

# INSTRUCTIONS

## REGARDING COMPLETION of LDH DISASTER OPERATIONS INDIVIDUAL TIME SHEET (HR-48) AND CONTINUATION FORM (HR-48 Continuation)

### 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 overtime and to accurately capture all hours worked during a State declared emergency situation.

### WHO SHOULD COMPLETE THIS TIME SHEET?

Employees who are performing disaster operations work during a State declared emergency situation at an emergency disaster operations site.

*NOTE: Employees who are performing disaster operations at a location other than an Emergency Disaster Operations site, may be directed to use this time sheet by their Appointing Authority.*

### 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 ESF-8 conference call is held.

### WHERE WILL THESE TIME SHEETS BE LOCATED?

These time sheets will be located at the various Emergency Disaster Operations sites such as:

- Governor’s Office of Homeland Security & Emergency Preparedness Center (GOHSEP)
- LDH Emergency Operations Center (LDH EOC)
- Regional Emergency Operations Center (Regional EOC)
- Medical Special Needs Shelter (MSNS)
- Point of Dispensing Site (PODS)

*NOTE: This list is not all inclusive. This time sheet may be used at other sites deemed appropriate by an Appointing Authority.*

An employee should use one time sheet per work week (Monday-Sunday) per emergency disaster operations site. **If the employee has more than two entries to make on a specific date they are to add the HR-48 continuation form for additional entries made for that specific date.** In most cases, the time sheet(s) should remain at that site until the end of the work week or the end of an employee’s disaster operations work assignment, whichever comes first. In most cases if an employee works at more than one emergency disaster operations site, they should use a different time sheet at each location.

## HOW TO COMPLETE THE HR-48 and HR-48 CONTINUATION TIME SHEET(s)

**NOTE: IT IS EXTREMELY IMPORTANT THAT HOURS WORKED ON ASSIGNED DISASTER OPERATIONS WORK BE DOCUMENTED ACCURATELY. PLEASE MAKE EVERY EFFORT TO ACCURATELY ENTER ALL REQUESTED INFORMATION ON THE HR-48 PROVIDED. IF ADDITIONAL SPACE IS NEEDED FOR A SPECIFIC DAY PLEASE ADD A HR-48 CONTINUATION FORM.**

### EMPLOYEE INSTRUCTIONS:

1. Upon arrival at the emergency disaster operations site, an employee should locate the area where the LDH Disaster Operations Individual Time Sheets are maintained and sign in. Ideally, there will be someone at that station who will be responsible for maintaining the time sheets for that site.
  
2. Beginning on the employees first shift at an emergency disaster operations site and at the beginning of each new work week thereafter (Monday – Sunday), an employee should complete the top portion of a blank HR-48 with the following information:
  - a. Employee Name- PLEASE PRINT LEGIBLY
  - b. Employee Job Title
  - c. Contact Phone #- Give # where employee can be reached most of the time
  - d. Event Name
  - e. Employee's Personnel Number
  - f. Employee's Cost Center Name
  - g. Parish of the Disaster Operations Site
  - h. Employee's Office- Check one
  - i. Check if there is a HR48 Continuation Sheet (typically check after you have three or more entries.
  - j. Continuation Sheet # (write in sheet number 1, 2... depending on how many entries)  
*example: If five total entries you will check the main HR48 that a continuation sheet exists, then you will put "1" on continuation page for entries #3 and #4, and put "2" on continuation page for entries #5 and #6.*
  - k. Address of Disaster Operations Site
  - l. Place of Disaster Operations Work- Check one - If not listed, please write-in under "Other"
  - m. Primary Disaster Operations Task at place of work- Check all that apply or specify if choice is not available.
  
3. Upon arrival at a Disaster Operations Site each day, an employee should fill in time information as follows:
  - a. Date on the applicable day  
Travel time (FROM HOME TO SITE- TO BE COMPLETED ONLY IF THE EMPLOYEE IS TRAVELING OUTSIDE HIS OFFICIAL WORK

PARISH and/or FOR WORK-RELATED TRAVEL WHILE ON WORK TIME, I.E. FROM SITE TO SITE DURING WORK TIME.)

