

LOUISIANA DEPARTMENT OF HEALTH - DISASTER OPERATIONS INDIVIDUAL TIME SHEET

Employee Name/ Title/Contact Phone #: (Please Print)						Event:									
Personnel Number:			Cost Center Name:			Site Parish:									
Office: (Check one) <input type="checkbox"/> OS/OMF <input type="checkbox"/> MVA <input type="checkbox"/> OAAS <input type="checkbox"/> OBH						<input type="checkbox"/> CHECK IF CONTINUATION SHEET EXIST									
<input type="checkbox"/> OCDD <input type="checkbox"/> OPH <input type="checkbox"/> DD <input type="checkbox"/> (Other-Specify)						Site Name & Address:									
Place of Work: (Check one)		GOHSEP ESF-8: <input type="checkbox"/> Command <input type="checkbox"/> HmSvc Br Mgr <input type="checkbox"/> Hm Svc Br Tasker <input type="checkbox"/> Support Staff <input type="checkbox"/> Other (specify)		DHH EOC <input type="checkbox"/> Exec Staff <input type="checkbox"/> Command <input type="checkbox"/> Adm/Finance <input type="checkbox"/> Logistics <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Other-specify		Med SNS <input type="checkbox"/> DHH Emp Reg <input type="checkbox"/> Patient Care <input type="checkbox"/> Cred/Reg Prof Vol <input type="checkbox"/> Inventory <input type="checkbox"/> Non-Prof Vol Reg <input type="checkbox"/> Shelter Phones <input type="checkbox"/> Triage Phones <input type="checkbox"/> Other (specify)		REG EOC Briefly state primary task:		TMOSA Briefly state primary task:		PODS Briefly state primary task:		Other (Specify): Briefly state primary task:	

NOTE: DAYS BEGIN AND END AT MIDNIGHT

OFFICIAL TIME ADMINISTRATION - OFFICE USE ONLY

Arrival Day/ Date	*Travel Time (Hr, Min) Must Be Outside Official Domicile Home to Site	Site Arrival Time	Time for Meals/Sleep/ Off Duty Total for each (Hr, Min)	Depart Day/Date	*Travel Time (Hr, Min) Must Be Outside Official Domicile Site to Home	Site Depart Time	Total Hours	Meals/Sleep/ Off Duty	Travel Hours	Regular Hours	Overtime Hours	Exempt/ Non-exempt
Mon./		() am				() am						
		() pm				() pm						
Tues./		() am				() am						
		() pm				() pm						
Wed./		() am				() am						
		() pm				() pm						
Thurs./		() am				() am						
		() pm				() pm						
Fri./		() am				() am						
		() pm				() pm						
Sat./		() am				() am						
		() pm				() pm						
Sun./		() am				() am						
		() pm				() pm						
		() am				() am						
		() pm				() pm						
Total												

I certify that I have worked the hours and times as indicated above. Employee Signature/Date

Signature of EOC/Shelter/Other disaster oper. mgr or appt. authority / Date / Job Title

