



Public Agency:

Claimant Name:

Claim Month/Year:

I. - Duties Performed (Please specify hours spent by this individual performing activities within an authorized task category per day)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
A																																0
B																																0
C																																0
D																																0
E																																0
F																																0
G																																0
<b>TASK ACTIVITY CATEGORIES</b> (as defined in the 9-1-1 Operations Manual, Chapter III, revised 2014)																	<b>Total Hours</b>										0					

A-9-1-1 County Coordinator - Coordination of ESN assignments for 9-1-1 call delivery - *Please list detail of activities by date on reverse side of this form.*

B-9-1-1 County Coordinator - Coordination of 9-1-1 related activities to PSAPs - *Please list detail of activities by date on reverse side of this form.*

C-9-1-1 County Coordinator - Coordination of 9-1-1 wireless related activities - *Please list detail of activities by date on reverse side of this form.*

D-9-1-1 County Coordinator - County Coordinator Task Force (CCTF) related activities - (pre-approval required) - *Please list detail of activities by date on reverse side of this form.*

E-Special meeting / projects / training - (pre-approval required)

F-Countywide PSAP Manager's meeting - (pre-approval required)

G-Annual Training Allotment (ATA) - (pre-approval required)

Total Hours: 0 x Hourly Rate: = 0

II. - Mileage (Please identify total miles for day corresponding with above task activity category) **Attach a mapping document to support mileage.**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total	
																																0
Total Miles: 0																	X Mileage Rate:										= 0					

I declare under penalty of perjury that the time and mileage identified in the task activity categories noted above were performed as defined in the 9-1-1 Operations Manual, Chapter III, revision 2014.

<b>RESPONSIBLE OFFICIAL AUTHORIZED TO SIGN FOR PUBLIC AGENCY</b>	Name:	Title:
	Signature:	Date:
	Email:	Phone:

**TASK ACTIVITY DETAIL**

Please list the date, the number of hours, and a description of the tasks performed as listed on the front side of this form.

<b>DATE</b>	<b># HOURS</b>	<b>ACTIVITY DESCRIPTION</b>

<b>DATE</b>	<b># HOURS</b>	<b>ACTIVITY DESCRIPTION</b>

US MAIL FORM TO: 601 Sequoia Pacific Blvd., MS-911  
 Sacramento, CA 95811-0231  
 (916) 657-9369