- b. Site arrival time- **mark a.m. or p.m.**
4. At the end of his shift each day, the employee shall fill in time information as follows:
  - a. Total time for each activity: meals/sleep/off duty, if applicable.

**Sleeping time** which is defined as a regularly scheduled sleeping period of not more than 8 hours per day. Sleeping time is counted as non-working time.

**Meal time** which is defined as a period of time of at least 30 minutes when the employee is completely relieved of all duties and is free to leave the duty post even though he must remain on the premises.

**Off-duty time** which is defined as the period of time that the employee is relieved of all duties and responsibilities and is free to move about as he pleases at his convenience.
  - b. Site departure time- **mark a.m. or p.m.**
  - c. Travel time (FROM SITE TO HOME- ONLY IF THE EMPLOYEE IS TRAVELING OUTSIDE HIS OFFICIAL WORK PARISH and/or FOR WORK-RELATED TRAVEL WHILE ON WORK TIME, I.E. FROM SITE TO SITE DURING WORK TIME.)
5. At the end of the work week or the end of an employee's disaster operations work assignment, whichever comes first, the employee shall sign and date his time sheet certifying the accuracy of the information.
6. In most cases, the person who is responsible for maintaining the time sheets will obtain the signature of the EOC/Shelter/Other disaster operations manager or appointing authority at the end of the work week or the end of an employee's disaster operations work assignment, whichever comes first.

*NOTE: In times of emergencies, procedures do not always flow smoothly as written. If a Region finds that changes in these procedures are necessary for a smoother operation, it is acceptable to deviate from them to fit the situation. **However, it is essential that all of the information asked for on the time sheet be captured.***

**WORK SCHEDULE FOR SAMPLE TIME SHEET**  
**12 hr shifts- 30 mins for meal each day**

1 <sup>st</sup> shift-arrive 7am Tuesday	depart 7 pm Tuesday
2 <sup>nd</sup> shift- arrive 7:30pm Tuesday	depart 8 pm Tuesday
3 <sup>rd</sup> shift- arrive 10pm- Tuesday	depart 11pm Tuesday
4 <sup>th</sup> shift-arrive 7 pm Wednesday	depart 7 am Thursday
5 <sup>th</sup> shift-arrive 7 pm Thursday	depart 7 am Friday
6 <sup>th</sup> shift-arrive 7 am Saturday	depart 7 pm Saturday
7 <sup>th</sup> Shift- arrive 9 pm Saturday	depart 10 pm Saturday
8 <sup>th</sup> Shift- arrive 10:30pm Saturday	depart 11 pm Saturday

**LOUISIANA DEPARTMENT OF HEALTH - DISASTER OPERATIONS INDIVIDUAL TIME SHEET**

Employee Name/ Title/Contact Phone #: (Please Print) Jane Doe/Human Resource Analyst/225-342-6477		<b>*****SAMPLE*****</b>		Event: Hurricane Helga
Personnel Number: 777		Cost Center Name: Human Resources		Site Parish: East Baton Rouge
Office: (Check one) <input checked="" type="checkbox"/> OS/OMF <input type="checkbox"/> MVA <input type="checkbox"/> OAAS <input type="checkbox"/> OBH		<input checked="" type="checkbox"/> CHECK IF CONTINUATION SHEET EXIST		Site Name & Address 6858 Veterans Memorial Blvd., Baton Rouge, LA 70811
<input type="checkbox"/> OCDD <input type="checkbox"/> OPH <input type="checkbox"/> DD <input type="checkbox"/> (Other-Specify)				
Place of Work: (Check one)	<input type="checkbox"/> Command <input type="checkbox"/> Hm Svc Br Mgr <input type="checkbox"/> Hm Svc Br Tasker <input type="checkbox"/> Support Staff <input type="checkbox"/> Other (specify)	GOHSEP ESF-8: <input type="checkbox"/> Command <input checked="" type="checkbox"/> Adm/Finance <input type="checkbox"/> Logistics <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Other-specify	DHH EOC <input type="checkbox"/> Exec Staff <input type="checkbox"/> Command <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)	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)
Primary Task at Place of Work: (Check all that apply.)				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 () pm				() am () pm						
		() am () pm				() am () pm						
Tues./ 8/28/12		7:00 (X) am () pm	30 mins meal	8/28/12		() am 7:00 (x) pm						
		() am 7:30 (x) pm		8/28/12		() am 8:00 (x) pm						
Wed./ 8/29/12		() am 7:00 (x) pm	30 mins meal			12:00 (x) am () pm						
		() am () pm				() am () pm						
Thurs./ 8/30/12		12:01 (x) am () pm				7:00 (x) am () pm						
		() am 7:00 (x) pm	30 mins meal			12:00 (x) am () pm						
Fri./ 8/31/12		12:01 (x) am () pm				(x) am 7:00 () pm						
		() am () pm				() am () pm						
Sat./ 9/01/12		7:00 (x) am () pm	30 mins meal			() am 7:00 (x) pm						
		() am 9:00(x) pm				() am 10:00(x) pm						
Sun./ 9/02/12		() am () pm				() am () pm						
		() am () pm				() am () pm						
<b>Total</b>												

