

Once in the Form 279 Document, there are drop down options available for the following fields:

- Disaster Name
- Job Title
- Department & Division
- Pay Period Start Date
- Pay Period End Date
- Office/Site/Location and Address
- Detailed Description of Work Activity

(See Figure 1)

FIGURE 1

Disaster Timesheet for Disaster Related Work Only

Last Name		First Name		Employee #	Exempt <input checked="" type="checkbox"/>	Non Exempt <input type="checkbox"/>	Temp/Contract <input type="checkbox"/>
Disaster Name		Job Title					
Pay Period Start Date		Department & Division					
Pay Period End Date		Internal Order # (if applicable)					
FEMA Category (If Known)		Office/Site/Station Location and Address					

Category B

The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.

Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.

You can click on the tabs at the bottom of the document to view the Sheets pertaining to the specific information field you are entering information for reference. (Figure 1-1)

FIGURE 1-1

Disaster Timesheet for Disaster Related Work Only

Last Name		First Name		Employee #	Exempt <input checked="" type="checkbox"/>	Non Exempt <input type="checkbox"/>	Temp/Contract <input type="checkbox"/>
Disaster Name		Job Title					
Pay Period Start Date		Department & Division					
Pay Period End Date		Internal Order # (if applicable)					
FEMA Category (If Known)		Office/Site/Station Location and Address					

Category B

The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.
Sat					
Sun					
Mon					
Tue					

You can click on the tabs at the bottom of the document to view the Sheets pertaining to the specific information field you are entering information for reference.

Form279	Disaster Name	Job Title	Department & Division	Pay Period Start Date	Pay Period End Date	Assigned Location and Address	Description of Work Activity
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You will begin filling out the form starting by entering your Last Name and First Name followed by Employee # in the labeled fields. **(Figure 2)** The Exempt box is pre-filled with an 'X' for Classified Members as directed by Finance.

Next you will select the Disaster Name from the drop-down menu by pressing the arrow to the right of the text box, Example: HFD COVID-19 **(Figure 2)**

FIGURE 2

Disaster Timesheet for Disaster Related Work

Last Name	YOUR NAME	First Name	HERE	Employee #	YOUR PAYROLL	Exempt	<input checked="" type="checkbox"/>
Disaster Name	HFD COVID-19			Job Title			
Period Start Date				Department & Division	Internal Order #		

PRESS THE ARROW TO THE RIGHT OF THE FIELD BOX TO DISPLAY THE OPTION IN THE DROP DOWN MENU THEN SELECT THE DISASTER NAME FOR THE FORM YOU ARE FILLING OUT

After that you will select your current Job Title, Department & Division, and Office/Site/Station Location and Address from the drop-down options. **(Figure 3)** If you need to enter information that is missing you can enter it in the box for that field.

FIGURE 3

Job Title	↓
Department & Division	↓
Internal Order # (if applicable)	
Office/Site/Station Location and Address	↓

FOR EACH FIELD YOU ARE ENTERING, PRESS THE ARROW TO VIEW THE AVAILABLE OPTIONS IN THE DROP DOWN MENU

Then you will select the Pay Period Start Date and Pay Period End Date for the work dates you are submitting time for. **(Figure 4)** When you select the Pay Period Start Date, the Pay Period End Date will auto populate.

FIGURE 4

Pay Period Start Date	↓
Pay Period End Date	↓

The FEMA Category is pre-filled with Category B as advised by Finance and the Internal Order # field is to be left blank.

Next you will begin filling out the Disaster Work Dates, Disaster Start Time, Disaster Stop Time, and Disaster Hours Worked. (Figure 5-1)

FIGURE 5-1

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked
Sat				
Sun				

Form 279s are filled out on a weekly time frame starting on the Saturday that the Pay Period starts through the next 7 days. (Figure 5-2)

FIGURE 5-2

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time
Sat			
Sun			
Mon			
Tue			
Wed			
Thu			
Fri			

The time format used is based on a 24-hour clock beginning at 00:00 midnight and ending at 00:00 midnight. A 24-hour shift in Emergency Operations beginning at 06:30 and ending at 06:30 must be started and stopped on the day the member was on-duty and then started and stopped again on the day the member went off-duty. (Figure 6-1)

