

/ 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?	
The Employee and Supervisor hereby certify the information on this form is accurate.		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.