

## Job Aid for DNR All-Hazard Forms

A centralized email has been set up to collect Ice Storm documentation. Please email the following documentation to [DNR-NoMichigan-IceStorm-Docs@michigan.gov](mailto:DNR-NoMichigan-IceStorm-Docs@michigan.gov).

- Time reports
- Emergency Equipment Shift Ticket
- Personnel check-in forms – submit once per person for the incident
- Equipment check-in forms – submit once for each piece of equipment
- Incident Travel Report form for any TRERs (with SIGMA doc number)
- Invoices (with SIGMA doc number)\*\*
- P-card receipts (with SIGMA doc number)\*\*
- Contracts, PO's, DO's (with SIGMA doc number)\*\*
- Any emails containing permissions granted (such as overtime approvals, etc.)
- Any other relevant information pertaining to the ice storm

Save your documents in the following format: **DocType\_DIV\_Name\_Date**.

Save financial docs\*\* using this format: **SIGMA #\_DIV\_Name\_End of PP; DIV\_Name\_Date**

Use the document name as the **SUBJECT** section of the email.

We appreciate your patience as we navigate through the document collection process. Please reach out to any of the Document Unit if there are any questions.

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**\*\* Financial docs – invoices, p-card receipts, contracts, PO's, DO's**

## **PERSONNEL CHECK-IN – Only need once**

1. See highlighted fields that need to be completed
2. Incident name – DNR Ice Storm Response
3. Last name, first name, middle initial (if applicable)
4. Preferred name (if applicable)
5. Title/Classification – your job title
6. Home Unit – Work location / Home Unit Address – address of home unit
7. SIGMA Unit Number – 4-digit Unit (i.e. 3642)
8. Unit Phone number or work cell number
9. Work Email – your work email
10. Agency – DNR (MDARD, vendor/contractor)
11. Pay Rate – your current hourly wage
12. Direct Supervisor - your supervisor of record
13. Admin Support – who takes care of your p-cards, invoices, etc.
14. Vehicle Make/Model (if applicable)- If it's a VTS or state-owned vehicle include the license plate and wheels number.
15. Sign / Date - This does not need to be certified signature

Note: Accounting personnel who are paying bills coded to the ice storm or performing other regular admin tasks would not likely be coding time under the Ice Storm and therefore would not need to complete a Personnel Check-In form filled out.

**Table 10. Required Documentation and Information for Labor Costs**

For Small Projects	For Large Projects <sup>146</sup>
<ul style="list-style-type: none"><li>▪ Itemized cost summary including actual or estimated costs:<ul style="list-style-type: none"><li>○ Number of employees;<sup>147</sup></li><li>○ Total budgeted hours;</li><li>○ Total unbudgeted hours;</li><li>○ Average straight-time pay rate with fringe benefits;<sup>148</sup> and,</li><li>○ Average overtime pay rates with fringe benefits.<sup>149</sup></li></ul></li></ul>	<ul style="list-style-type: none"><li>▪ Pay policy;</li><li>▪ Itemized cost summary including estimated costs, or actual costs for completed work, for each employee:<ul style="list-style-type: none"><li>○ Name</li><li>○ Job title and function;</li><li>○ Type of employee (e.g., full-time exempt, full-time non-exempt, part-time, temporary);</li><li>○ Date and hours worked;</li><li>○ Pay rate and fringe benefit rate;</li><li>○ Description of work performed with daily logs/activity reports;</li><li>○ Timesheets; and,</li><li>○ Fringe benefit calculations.<sup>150</sup></li></ul></li></ul>

Costs associated with the salary and benefits of an employee on leave, regardless of the nature of the leave and regardless of whether the employee has leave to use are ineligible. Admin leave or similar labor costs incurred for employees sent home or told not to report due to emergency conditions are ineligible. Exempt employees are not subject to the overtime pay requirements set forth in the Fair Labor Standards Act. Non-exempt employees are subject to the overtime pay requirements set forth in the Fair Labor Standards Act.