The Weekly Total field will auto-calculate the hours that are entered in the Disaster Hours Worked column. (Figure 6-1)

FIGURE 6-1

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.
Sat					
Sun	04/19/2020	06:30	00:00	17.5	THIS MEMBER WORKED AN OVERTIME SHIFT ON APRIL 19, 2020. HIS TIME IS STARTED WHEN HE CAME ON SHIFT AT 06:30 AND STOPPED AT 00:00 THAT NIGHT TOTALING 17.5 HOURS FOR THAT DAY. THE REMAINDER OF THE HOURS ARE ENTERED THE FOLLOWING DAY STARTING AT 00:00 AND STOPPED AT 06:30 TOTALING 6.5 HOURS FOR THAT DAY.
Mon	04/20/2020	00:00	06:30	6.5	
Tue					
Wed					
Thu					
Fri					
				Weekly Total	24

The Weekly Total field will auto-calculate the hours that are entered in the Disaster Hours Worked column.

In the Disaster Hours Worked Column, do not include Time -off and lunch hours.

If a member only worked a range of hours that start and stop on the same calendar day, then they only have to fill out the fields for that Day.

If a member is held over additional hours after relief time, the member will add the time onto that Days Disaster Stop Time and then enter the total Disaster Hours Worked for that Day. **(Figure 6-2)**

If a member works on a Friday, they must fill out two timesheets to capture the member starting work on Friday and ending on a Saturday. Ensure the appropriate pay periods are adjusted as necessary.

FIGURE 6-2

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.
Sat					
Sun	04/19/2020	06:30	00:00	17.5	USING THE SAME EXAMPLE AS IN FIGURE 6-1, THIS MEMBER WORKED AN OVERTIME SHIFT ON APRIL 19, 2020. HIS TIME IS STARTED WHEN HE CAME ON SHIFT AT 06:30 AND STOPPED AT 00:00 THAT NIGHT TOTALING 17.5 HOURS FOR THAT DAY. INSTEAD OF GETTING RELIEVED AT 06:30, HE WAS HELD OVER FOR 4 HOURS UNTIL HE WAS RELIEVED AT 10:30. THE ADDITIONAL 4 HOURS ARE ADDED ONTO THAT TIME SINCE IT WAS STILL APRIL 20, 2020 AND THE HOURS WORKED ARE 10.5 (FROM 00:00 TO 10:30). The Weekly Total field will auto-calculate the hours that are entered in the Disaster Hours Worked column.
Mon	04/20/2020	00:00	10:30	10.5	
Tue					
Wed					
Thu					
Fri					
				Weekly Total	28

In the Disaster Hours Worked Column, do not include Time -off and lunch hours.

The Detailed Description of Work Activity has a list of drop-down options that have been pre-determined and approved by Finance for the positions the member is working in that day. Select the option that lists the position you operated in for that shift on the day your submitting time for. (See **Figure 7-1** through **Figure 7-3** for examples of possible scenarios.)

FIGURE 7-1

Disaster Timesheet for Disaster Related Work Only								
Last Name		First Name		Employee #	YOUR PAYROLL	Exempt <input checked="" type="checkbox"/>	Non Exempt <input type="checkbox"/>	Temp/Contract <input type="checkbox"/>
YOUR NAME		HERE						
Disaster Name		HFD COVID-19		Job Title		FIREFIGHTER		
Pay Period Start Date		04/18/2020		Department & Division		K. Fire / Fire Suppression		
Pay Period End Date		05/01/2020		Internal Order # (if applicable)				
FEMA Category (If Known)		Category B		Office/Site/Station Location and Address		Fire Station 16, 1700 Richmond, Houston, TX, 77098		
The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.								
Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.			
Sat								
Sun	04/19/2020	06:30	00:00	17.5	Worked in Emergency Operations as a Firefighter and provided emergency response to citizen medical and fire needs due to COVID-19			
Mon	04/20/2020	00:00	06:30	6.5	Worked in Emergency Operations as a Firefighter and provided emergency response to citizen medical and fire needs due to COVID-19			
Tue					<div style="border: 1px solid black; padding: 5px; text-align: center;"> Figure 7-1 shows a Firefighter assigned to Station 16 who worked a 24 hour overtime shift on April 19, 2020 as a Firefighter. </div>			
Wed								
Thu								
Fri								
Weekly Total				24	In the Disaster Hours Worked Column, do not include Time -off and lunch hours.			

