

Job Aid for Personnel Check-In Form

Please email the completed form to DNR-NoMichigan-IceStorm-Docs@michigan.gov.

Save your documents in the following format: **DocType_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.

NAME	EMAIL
Amy Mensch	MenschA@Michigan.gov
Laurie Abel	AbelL2@Michigan.gov
Roxanne Merrick	MerrickR@Michigan.gov
Colleen Higgins	HigginsC@Michigan.gov

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

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	
--------------------	--	------	--

Official Use Only

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