



WESTMORELAND COUNTY COMMUNITY COLLEGE
Public Safety Training Center

Instructor Payroll

Class Name:	
Course Code:	
Course Location:	

The following person(s) have assisted with the instruction in the course. These assistants were necessary because of the safety requirements imposed by the State Fire Academy and nationally recognized standards. I have verified the accuracy of the information and believe current payroll forms are on file.

NAME	DATE	TIME	NO. HRS.	TOPIC/SUBJECT

The above information is true and correct to the best of my knowledge.

Signature, Lead Instructor _____

Date _____