FIGURE 7-2

Disaster Timesheet for Disaster Related Work Only								
Last Name		First Name		Employee #	YOUR PAYROLL	Exempt <input checked="" type="checkbox"/>	Non Exempt <input type="checkbox"/>	Temp/Contract <input type="checkbox"/>
YOUR NAME		HERE						
Disaster Name		HFD COVID-19		Job Title		ENGINEER OPERATOR		
Pay Period Start Date		04/18/2020		Department & Division		K. Fire / Fire Suppression		
Pay Period End Date		05/01/2020		Internal Order # (if applicable)				
FEMA Category (If Known)		Category B		Office/Site/Station Location and Address		Fire Station 4, 6530 W. Little York, Houston, TX, 77088		
The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.								
Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.			
Sat								
Sun	04/19/2020	06:30	00:00	17.5	Worked in Emergency Operations as a Captain and provided emergency response to citizen medical and fire needs due to COVID-19			
Mon	04/20/2020	00:00	06:30	6.5	Worked in Emergency Operations as a Captain and provided emergency response to citizen medical and fire needs due to COVID-19			
Tue					<div style="border: 1px solid black; padding: 5px; text-align: center;"> Figure 7-2 shows an Engineer Operator assigned to Station 4 who worked a 24 hour overtime shift on April 19, 2020 higher class as a Captain. </div>			
Wed								
Thu								
Fri								
Weekly Total				24	In the Disaster Hours Worked Column, do not include Time -off and lunch hours.			
Rode higher class as Captain for 24 hour shift on April 19, 2020								
Notes								

FIGURE 7-3

Disaster Timesheet for Disaster Related Work Only											
Last Name		First Name		Employee #	YOUR PAYROLL	Exempt	<input checked="" type="checkbox"/>	Non Exempt	<input type="checkbox"/>	Temp/Contract	<input type="checkbox"/>
YOUR NAME		HERE									
Disaster Name		HFD COVID-19		Job Title		SENIOR CAPTAIN					
Pay Period Start Date		04/18/2020		Department & Division		K. Fire / Fire Suppression					
Pay Period End Date		05/01/2020		Internal Order # (if applicable)							
FEMA Category (if Known)		Category B		Office/Site/Station Location and Address		Fire Station 4, 6530 W. Little York, Houston, TX, 77088					
The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.											
Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.						
Sat											
Sun	04/19/2020	06:30	00:00	17.5	Worked in Emergency Operations as a District Chief and provided emergency response to citizen medical and fire needs due to COVID-19						
Mon	04/20/2020	00:00	06:30	6.5	Worked in Emergency Operations as a District Chief and provided emergency response to citizen medical and fire needs due to COVID-19						
Tue											
Wed											
Thu											
Fri											
Weekly Total				24	In the Disaster Hours Worked Column, do not include Time -off and lunch hours.						
Notes Rode higher class as DC for 24 hour shift on April 19, 2020											

Figure 7-3 shows a Senior Captain assigned to Station 4 who worked a 24 hour overtime shift on April 19, 2020 higher class as a District Chief.

Under the Weekly Total section, there is a Notes section. In this area you can enter an explanation regarding anything about the shift(s) you are submitting time for. (Example: Rode higher class on E005 for the shift on Month/Day/Year; Was held over for ___ hours on Month/Day/Year) (Figure 8-1 and Figure 8-2)

