

ELBERT COUNTY HAZARD MITIGATION PLAN

Documentation of Labor Match

NAME (Please Print): _____

ORGANIZATION: _____

DATE(S): _____

EVENT: _____

HOURS CONTRIBUTED (Include travel time): _____

HOURLY SALARY: _____

TOTAL LABOR MATCH (Hours Contributed X Hourly Salary): _____

SIGNATURE: _____

(FORM IS NOT VALID WITHOUT SIGNATURE)

For use by committee members (e.g. EMA Director, County Engineer, etc.)