

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
LABOR RECORD**

401.11 Attachment III

Employee Name	Employee #	Pay Period Ending
Fund/Org Code Assigned to Disaster Event	Regular Work Location	Name of Disaster Event
Payroll Title	Item #	FLSA Exempt (circle one) Yes or No
Location of Service	Daytime Phone	Evening Phone
Type of Duty (check one): ☐ Treatment ☐ Administrative ☐ Clerical		
Check your normal work schedule: ☐ 5/40 ☐ 4/40 ☐ 9/80 ☐ Irregular		What is your regular day off (RDO)?

Describe Duties Briefly:

	Day	Mon		Tues		Wed		Thurs		Fri		Sat.		Sun		Total Hours		Total In-Kind	
		①CC	②PA	CC	PA	CC	PA	CC	PA	CC	PA	CC	PA	CC	PA				
Week _____ thru _____	③ Regular																		
	④ Disaster																		
	⑤ Overtime																		
Week _____ thru _____	Regular																		
	Disaster																		
	Overtime																		
Week _____ thru _____	Regular																		
	Disaster																		
	Overtime																		

I certify, to the best of my knowledge and belief, under penalty of perjury, that this report is correct and complete; all labor services provided are authorized.

Total Hours			
Hourly Rate			
Benefit Rate			
TOTAL PAY			

Employee Signature	Supervisor Signature	Date
Barbara Cienfuegos, Disaster Coordinator		
		Date

- ① Crisis Counseling Services – All clinical, clerical & administrative services that support any disaster mental health response. If you provided clinical work, then you must attach the disaster clinical “back-up” documentation to this labor record.
- ② Public Assistance – Hours spent following a disaster where you have to clean up your office. (i.e., following an earthquake, picking the books up off the floor, minor disaster clean up). This is not mental health work.
- ③ Regular – Hours spent completing normal work, NOT disaster work.
- ④ Disaster – During normal work, hours spent on disaster activities. This is in-kind labor (non-reimbursed by the grant).
- ⑤ Overtime – Hours worked on disaster overtime.

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Vendor #
Cost Center