INSTRUCTIONS FOR COMPLETION OF
LDH HR48-B
DISASTER OPERATIONS WORK INDIVIDUAL TIME SHEET

PURPOSE OF THIS TIME SHEET
The purpose of this time sheet is to obtain documentation of disaster operations work that will meet Federal Emergency Management Agency (FEMA) requirements for reimbursable time and to accurately capture all hours worked during a State declared emergency situation. This sheet is to be utilized for persons working virtually or any disaster site.

WHO SHOULD COMPLETE THIS TIME SHEET?
Employees who are performing disaster operations working virtually or any disaster site during a State declared emergency situation.

WHEN SHOULD THIS TIME SHEET BE USED?
The use of this time sheet will begin at the point when a State Official declares an emergency situation. An employee should use one time sheet per work week (Monday – Sunday) per emergency disaster assignment.

WHERE WILL THESE TIME SHEETS BE LOCATED?
These time sheets are made available through the LDH website – Human Resources Forms.

HOW TO COMPLETE THE HR48-B TIME SHEET

NOTE: IT IS EXTREMELY IMPORTANT THAT HOURS WORKED ON EMERGENCY DISASTER OPERATIONS WORK BE DOCUMENTED ACCURATELY. PLEASE MAKE EVERY EFFORT TO ACCURATELY ENTER ALL REQUESTED INFORMATION ON THE HR-48-B.

EMPLOYEE INSTRUCTIONS:

LOUISIANA DEPARTMENT OF HEALTH-DISASTER OPERATION TIME SHEET								LDH HR48-B version 07/2026	
Employee Name	A.	Normal Assigned Work Hours	EVENT	K.				SHELTER:	○ N.
Employee Personnel #	B.	START TIME A.M.						NON-SHELTER:	○
Work Parish	C.	I.	SITE PARISH	L.				DSNAP:	○
Home Parish	D.	END TIME P.M.	ASSIGNMENT LOCATION & ADDRESS	M.					
Agency/Unit	E.	J.							
Civil Service Job Title	F.								
Employee Phone	G.								
Supervisor's Name	H.								

DAY	DATE	WORK TIME DOCUMENTATION			DESCRIPTION OF DISASTER OPERATION WORK	OFFICIAL USE ONLY HR/TIME ADMINISTRATION				
		Start Time AM or PM	End Time AM or PM	Travel Time Total (Hours,Mins)		TOTAL HOURS	TRAVEL HOURS (+)	MEALS/OFF DUTY (-)	REGULAR HOURS (-)	OVERTIME HOURS
Monday	O.	P.	Q.	R.	S.	T.	U.	V.	W.	X.
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I certify that I have worked the hours and time as indicated above. Employee Signature	Y.			Date	Z.
Supervisor/Manager/Appointing Authority/Site Manager Signature	AA.	Job Title	BB.	Date	CC.
Human Resource Signature/Time Administrator	DD.	Job Title	EE.	*Date*	FF.

The cells above are identified by a letter. Instructions for completing each cell are listed below.

A. Employee Name: Provide first and last name. Please use your legal, birth name.
B. Employee Personnel #
C. Work Parish: Parish where employees positions is domiciled (Ex: East Baton Rouge)
D. Employee Home Parish: Parish where employee lives (Ex: New Orleans)
E. Agency/Unit: LDH Agency for which you work; Specific Unit for which you work (Ex. Office of the Secretary/Human Resources)
F. Civil Service Job Title: Employee official job title (Ex: Program Manager 1A)
G. Employee Phone: Give full 10-digit number where employee can be reached in case there are questions concerning your time sheet
H. Supervisor's Name: Provide first and last name of employee's supervisor
I. Start Time AM: The official start time for your regular assigned work schedule (Ex: 8:00 AM)
J. End Time PM: The official end time for your regular assigned work schedule (Ex: 4:30 PM)
K. Event: Name of the Emergency Event
L. Site Parish: Parish of location assignment (Ex: New Orleans)
M. Assignment Location & Address
N. Shelter, Non-Shelter, DSNAP: Select only one option

For O. through R. there are 4 lines per day to capture your Emergency work that was performed. This work may not encompass a complete day of work, and may be done in various increments of the day. The Day (Monday – Sunday) of the week has already been entered for you.

EXAMPLE:
Thursday 3/26/20 9:15AM 9:45AM Projecting Costs Associated with Disaster Expenditures
Thursday 3/26/20 2:00PM 3:15 PM Developing Contract for Disaster response
Friday 3/27/20 1:30 PM 2:00PM Identifying vendors to supply goods for Disaster Response

O. Date: Date that the disaster operations work is being done
P. Start Time AM or PM: The time that the disaster operations task began
Q. End Time AM or PM: The time that the disaster operations task ended
R. Travel Time Total: Enter your total travel time to and from your assignment location only if it is outside of your work parish
S. Description of Work: Description of the specific disaster operations task

T. U. V. W. X. DO NOT ENTER ANYTHING IN THESE CELLS. **(FOR HR/TIME ADMINISTRATION USE ONLY)**
Y. Employee Signature
Z. Date: Date employee signs the time sheet

AA. Supervisor, Manager, Appointing Authority, or Site Manager Signature
BB. Job Title: Job title of Supervisor, Manager, Appointing Authority, or Site Manager that is signing
CC. Date: Date Supervisor, Manager, Appointing Authority, or Site Manager signs the time sheet
DD. EE. FF. DO NOT ENTER ANYTHING IN THESE CELLS. **(FOR HR/TIME ADMINISTRATOR ONLY)**