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 Rev. 07/01/16

**LOUISIANA DEPARTMENT OF HEALTH - DISASTER OPERATIONS INDIVIDUAL TIME SHEET**

Employee Name/ Title/Contact Phone #: (Please Print) Event:  
 Jane Doe/Human Resource Analyst/225-342-6477 \*\*\*\*\*SAMPLE\*\*\*\*\* Hurricane Helga

Personnel Number: 777 Cost Center Name: Human Resources Site Parish: East Baton Rouge  
 Office: (Check one)  OS/OMF  MVA  OAAS  OBH CONTINUATION SHEET # 1 Site Name & Address 6858 Veterans Memorial Blvd., Baton Rouge, LA 70811  
 OCDD  OPH  DD  (Other-Specify)

<b>Place of Work:</b> (Check one)	<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)	<b>GOHSEP</b> ESF-8: <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	<b>DHH EOC</b> <input type="checkbox"/> Exec Staff <input type="checkbox"/> Command <input checked="" type="checkbox"/> Adm/Finance <input type="checkbox"/> Logistics <input type="checkbox"/> Operations <input type="checkbox"/> Planning <input type="checkbox"/> Other-specify	<b>Med SNS</b> <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)	<b>REG EOC</b> Briefly state primary task:	<b>TMOSA</b> Briefly state primary task:	<b>PODS</b> Briefly state primary task:	<b>Other (Specify):</b> Briefly state primary task:
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**NOTE: DAYS BEGIN AND END AT MIDNIGHT**

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	OFFICIAL TIME WITHIN DISASTER OPERATIONS OFFICE USE ONLY					
							Travel Hours	Meals/Sleep/Off Duty	Travel Hours	Regular Hours	Over Time Hours	Emergency Hours
Mon./ 8/27/12		( ) am ( ) pm				( ) am ( ) pm						
		( ) am ( ) pm				( ) am ( ) pm						
Tues./ 8/28/12		( ) am 10:00 (x) pm		8/28/12		( ) am 11:00 (x) pm						
		( ) am ( ) pm				( ) am ( ) pm						
Wed./ 8/29/12		( ) am ( ) pm				( ) am ( ) pm						
		( ) am ( ) pm				( ) am ( ) pm						
Thurs./ 8/30/12		( ) am ( ) pm				( ) am ( ) pm						
		( ) am ( ) pm				( ) am ( ) pm						
Fri./ 8/31/12		( ) am ( ) pm				( ) am ( ) pm						
		( ) am ( ) pm				( ) am ( ) pm						
Sat./ 9/01/12		( ) am 10:30 (x) pm		9/01/12		( ) am 11:00 (x) pm						
		( ) am ( ) pm				( ) am ( ) pm						
Sun./ 9/02/12		( ) am ( ) pm				( ) am ( ) pm						
		( ) am ( ) pm				( ) am ( ) pm						
<b>Total</b>												

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