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

# PERSONNEL CHECK-IN

Employee Information				
Incident Name				Incident Number (if known)
Last Name		First Name		MI
Preferred Name				
Title/Classification				
Home Unit				SIGMA Unit Number
Home Unit Address				
Unit Phone Number		Cell Phone		
Work Email				
Agency		Pay Rate		
Direct Supervisor		Admin. Support		
Incident Position Title (if known)				

Mobilization Information				
Travel Start	Date	Time	Location	
Method of Travel	<input type="checkbox"/> Air	<input type="checkbox"/> VTS/State Owned	<input type="checkbox"/> Personal	<input type="checkbox"/> Other
Vehicle Make/Model				License Plate #
Check-In	Date	Time	Location	
Demobilization	Date	Time	Location	
Comment(s)				

Employee Signature		Date	
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Official Use Only

Government Officer's Signature						Date	
Entered	Init:	Date:	Audited	Init:	Date:	Submitted	Date:

### **TIME REPORT – One per Pay Period**

1. See highlighted fields that need to be completed
2. Incident name – DNR Ice Storm Response
3. Employee Name – First & Last Name
4. Classification – your job title
5. Pay Period
  - a. From – start of pay period
  - b. To – end of pay period
6. Date – date during pay period that Ice Storm Response hours were worked
7. Total Regular Time – total of REG1 Hours for that particular day
8. Total OT Time (if applicable) – total of OVT hours for that particular day
9. Total Comp Earned (if applicable) – total of Comp earned if taken in lieu of overtime
10. Lunch – indicate if lunch was taken
11. Location(s) Worked – list task, location, county where work occurred that day (i.e., felling trees, ABC State Park, Mackinaw County)
  - a. Working on getting a list of FEMA reimbursable tasks that fall under each category submitted from MSP to better assist with what information to provide.
12. Sign / Date - This does not need to be certified signature

#### Notes:

- Administrative personnel who fill out a time report should list if they attended ice storm meetings, worked on documentation, etc.
- Accounting personnel who are paying bills coded to the ice storm or performing other regular admin tasks would not likely be coding time under the Ice Storm and would not need Time Reports filled out.



**Table 11. Emergency Work Labor Eligibility**

Labor Classification	Type of Employee Hours	Eligible Overtime?	Eligible Straight-Time?
Budgeted Employee Hours (Debris Removal)	Permanent employee	Yes	Yes
Budgeted Employee Hours (Debris Removal)	Part-time or seasonal employee working during normal hours or season of employment	Yes	Yes
Budgeted Employee Hours (Emergency Protective Measures)	Permanent employee	Yes	No
Budgeted Employee Hours (Emergency Protective Measures)	Part-time or seasonal employee working during normal hours or season of employment	Yes	No
Unbudgeted Employee Hours (Debris & Emergency Protective Measures)	Reassigned employee funded from external source	Yes	Yes
Unbudgeted Employee Hours (Debris & Emergency Protective Measures)	Essential employee called back from furlough	Yes	Yes
Unbudgeted Employee Hours (Debris & Emergency Protective Measures)	Temporary employee hired to perform eligible work	Yes	Yes
Unbudgeted Employee Hours (Debris & Emergency Protective Measures)	Part-time or seasonal employee working outside normal hours or season of employment	Yes	Yes

**REASSIGNED EMPLOYEES**

- Costs for employees reassigned to perform work that is not part of the employee's normal job functions are eligible.
  - a. For example, a police officer may clear debris which FEMA provides PA funding based on the reassigned employee's normal pay rate, not the pay level appropriate to the work, because the applicant's incurred cost is the employee's normal pay rate.

