Department of Corrections
WASHINGTON STATE

SPECIALTY TEAM ASSIGNMENT - PAY ROSTER

Begin Date: _____ **End Date:** _____ ***Enter employee's time for each calendar date on a new line***

Email to: DOC HQ Payroll Help Desk

Print Name (Last, First, M.I.)	Personnel Number (if known)	Custody/ Non-custody	Employee Home Location	Start Date	Start Time	End Date	End Time	Total Hours (excluding unpaid time)	Team & Activity

I certify, as an authorized approver, the above is time engaged in an authorized specialty team assignment and/or training related to Emergency Response Team (ERT), Special Emergency Response Team (SERT), Inmate Recovery Team (IRT), Crisis Negotiations Team (CNT), Critical Incident Stress Management (CISM) Team, or Honor Guard.

Print Name _____ Position/Title _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.