## LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH Contracted Services – Labor Record (NGA Providers)

401.11 Attachment IX

Name of your Agency:															
Employee Name						Employee (or SSN) #  Regular Work Location				Pay Period Ending  Name of Disaster Event					
Payroll Title						Discipline									
Location of Service						Daytime Phone				Evening Phone					
Type of Duty (check or	ne): 🔲 Treat	ment	☐ Adminis	strative		Clerical									
Are you an existing employee of the Agency or newly hired to work under						the disaster grant?				What is your regular day off (RDO)?					
Describe Duties Briefly:															
①Crisis Counseling	Day	Mon	Tues	Wed	Thurs	Fri	Sat.	Su	Sun			Total In-Kind			
Week	②Regular														
	③Disaster														
thru	Overtime														
Week	Regular														
thru	Disaster														
	Overtime														
Week	Regular														
	Disaster														
thru	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.									Hourly Rate						
									Rate						
									PAY						
Employee Supervisor						Date									
Signature			Signature												
Project 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.											M.T.S Office Use Only				
② Regular – Hours spent completing normal work, NOT disaster work. For existing employees of the agency only.													_		
③ Disaster – During normal work, hours spent on disaster activities. This is in-kind labor (non-reimbursed by the grant) for existing employees, and normal work for newly hired employees to work under the grant.											Vendor #				
Overtime – Hours worked on disaster overtime.										Cos	Cost Center				