LOUISIANA Department of Health ESF8	1. Time Log Start/End Date				Time Log ICS 214-TL	
	Start Date:		End Date:		2. Incident name:	
5. JOB DUTY/RESPONSIBILITY					3. Location	
					4. Name	

Date	Time	Total Hours or Day	Description of Job
		0	TOTAL HOURS or DAYS

6. Prepared by: I certify that the above information is true and correct	Print Name:		Signature:		Date:	
7. VERIFIED BY:	Print Name:		Signature:		Date:	