

EMPLOYEE NATURAL DISASTER PAY REPORT

Name: _____ Last 4 SSN: _____

Period From Date: _____ Period To Date: _____

Employee Signature

Date

DATE	IN	OUT	REASON FOR NATURAL DISASTER PAY	<u>ACTUAL</u> HOURS WORKED DURING PERIOD IDENTIFIED BY THE SUPERINTENDENT DO NOT DOUBLE THE HOURS

OFFICE USE ONLY

Total of Actual Hours Worked _____

☐ Yes ☐ No Employee was **required and approved** to work during the period identified by the Superintendent.

Supervisor Signature

Date

Director Signature

Date

Assistant Superintendent

Date

***** ATTACH ALL SUPPORTING DOCUMENTATION (TIME CARDS/TIME SHEETS) *****