**INCIDENT TRAVEL REPORT – FOR ANY TRAVEL EXPENSE REPORTS (TRERs) FILLED OUT IN SIGMA – please include the TRER number (25\*XXXX)**

1. See highlighted fields that need to be completed
2. Employee Name – First & Last Name
3. Date submitted
4. Contact phone – Unit phone number or work cell number
5. SIGMA Unit Number – 4-digit Unit (i.e. 3642)
6. Supervisor Name: your supervisor of record
7. Admin Support – who takes care of your travel for the incident
8. Travel Start Location – home unit – 4-digit (i.e. 3642)
9. Travel Destination – where you performed work for the TRER you submitted in SIGMA
10. Date – Date travel occurred
11. Start time / End Time – what you reported in SIGMA
12. Lodging / Hotel Name (if applicable) – only if you were reimbursed for hotel. A copy of the hotel receipt needs to be included.
13. Meal – whatever meal allowance/amount you entered into SIGMA
14. Mileage – only if you were reimbursed mileage for a personal vehicle
15. Other expense – enter amount of any other expense included on your TRER, describe expense in “Hotel Name” space. A copy of the expense receipt(s) needs to be included.
16. Sign / Date - This does not need to be certified signature

***Word only totals columns when it is printed. To make sure the form is calculating the column totals, you will need to follow this path in Word: File--Options--Display, then click the "Update fields before printing" box. This allows the fields to update. You can print to pdf and the columns should total. You can email this form as a PDF.***



MICHIGAN DEPARTMENT OF NATURAL RESOURCES

# INCIDENT TRAVEL REPORT

<b>Employee Name</b>		<b>Date Submitted</b>	
<b>Contact Phone</b>		<b>SIGMA Unit Number</b>	
<b>Supervisor Name</b>		<b>Administrative Support</b>	
<b>Travel Start Location</b>		<b>Travel Destination</b>	

Date	Start Time	End Time	Lodging	Hotel Name	Group Meal	Breakfast	Lunch	Dinner	Mileage (\$)	Other Expense	Daily Total
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
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			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
			<input type="checkbox"/>		<input type="checkbox"/>						0.00
Totals						0.00	0.00	0.00	0.00	0.00	0.00

<b>Group Meals (List Staff and Date)</b>

<b>Employee Signature</b>		<b>Date</b>	
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Official Use Only

<b>Government Officer's Signature</b>								<b>Date</b>	
<b>Entered</b>	Init:	Date:	<b>Audited</b>	Init:	Date:	<b>Submitted</b>	Init:	Date:	

Word only totals columns when it is printed. To make sure the form is calculating the totals, you will need to follow this path in Word: File--Options--Display, then click the "Update fields before printing" box.

This allows the fields to update. Print to pdf and the columns should total. You can send the PDF to the email.



## **EQUIPMENT CHECK-IN – Only need once**

1. See highlighted fields that need to be completed
2. Incident name – DNR Ice Storm Response
3. Equipment Make / Equipment Model
4. *Using 2025 Schedule C Rates, include the MDOT Equipment Code at the top of the form. This could be multiple codes depending on what equipment is used. [Schedule C Rental Rates](#)*
5. License Plate Number & Wheels Number (if VTS or State owned)
6. Is there a Trailer/lowboy with your equipment? – fill out separate form if yes
7. Are there other implements available for your equipment (if applicable and in use, select yes and list.)
8. For Heavy Equipment (if applicable) -indicate what information is relevant in the boxes highlighted
9. Primary Operator – list who is the one using the equipment the most (if applicable)
10. Home Unit / Vendor – Work location or Vendor / Home Unit Address – address of home unit or Vendor's address
11. SIGMA Unit Number – 4-digit Unit (i.e. 3642)
12. Unit Phone number or cell number
13. Work Email – your work email
14. Direct Supervisor - your supervisor of record
15. Admin Support – who takes care of your p-cards, invoices, etc.
16. Sign / Date - This does not need to be certified signature

## **IV. Applicant-Owned and Purchased Equipment**

- FEMA provides PA funding for the use of applicant-owned (force account) equipment, including permanently mounted generators, based on hourly equipment rates.
- FEMA may provide PA funding based on mileage for vehicles, if the mileage is documented and less costly than hourly rates.
- There are instances when applicants do not have sufficient equipment to effectively respond to an incident. If an applicant purchases equipment that it justifiably needs to respond effectively to the incident, FEMA provides PA funding for both the purchase price (subject to disposition requirements as specified under Disposition of Equipment and Supplies in this chapter) and either:
  - The use of the equipment based on equipment rates; or
  - The actual fuel and maintenance costs. F
- EMA only applies equipment rates to the time an applicant is operating the equipment.
- Although costs associated with transporting equipment (e.g., labor and equipment costs used to transport equipment) to an eligible site are eligible, costs for standby time (time spent on hold or in reserve) are ineligible unless the equipment operator uses the equipment intermittently for more than half of the working hours for a given day. In this case the intermittent standby time is eligible.

