

Disaster Activity Form Instructions – Nonexempt Employees Only

Type or print legibly. Complete these sections:

- Top of Form
- Section 1-Employee Information
- Section 2-Equipment/Vehicles Used, if applicable
- Section 3-Materials, if applicable
- Section 4-Detail of Work Performed

Instructions by section; refer to example provided below.

Top of Form

- Incident Name (**Winter Storm 01-24**)
- Date From & Date To (only one day per form; 12:00 am to 11:59 pm)
- FEMA Work Category is **B**, unless otherwise designated by EMC
- Work Site Information: Use street address, building name or intersection. Include all locations worked.

Section 1 – Employee Information

- Employee Name
- Employee # if known
- Time In and Time Out – Include only times for the disaster-related tasks
****Total Hours in Section 1 MUST equal total hours listed in Section 4****

Section 2 – Equipment / Vehicles (if applicable)

- List equipment/vehicles used to manage the emergency; must include unit number or last six digits of the VIN.
- Total hours equipment was used. Use mileage instead of hours if the vehicle was used to transport personnel or for patrolling.
- Name of equipment operator
- Indicate if equipment/vehicle was refueled

Section 3 – Materials (if applicable)

- Detail type of material used for the emergency
Example, Description-Chainsaw chains, Unit-4 per box, Quantity-3 boxes
- Indicate whether materials were pulled from stock or purchased new.
- If purchased new, list invoice number or purchase order number.

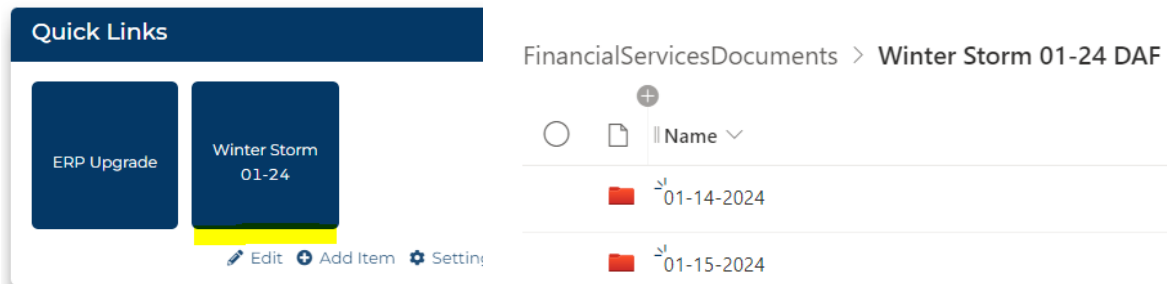
Section 4 – Details of Work Performed

Nonexempt employees include only Disaster hours

- Indicate hours worked; include actual times rounded to 15-minute increments.
Example: 5 hours, 8:00 am – 1:00 pm, or military format (0800-1300)
- Write a **detailed** description of the work performed
****Total Hours in Section 4 MUST equal the total hours shown in Section 1****

After forms are completed:


- **Sign form.** Must be handwritten signature or an official digital signature only. Typing name into the signature line is not acceptable.
- Save file as **LAST NAME, FIRST INITIAL, DATE.** Example: Smith E 1-15-24
- Place completed forms on SharePoint under Departments/Financial Services/Quick Link for Winter Storm 01-24 under the appropriate date folder.



Additional Instructions

- **Type or print legibly.**
- Complete form for each day that disaster-related work is performed, showing only the time spent on disaster-related tasks.
- One form per person per day. Days begin at 12:00 am and end at 11:59 pm.
- List **only disaster-related** hours worked in each day.
- Send all original DAFs to department representative responsible for consolidating these. All original DAFs must be retained by departments.

Nonexempt Employee Example: Section 1 shows that Patricia worked on disaster work from 8:00-11:45 am, totaling 3.75 hours of disaster-related work for the day. Section 4 reflects the same total and details the work performed.

		ACTIVITY FORM				Work Order #:	
Incident Name: Winter Storm		Date From: 02/04/2021		Date To: 02/04/2021		FEMA Work Category: B	
WORK SITE INFORMATION (ADDRESS/GPS COORDINATES) or GENERAL WORK LOCATION DESCRIPTION: HOME, ROWLETT, TX 75088							
1. EMPLOYEE INFORMATION	Name	Employee #	Time In	Time Out	Hours		
	Time in	Time Out					
	A. PATRICIA SAENZ	1308	8:00am	11:45am			
	B.						
	C.						
	D.						
2. EQUIPMENT	Equipment Name/Unit Number/FEMA Code/VIN		Hours/Mileage	Operator Name		Refueled?	
						Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
3. MATERIALS	Description	Unit	Quantity	Inventory Status		P.O./Invoice #	
				Stock	New		
	A.			<input type="checkbox"/>	<input type="checkbox"/>		
	B.			<input type="checkbox"/>	<input type="checkbox"/>		
	C.			<input type="checkbox"/>	<input type="checkbox"/>		
4. DETAILED ACTIVITY DESCRIPTION	3.75 HOURS						
	REVIEWED ACTIVITY FORMS TO MAKE SURE THEY WERE FILLED OUT CORRECTLY. UPDATED STATUS IN SHARE POINT AND ON SPREADSHEET. SENT EMAILS FOR CORRECTIONS.						
	FINAL DAF REVIEW OF PAYROLL CYCLE 1/21/21-02/03/21; PRINTED ANY REMAINING DAF'S						
	CALCULATED OVERTIME & PREPARED						
	SUPPORT: PREPARED SPREADSHEET FOR PAYROLL ACCOUNTANT TO HELP ENTER OVERTIME INTO TIMEKEEPING AND PAYROLL SYSTEMS; SET UP NEW ELECTRONIC FORM FOR NEXT PAY CYCLE.						
5. Attached Supporting Documentation							
A. _____				B. _____			
C. _____				D. _____			
Completed By				Reviewed By			
Name: PATRICIA SAENZ				Name: _____			
Date: 02-04-21 Time: 11:45AM				Date: _____ Time: _____			
Signature: <i>Patricia Saenz</i>				Signature: _____			

Activity Form 08/19

