DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

FORCE ACCOUNT LABOR SUMMARY RECORD

PAGE _____ OF _____

O.M.B. No. 1660-0017
Expires April 30, 2013

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

NAME / JOB TITLE	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 data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**