- Applicants must submit the following to support claims for applicant-owned or purchased equipment costs:

**Table 12. Required Documentation and Information for Applicant-Owned or Purchased Equipment Costs**

Equipment Type	For Small Projects	For Large Projects <sup>157</sup>
Applicant-owned equipment	<ul style="list-style-type: none"> <li>▪ Itemized cost summary of actual or estimated costs broken out by type of equipment:               <ul style="list-style-type: none"> <li>○ Total usage hours; and,</li> <li>○ Total cost.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Itemized cost summary including actual costs, or estimated costs for completed work, broken out by type of equipment:               <ul style="list-style-type: none"> <li>○ Type of equipment and attachments used, including year, make, model, size, capacity, horsepower, and wattage (as applicable);</li> <li>○ Location(s) or site(s) used;</li> <li>○ Equipment code (if using FEMA rates);</li> <li>○ Schedule of rates, including rate components (if not using FEMA rates); and,</li> <li>○ Operator name with date and hours used each day.</li> </ul> </li> </ul>
Purchased equipment	<ul style="list-style-type: none"> <li>▪ Itemized cost summary including actual or estimated costs broken out by type of equipment:               <ul style="list-style-type: none"> <li>○ Total cost.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Itemized cost summary including actual or estimated costs broken out by type of equipment:               <ul style="list-style-type: none"> <li>○ Invoices or receipts.</li> </ul> </li> </ul>

### **FEMA Rates**

- FEMA publishes equipment rates applicable on a national basis. FEMA's rate schedule includes **any item powered by fuel or attached to any item powered by fuel.**
- FEMA develops equipment rates based on all costs associated with ownership and operation of equipment (except for operator labor).
- FEMA equipment rate components include depreciation, overhead, equipment overhaul (labor, parts, and supplies), maintenance (labor, parts, and supplies), lubrication, tires, ground engaging component (if applicable), and fuel. **Because the rates include maintenance costs, a mechanic's labor costs to maintain applicant-owned equipment are ineligible.**
- **Similarly, because the rates include fuel costs, an applicant cannot claim fuel costs in addition to FEMA equipment rates.**

**Table 13. Required Documentation and Information for Rented or Leased Equipment Costs**

For Small Projects	For Large Projects <sup>167</sup>
<ul style="list-style-type: none"> <li>▪ Itemized cost summary of actual or estimated costs for leased equipment:               <ul style="list-style-type: none"> <li>○ Total usage days or hours; and,</li> <li>○ Total cost.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Itemized cost summary including actual costs, or estimated costs for completed work, broken out by type of equipment or each piece of leased equipment:               <ul style="list-style-type: none"> <li>○ Type of equipment, including make, model, size, capacity, horsepower, and wattage (as applicable);</li> <li>○ Location or site used;</li> <li>○ Dates and hours used (required if lease agreement charges hourly rates);</li> <li>○ Rates and total cost;</li> <li>○ Vendor and invoice number;</li> <li>○ Amount of fuel used (if not included in rental cost);</li> <li>○ Lease agreement; and,</li> <li>○ Invoices or receipts.</li> </ul> </li> </ul>



## EQUIPMENT CHECK-IN

Incident Name		Incident Number (if known)	
Equipment Make		Equipment Model	
License Plate Number		Wheels Number	Inventory Tag Number
Ownership	<input type="checkbox"/> VTS	<input type="checkbox"/> State Owned	<input type="checkbox"/> Rental/Contract/Other