FIGURE 8-1

Disaster Timesheet for Disaster Related Work Only											
Last Name		First Name		Employee #	YOUR PAYROLL	Exempt	<input checked="" type="checkbox"/>	Non Exempt	<input type="checkbox"/>	Temp/Contract	<input type="checkbox"/>
YOUR NAME		HERE									
Disaster Name		HFD COVID-19		Job Title		ENGINEER OPERATOR					
Pay Period Start Date		04/18/2020		Department & Division		K. Fire / Fire Suppression					
Pay Period End Date		05/01/2020		Internal Order # (if applicable)							
FEMA Category (if Known)		Category B		Office/Site/Station Location and Address		Fire Station 4, 6530 W. Little York, Houston, TX, 77088					
The pay period begins every other Saturday at the beginning of the day shift. Please record your Disaster work time based on the two weeks in the pay period.											
Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.						
Sat											
Sun	04/19/2020	06:30	00:00	17.5	Worked in Emergency Operations as a Captain and provided emergency response to citizen medical and fire needs due to COVID-19						
Mon	04/20/2020	00:00	06:30	6.5	Worked in Emergency Operations as a Captain and provided emergency response to citizen medical and fire needs due to COVID-19						
Tue											
Wed											
Thu											
Fri											
Weekly Total				24	In the Disaster Hours Worked Column, do not include Time -off and lunch hours.						
Notes Rode higher class as Captain for 24 hour shift on April 19, 2020											
HE ENTERS A NOTE STATING HE RODE HIGHER CLASS IN THAT RANK FOR THAT SPECIFIC SHIFT											

As shown in Figure 7-2, an Engineer Operator assigned to Station 4 worked a 24 hour overtime shift on April 19, 2020 higher class as a Captain.

FIGURE 8-2

Day	Disaster Work Date	Disaster Start Time	Disaster Stop Time	Disaster Hours Worked	Complete/DETAILED DESCRIPTION OF WORK ACTIVITY and WORK/SITE LOCATION & ADDRESS (if work/site address is different from the location above). Include any Houston Works Number, if applicable.
Sat					
Sun	04/19/2020	06:30	00:00	17.5	Worked in Emergency Operations as a Firefighter and provided emergency response to citizen medical and fire needs due to COVID-19
Mon	04/20/2020	00:00	10:30	10.5	Worked in Emergency Operations as a Firefighter and provided emergency response to citizen medical and fire needs due to COVID-19
Tue					AS SHOWN IN FIGURE 6-2, THIS MEMBER WORKED A 24 HOUR OVERTIME SHIFT ON APRIL 19, 2020 AND WAS HELD OVER AN ADDITIONAL 4 HOURS UNTIL THEY WERE RELIEVED AT 10:30.
Wed					
Thu					
Fri					
Weekly Total				28	<i>In the Disaster Hours Worked Column, do not include Time off and lunch hours</i>
Notes	Held over for 4 hours after working 24 hour over time shift on April 19, 2020				HE ENTERS A NOTE STATING HE WAS HELD OVER THE EXTRA HOURS HE ENTERED FOR THAT DAY THE HIS TIME STOPPED

Once the form is completely filled out, it will be printed off the signed and dated by the Member and their Supervisor. After the form is signed, a copy is made for the Station Captain to maintain in a dedicated folder at the Station and the original document with original signature is to be delivered via interoffice mail to the HFD Staffing Office for approval by the Disaster Timesheet Coordinator.

If you are handwriting any of the information in that has a provided drop-down list, write the exact wording used in the drop-down list to ensure accuracy and approval of the form.

Any questions regarding the filling out of the Form 279 can be directed to the HFD Staffing Office via email at covid19staffing@houstonx.gov or phone at 832-394-6715.

See below for Form 279 flow path.

1. Member fills out Form 279 with his current information regarding Job title, division and assignment location. If members information is not in the drop down options they can enter it into the field and then send an email to COVID19staffing@houstontx.gov with their information to be entered into the drop down list for future reference.
2. After the form is filled out by the member, the member signs and dates the form and gives to supervisor for approval.
3. Supervisor then verifies the members times match what is worked and entered into payroll for overtime in place of member is off due to covid19 – *this part may be done at the staffing office level...* after form is approved by supervisor he signs and dates it then interoffice mails it to the staffing office to the Disaster Timesheet Coordinator.
4. Once Form 279s arrive at Disaster Timesheet Coordinators office, the office verifies the hours for the member are correct based on overtime entered in for payroll and that the member submitting for overtime did work in a position normally held by a member that was off that shift due to covid19 quarantine.
5. Once approved by the Disaster Timesheet Coordinator, the approved Form 279s then are sent to City Finance office for approval and submittal for reimbursement.
6. If a Form 279 gets to the Disaster Timesheet Coordinator and is disapproved, the changes are made to the Form 279 by the Disaster Timesheet Coordinator and the member will re-sign the form if needed and is then sent to the City Finance office at 611 Walker.
7. No member should deliver their own forms to 611 Walker without approval by the Disaster Timesheet Coordinator.