FOR	CE ACC	_	MPLE	_		' RECC)RD				Use		itional pag	es a		nf.		
1. APPLICANT 2. PA ID 2. PA ID 4. County LHD Name, or PHRST host-County LHD 4. FEMA To Provide Later							ORD Page 3. PROJECT NO. 4. DISASTER NUI FEMA To Provide Later FEMA To Prov											
5. LOCATION/SITE County							6. CATEGORY 7. PERIOD COVERING							RING 05/31/10				
8. DESCRIPTION OF WORK PERF 851 - H1N1 County Response; 853 -		<u> </u>							_									
		DATI	ES AND I	HOURS V	VORKED	EACH V	VEEK	T				COSTS						
	DATE	10/4	10/5	10/6	10/7	10/8	10/9	10/10	TOTAL HOURS	HOUR RAT			NEFIT** NTE/HR		TOTAL OURLY		TOTAL	
NAME Mary Lou (Hourly, Non-Exempt)	REG.		*8.5	4.0	3.0	5	2		14.0	\$ 19	9.00	\$	5.70	\$	24.70	\$	345.80	
JOB TITLE Preparedness Coordinator	O.T.		1						1.0	\$ 28	3.50	\$	-	\$	28.50	\$	28.50	
NAME John Smith (Salary, Exempt)	REG.		6.0	3.5	2.0	5	3		19.5	\$ 36	5.00	\$	10.80	\$	46.80	\$	912.60	
JOB TITLE Health Director NAME	O.T.		2						2.0	\$ 108	3.00			\$	108.00	\$	216.00	
Jane Williams (Temp. Employee) JOB TITLE	REG.		2.0	2.0	1.0	3	1		9.0	\$ 24	1.00	\$	-	\$	24.00	\$	216.00	
Nurse NAME	O.T.								0.0		5.00	\$	-	\$	36.00	\$	-	
JOB TITLE	REG.									\$	-	\$	-	\$	-	\$	-	
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FORCE ACCOUNT LABOR SUMMARY RECORD										Pag		2		of 4				
1. APPLICANT 2. PA ID						3. PRO	DJECT N	Ο.		4. DISASTER NUMBER								
5. LOCATION/SITE	LOCATION/SITE						6. CATEGORY 7. PERIOD COVERING to											
8. DESCRIPTION OF WORK PERFO	RMED						•											
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Total Cost for Force Account Labor Overtime										ertime/	\$ -							
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE									ABLE	FOR AUDIT	Γ.							
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FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD										Pag	e	3	(of	4	
1. APPLICANT 2. PA ID					3. PROJECT NO.						4. DISASTER NUMBER FEMADR- #					
5. LOCATION/SITE						6. CATEGORY 7. PERIOD COVERING										
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FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD										Pag	e	4	(of	4		
1. APPLICANT	PPLICANT 2. PA ID					3. PROJECT NO.						DISA				DEEL	
5. LOCATION/SITE							FEMADR- #REF! 6. CATEGORY 7. PERIOD COVERING										
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	DATE								TOTAL HOURS	HOUI RAT			E/HR		TAL JRLY		OTAL OSTS
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Total Cost for Force Account Labor Overtim										vertime	\$	-					
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FEDERAL EMERGENCY MANA APPLICANT'S BENEFITS CA WORKSHEET	PAG	E 1 of 1	
1. APPLICANT	2. P.	A ID#	
3. DISASTER NUMBER FEMADR- ####		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:			
I CERTIFY THAT THE INFORMATION ABOV DOCUMENTS WHICH ARE AVAILABLE FOR		OM PAYE	OLL RECORDS OR OTHER
CERTIFIED BY	TITLE		