

**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		

- 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