

# **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 from home or any site INCLUDING the Emergency Operations Center, GOHSEP or Shelter.**

## **WHO SHOULD COMPLETE THIS TIME SHEET?**

Employees who are performing disaster operations work **at home or any site including the Emergency Operations Center, GOHSEP or Shelter,** 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 “Governor” declares an emergency situation and/or the first LDH ESF8 conference call is held. An employee should use one time sheet per work week (Monday – Sunday) per emergency disaster.

## **WHERE WILL THESE TIME SHEETS BE LOCATED?**

These time sheets are made available through the LDH Bulletin Board announcement, agency timekeepers, and the LDH Intranet—HR Policies/Forms and Instructions.

## **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						LOH HR48-B Version 06/2020					
Employee Name	A.				Normal Assigned Work Hours	EVENT	K.				
Employee Personnel #	B.				START TIME A.M.		SITE PARISH	L.			
Work Parish	C.					ASSIGNMENT LOCATION & ADDRESS		M.			
Home Parish	D.				END TIME P.M.						
Agency/Unit	E.										
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	Total Time Taken (Hours/Min)		TOTAL HOURS	TRAVEL HOURS (+)	MEALS/OFF DUTY (-)	REGULAR HOURS (+)	OVERTIME HOURS	
Monday	N.	O.	P.	Q.	R.	S.	T.	U.	V.	W.	
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I certify that I have worked the hours and time as indicated above. Employee Signature						X.		Date	Y.		
Supervisor/Manager/Appointing Authority Signature						Z.		Date	AA.		
Human Resource Signature						BB.		Date	CC.		

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:** Employee Work Parish (Ex: East Baton Rouge)
- D. Employee Home Parish:** (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:** (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:** (Ex: New Orleans, location of assignment)
- M. Assignment Location & Address**

*For N. through R. there are 4 lines per day to capture your Emergency work that was done. 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*

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

**S. T. U. V. W. DO NOT ENTER ANYTHING IN THESE CELLS. FOR HR/TIME ADMINISTRATION USE ONLY**

**X. Employee Signature**

**Y. Date:** Date that employee signs the time sheet

**Z. Supervisor, Manager, or Appointing Authority Signature**

**AA. Date:** Date that the Supervisor, Manager, or Appointing Authority signs the time sheet

**BB. CC. DO NOT ENTER ANYTHING IN THESE CELLS. FOR HR USE ONLY**

