



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	Init:	Date: