

SAMPLE ONLY

FORCE ACCOUNT LABOR SUMMARY RECORD

Use additional pages as needed.

Page _____ of _____

1. APPLICANT County LHD Name, or PHRST host-County LHD	2. PA ID <i>FEMA To Provide Later</i>	3. PROJECT NO. <i>FEMA To Provide Later</i>	4. DISASTER NUMBER <i>FEMA To Provide</i>
5. LOCATION/SITE County		6. CATEGORY <i>FEMA To Provide Later</i>	7. PERIOD COVERING 09/01/09 to 05/31/10

8. DESCRIPTION OF WORK PERFORMED
851 - H1N1 County Response; 853 - H1N1 PHRST Response

	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE	10/4	10/5	10/6	10/7	10/8	10/9	10/10	TOTAL HOURS	HOURLY RATE	BENEFIT** RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME Mary Lou (Hourly, Non-Exempt)	REG.		*8.5	4.0	3.0	5	2		14.0	\$ 19.00	\$ 5.70	\$ 24.70	\$ 345.80
JOB TITLE Preparedness Coordinator	O.T.		1						1.0	\$ 28.50	\$ -	\$ 28.50	\$ 28.50
NAME John Smith (Salary, Exempt)	REG.		6.0	3.5	2.0	5	3		19.5	\$ 36.00	\$ 10.80	\$ 46.80	\$ 912.60
JOB TITLE Health Director	O.T.		2						2.0	\$ 108.00		\$ 108.00	\$ 216.00
NAME Jane Williams (Temp. Employee)	REG.		2.0	2.0	1.0	3	1		9.0	\$ 24.00	\$ -	\$ 24.00	\$ 216.00
JOB TITLE Nurse	O.T.								0.0	\$ 36.00	\$ -	\$ 36.00	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -

*Hourly increments to be used in accord with county's payroll/timekeeping policies. Total Cost for Force Account Labor Regular Time \$ 1,474.40

**Enter the applicable benefit rate for each eligible employee listed. Total Cost for Force Account Labor Overtime \$ 244.50

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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**FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD**

1. APPLICANT	2. PA ID	3. PROJECT NO.	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
Total Cost for Force Account Labor Regular Time												\$ -	
Total Cost for Force Account Labor Overtime												\$ -	

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FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

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	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
Total Cost for Force Account Labor Regular Time												\$ -	
Total Cost for Force Account Labor Overtime												\$ -	

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	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
NAME	REG.								0.0	\$ -	\$ -	\$ -	\$ -
JOB TITLE PAC	O.T.								0.0	\$ -	\$ -	\$ -	\$ -
	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
NAME	REG.									\$ -	\$ -	\$ -	\$ -
JOB TITLE	O.T.									\$ -	\$ -	\$ -	\$ -
Total Cost for Force Account Labor Regular Time												\$ -	
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**FEDERAL EMERGENCY MANAGEMENT AGENCY
 APPLICANT'S BENEFITS CALCULATION
 WORKSHEET**

PAGE 1 of 1

1. APPLICANT

2. PA ID#

3. DISASTER NUMBER

FEMA - -DR- ####

4. PW #

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INSURANCE BENEFITS		
OTHER		
TOTAL in % of annual salary		

COMMENTS:

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CERTIFIED BY

TITLE