Is there a trailer/lowboy with your equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please fill out separate sheet for trailer/lowboy.		
Does the equipment have lights for night operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment have four-wheel drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there other implements available for your equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list:		
Is a CDL needed to operate this equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which type?	<input type="checkbox"/> Class A	<input type="checkbox"/> Class B
	<input type="checkbox"/> Class C	<input type="checkbox"/> Endorsements

For Heavy Equipment (if applicable)			
Horsepower		Bucket/Load Capacity (Cu. Yds or Lbs.)	
G.V.W.R. (Trucks/Trailers)		Water Tank Capacity	

Operator Information			
Primary Operator		Number of Personnel	
Travel Start	Date	Time	Location
Home Unit/Vendor		SIGMA Unit Number	
Home Unit Address			
Unit Phone Number		Cell Number	
Work Email			
Direct Supervisor		Administrative Support	
Check-In	Date	Time	Location
Demobilization	Date	Time	Location

Operator's Signature		Date	
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## Official Use Only

Government Officer's Signature				Date	
Entered	Init:	Date:	Audited	Init:	Date:
			Submitted	Init:	Date:

## **EMERGENCY EQUIPMENT SHIFT TICKET – One Per Pay Period / Operator**

1. See highlighted fields that need to be completed
2. Incident name – DNR Ice Storm Response
3. Operator – operator using the equipment. Each operator would fill one in for when they use the equipment. If multiple operators at the same time, only one needs to fill out shift ticket.
4. Contractor/Agency – if different than the DNR
5. Equipment Make / Equipment Model
6. *Using 2025 Schedule C Rates, include the MDOT Equipment Code at the top of the form. This could be multiple codes depending on what equipment is used. [Schedule C Rental Rates](#)*
7. License Plate Number & Wheels Number (if VTS or State owned)
8. Ownership – indicate if VTS, State owned or Rental/Contract/other
9. Operator Provided By / Equipment Provided By – select what's appropriate
10. Date – date(s) during pay period that equipment was utilized
11. Total Hours – total hours equipment was utilized. Passenger vehicles would be listed under mileage, not hours.
12. Start/End Mileage – indicate starting mileage and ending mileage for that day, providing total mileage. This is similar to the current mileage logs used in state vehicles.
13. Location(s) Worked – list task, location, county where work occurred that day (i.e., felling trees, ABC State Park, Mackinaw County)
14. Equipment damage? – indicate yes or no. If yes, please list in the comment section.
15. Comments (if applicable)
16. Sign / Date - This does not need to be certified signature

MDOT Equipment Code can be written in at the top of the form.

## EMERGENCY EQUIPMENT SHIFT TICKET

Incident Name				Incident Number (if known)	
Operator				Contractor/Agency	
Equipment Make				Equipment Model	
License Plate Number		Wheels Number		Inventory Tag Number	
Ownership	<input type="checkbox"/> VTS			<input type="checkbox"/> State Owned	<input type="checkbox"/> Rental/Contract/Other
Operator Provided by	<input type="checkbox"/> Agency/Government			<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Equipment Provided by	<input type="checkbox"/> Agency/Government			<input type="checkbox"/> Contractor	<input type="checkbox"/> Other
Equipment Status	<input type="checkbox"/> Inspected & Under Agreement			<input type="checkbox"/> Release by Government	<input type="checkbox"/> Withdrawn by Contractor

Date	Start Hours	End Hours	Total Hours	Start Mileage	End Mileage	Total Mileage	Maintenance			Location(s) Worked
							Fuel	Oil	Grease	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grand Total Hours				Grand Total Mileage			Equipment damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
							Incident Report (R3003) completed			<input type="checkbox"/>
Comment(s)										

Operator's Signature		Date	
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**Official Use Only**

<b>Government Officer's Signature</b>							<b>Date</b>			
<b>Entered</b>	Init:	Date:	<b>Audited</b>	Init:	Date:	<b>Submitted</b>	Init:	Date:		