

Step by Step Instructions on how to complete a disaster timesheet

Disaster Timesheet for Disaster Related Work Only

Legal Last Name	Legal First Name		
1	2	7	Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Temp/Contract <input type="checkbox"/>
Disaster Name		Job Title	
3	4	8	
Pay Period Start Date		Department & Division	
5	6	9	
Pay Period End Date		Internal Order # (if applicable)	
		10	
FEMA Category (if known)		Office/ Site Location and Address	
		11	

The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/Detailed Description of Work Completed and Damages caused by the disaster (this should also include the reason for or tying the description of work completed to the disaster damage) and Work/ Site location & address (if work/ site address is different from the location above). Include any Houston works number, if applicable.
Sat	12	13	14	15	17
Sun					
Mon					
Tue					
Wed					
Thu					
Fri					
Weekly Total				16	In the Disaster Hours Worked Column, do not include Time-off and lunch hours.

I certify that the above information is correct and can be validated from payroll records and/or from other documentation that is available for audit.

Employee's Signature	Date	Legal Supervisor's Name & Title	Supervisor's Signature	Date
18	19	20	21	22

After Supervisory approval, please submit to departmental disaster timesheet coordinator (DTS) for delivery to Finance.

All original timesheets with original signatures must be delivered or sent via interoffice mail to Finance, 611 Walker, 10th floor for review.

- 1. Legal Last name of employee**
 - a. Clinton
- 2. Legal First name of employee**
 - a. Joe
- 3. Name of current federal disaster**
 - a. COVID-19
- 4. Beginning date for the pay period (regardless of the dates that are listed)**
 - a. Example: May 19, 2018 (the timesheet is for May 29th, 30th, 31st) the date will be listed for May 19, 2018
- 5. Ending date for the pay period**
 - a. Example: June 1, 2018 (the timesheet is for May 22nd, 23rd, 24th) the date will be listed for June 1, 2018
- 6. List what category the work will be listed under (if applicable)**
 - B. Emergency Procedures
- 7. Employee ID number-Please check your employment status**
 - a. Example: 123456
- 8. Name of your Title (Position)**
 - a. Example: Staff Analyst, Customer Service Manager, 311 Call Operator
- 9. Name of your Department and Division**
 - a. Department of Neighborhoods (DON), Houston Fire Department (HFD)
- 10. Internal Order Number**
 - a. Leave blank or contact your Disaster Timesheet Coordinator (if applicable)
- 11. Location that you worked at**
 - a. If you worked from home please list "home" and your home address (611 Walker)
- 12. Date which you did disaster work**
 - a. List all dates that were worked for the time
- 13. Time Employee began doing disaster work**
 - a. List time in 12-hour format (6am, 12pm, 11:30 am)
- 14. Time Employee ended doing disaster work**
 - a. List time in 12-hour format (11pm, 9pm, 8pm)
- 15. Hours employee worked for that day**
 - a. Example: 16 hours (note the 1hour lunch has been deducted from the day's total hours)
- 16. Total Hours for this Timesheet**
 - a. Add all the hours and place the total in this box
- 17. Details about the jobs performed pertaining to this Disaster**
 - a. If multiple addresses please list each address for the detail listed
 - b. Only list the jobs/work performed for this current disaster
 - c. 601 Sawyer-Coordination and logistics for Hurricane Harvey Shelter Activities, assist evacuees with FEMA assistance applications
- 18. Employee Signature**
 - a. Employee is to sign their name
- 19. Date**
 - a. The Date the Employee signs their name
- 20. Legal Supervisor Name and Title**
 - a. The employees Supervisor is to print their name along with the supervisor's proper job title
- 21. Supervisor Signature**
 - a. Supervisor is to sign their name
- 22. Date**
 - a. The Date the supervisor signs their name

Filling Out Disaster Timesheets – What NOT to do

a. Legal Name

1. Do not leave this space blank or use employee id number.

b. Disaster Name

1. Do not leave this space blank (use disaster declared name for example COVID-19).

c. Pay Period Dates

1. Do not use incorrect pay period dates (ask Disaster Timesheet Coordinator for pay period schedule).
2. Do not use any other dates outside of the pay period.

d. FEMA Category

1. Do not leave this space blank (please refer to step by step for FEMA category, if known).
2. If unknown please ask your Disaster Timesheet Coordinator.

e. Job Title, Department Name and Division

1. Do not abbreviate or use acronyms.

f. Office Site Location

1. Do not use the street address only (add city, state and zip code) or GPS coordinates.

g. Dates for Disaster Work/Start Stop Time/Hours

1. Do not leave this section blank.
2. Do not use 24-hour format.
3. Do not leave the total hours blank and not total.
4. Do not include lunch/ time off taken in total hours worked.
5. Make sure your days worked coincide with the correct dates (Tuesday June 12th).

h. Description

1. Do not use vague sentences to describe your disaster work activity.
 - If you worked at multiple locations, list the addresses or GSP coordinates with the disaster work activity.
2. Do not list non- disaster job duties if they do not pertain to this disaster.
 - Regular job duties
 - Vacation
 - DTOF
 - Personal time off
 - Sick time off

i. Supervisor Legal Name Title and Signature

1. Do not leave this space blank (include supervisor's legal name, title and signature).
2. Do not sign without verifying if the information is correct.

j. Miscellaneous

1. Do not staple timesheet pages together.
2. Do not write illegibly.