

### Disaster Labor Record

<b>Labor Record</b>										Page		of									
Location of Work:					Date Prepared:					Time Period:			to								
Description of Work:					State DSR No.					Fed DSR No.		Job Site Number:									
Labor Record Prepared By:					FEMA-					-DR	P.A. No.		Category		( ) A	( ) B	( ) C	( ) D	( ) E	( ) F	( ) G
Name	Job Class	Date / Hours Worked Each Day							Total Hrs	Gross Rate	Gross Pay	Benefit Rate	Benefit Pay	Total Regular Pay	Total O.T. Pay						
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat													
	Date																				
name	Reg.																				
	O.T.																				
name	Reg.																				
	O.T.																				
name	Reg.																				
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name	Reg.																				
	O.T.																				
name	Reg.																				
	O.T.																				
<b>Totals</b>																					
I certify that this is a true copy:																					
This form is based on OES Form 103 (rev2-93) DAD Form										EOC Form 006 (Rev 4-97)											