

**FLORIDA EMERGENCY MANAGEMENT DIVISION
FORCE ACCOUNT LABOR SUMMARY RECORD**

Page _____ of _____

APPLICANT	FIPS#	PROJECT/PW#	DISASTER NUMBER
LOCATION/SITE	CLASSIFICATION OF WORK		PERIOD COVERING From: _____ To: _____

DESCRIPTION OF WORK PERFORMED

WORK UNIT:	DATES AND HOURS WORKED								TOTAL HOURS	HOURLY RATE	RT WAGES	OT WAGES
	DATE:	/	/	/	/	/	/	/				
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$

TOTAL COSTS FOR FORCE ACCOUNT REGULAR TIME WAGES											\$
REGULAR TIME FRINGE BENEFITS @ _____ PERCENT											
TOTAL COSTS FOR FORCE ACCOUNT OVERTIME WAGES											
OVERTIME FRINGE BENEFITS @ _____ PERCENT											
TOTAL LABOR COSTS											\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM TIME RECORDS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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