

/ 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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Employee Signature: _____</div> <div style="width: 45%;">Date: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Supervisor Name: _____</div> <div style="width: 45%;">Date: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Supervisor Signature: _____</div> <div style="width: 45%;">Date: _____</div> </div>		Types of Disaster Work 01 = Debris Measure (<i>loading, hauling, disposing event debris</i>) 02 = Emergency Protective Measure (<i>reduce threat to life or property</i>) 03 = Permanent Work (<i>performing permanent repair</i>)	

Please add special comments or notes in the field below.