

/ DISASTER-WORK INTAKE-SHEET

Disaster Name: _____

Department Name: _____

Note: *Separate Timesheet Required After 11:59 PM!*

Daily Labor & Equipment Log-Sheet		
<i>Please Print Legibly and Sign at the Bottom</i>		
Employee Name: _____	Date Worked: _____	
Employee Title: _____		
Labor Performed	Location(s)	Number of Hours Worked
Equipment Used	Number of Hours Used	
Supplies Used	Purchased or From Inventory?	
<i>The Employee and Supervisor hereby certify the information on this form is accurate.</i>		Types of Disaster Work
Employee Signature: _____	Date: _____	01 = Debris Measure (<i>loading, hauling, disposing event debris</i>)
Supervisor Name: _____		02 = Emergency Protective Measure (<i>reduce threat to life or property</i>)
Supervisor Signature: _____	Date: _____	03 = Permanent Work (<i>performing permanent repair</i>)

Please add special comments or notes in the field below.