _____

Court Official, Police Officer, or Instructor's Signature: _____
(Please Circle One)

Date Signed: _____

Received by District Supervisor (date): _____ Signature: _____

Received by Scheduling (date): _____ Signature: _____

Returned to District Supervisor (date): _____ Signature: _____

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