

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

PAGE _____ OF _____

*O.M.B. No. 1660-0017
 Expires December 31, 2011*

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
-----------	-----------	-------------	----------

LOCATION/SITE	CATEGORY	PERIOD COVERING
---------------	----------	-----------------

DESCRIPTION OF WORK PERFORMED

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS				
	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME	REG.											
JOB TITLE	O.T.											
NAME	REG.											
JOB TITLE	O.T.											
NAME	REG.											
JOB TITLE	O.T.											
NAME	REG.											
JOB TITLE	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME		\$
---	--	----

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME		\$
--	--	----

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
-----------	-------	------

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. **Please do not send your completed form to the above address.**