ACTIVATION OF MOBILE SUPPORT UNIT IN ACCORDANCE WITH IC 10-14-3-19 AND EXECUTIVE ORDER 13-09 ACTIVATION NUMBER 20161021A

I, DAVID W. KANE, AS EXECUTIVE DIRECTOR OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY, DO HEREBY ACTIVATE A MOBILE SUPPORT UNIT AS FOLLOWS:

- 1. The Mobile Support Unit shall consist of law enforcement personnel from the City of Indianapolis, Town of Brookville, Town of Munster, City of Hammond, Town of Griffith, Michigan City, Town of Schererville, and Lake County to provide law enforcement support as needed to the County of Morton located in North Dakota for a situation involving civil unrest and criminal activities related to opposition of the Dakota Access Pipeline (DAPL) project. This Mobile Support Unit will be under the command of Unit Commander until November 8, 2016.
- 2. The Emergency Management Assistance Compact is being used for this out of state deployment.
- 3. The Mobile Support Unit shall congregate at the Munster Police Department and deploy from Munster, Indiana on October 22, 2016 to the Morton County Tactical Operations Center, in Morton County, North Dakota to perform law enforcement duties through November 6, 2016 and will arrive back in Indiana on November 8, 2016.
- 4. The Mobile Support Unit consists of the sixteen (16) individuals listed on the roster attached as Exhibit 1 of this Activation Order. Twenty-one (21) law enforcement officers from the Indiana Department of Natural Resources will be traveling with this MSU. This roster may only be changed when the Mobile Support Unit Commander creates, signs and dates an amended roster which is then approved in writing by the IDHS Executive Director.

Prior to deployment, the Commander will obtain a completed and signed Mobile Support Unit member checklist, attached as **Exhibit 2** of this Activation Order, from each MSU team member. The Mobile Support Unit Commander shall forward a copy of these completed checklists to the State Emergency Operations Center and the State Finance Section Chief.

Prior to deployment, the Commander must send a notice to the employer of each Mobile Support Unit member who deploys in an "employed and working" status as displayed in **Exhibit 3** of this Activation Order. This notice will inform the employer of this activation order and will describe the reimbursement procedures under which the employer may seek reimbursement from IDHS for the salary of the unit member and his or her other allowable expenses.

- 5. The Mobile Support Unit Commander, The Mobile Support Unit, this Mobile Support Unit Activation Order, and Reimbursement shall be subject to IC 10-14-3-19, the Mobile Support Unit Guidelines at: http://www.in.gov/dhs/files/Mobile Support Unit Guidelines 3-3-10.pdf, and the March 4, 2016 Disaster Reimbursements Information Bulletin issued by the Indiana Department of Homeland Security.
- 6. Under IC 10-14-3-19(c), each member of the Mobile Support Unit is considered to be a state emergency management worker for the purposes of IC 10-14-3-15 while serving as a member of the Mobile Support Unit. All members of this Mobile Support Team must be deploying in an "employed and working status" with the individual's employer. To be eligible to be placed on a roster, Mobile Support Unit members must have health insurance coverage and also be covered by workers compensation through their employer.

SIGNED THIS 21st DAY OF October 2016

Executive Director

Indiana Department of Homeland Security

EXHIBIT 1 ROSTER OF MOBILE SUPPORT UNIT MEMBERS

First Name:	Last Name:	Phone:	E-Mail:
-			

1. MOBILE SUPPORT UNIT MEMBER INFORMAT	ION						
Name:		Title:					
Address	,						
City:	State:		Zip Code:				
E-mail:	1	Phone No.:					
2. MOBILE SUPPORT UNIT MEMBER REIMBURS compensation insurance while deployed as part of the M			nsible for salary and workers'				
Employed by Local Government Agency:	Employed by State Government Agency:						
Employed by Non-Governmental Employer:	Volunteer I	Fire Department	Member:				
Other:; If Other, please explain							
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTMENT MEMI	BER, COMPLI	ETE THE FOLLOWING:				
Employer's Name:							
Employer's Mailing Address							
City	State	•	Zip Code				
Employer's Federal Tax ID:							
Employer's Contact Person:							
Contact's E-mail:		Contact's Phone	e No.:				
4. IF EMPLOYED (Information to be provided by Em	ployer's HR Dire	ctor):					
Hourly Wage:	Hourly Frin	nge Benefits:					
Eligible for paid overtime (Yes or No):							
Overtime Hourly Wage:	Overtime I	Iourly Fringe B	enefits:				
5. PERSONAL SUPPLIES AND EQUIPMENT WITH	WHICH THE I	VDIVIDUAL V	VILL BE RESPONDING:				
6. EMPLOYER PROVIDED SUPPLIES AND EQUIP INDIVIDUAL WILL BE RESPONDING:	MENT (INCLUD	ING VEHICL	ES) WITH WHICH THE				
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MICHAEL R. PENCE, Governor STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY

302 West Washington Street Indianapolis, IN 46204

Exhibit 3

NOTICE TO EMPLOYER OF EMPLOYEE MEMBER OF A MOBILE SUPPORT UNIT THAT MAY BE ACTIVATED IN ACCORDANCE WITH IC 10-14-3-19

Under the provisions of IC 10-14-3-19, the Executive Director of the Indiana Department of Homeland Security has the authority to activate one or more mobile support units to respond to a disaster, public health emergency, public safety emergency, or other event that requires emergency action. One or more of your employees has volunteered to be a member of a mobile support unit to provide fire, hazardous materials, emergency medical or other essential response services.

While serving as a member of a mobile support unit ("MSU"), your employee is an emergency management worker as provided in IC 10-14-3-15. Under that statute, except in cases of willful misconduct, gross negligence, or bad faith, any emergency management worker complying with or reasonably attempting to comply with IC10-14-3 or any order or rule adopted under IC 10-14-3, or under any ordinance relating to blackout or other precautionary measures enacted by any political subdivision of the state, is not liable for the death of or injury to persons or for damage to property as a result of any such activity.

In addition, under IC 10-14-3-19, the follow reimbursement of employers or self-employed individuals is permitted:

(f) The state may reimburse a political subdivision for:

- (1) the compensation paid and actual and necessary travel, subsistence, and maintenance expenses of an employee of the political subdivision while the employee is serving as a member of a mobile support unit;
- (2) all payments for death, disability, or injury of an employee incurred in the course of duty while the employee was serving as a member of a mobile support unit;
- (3) all losses of or damage to supplies and equipment of the political subdivision or the employee incurred while the employee was serving as a member of a mobile support unit; and
- (4) the cost of a backfill employee necessary for the political subdivision to fill the position and perform the duties of an employee deployed on a mobile support unit to assist another state under the Emergency Management Assistance Compact, but only if and to the extent the cost of the backfill employee represents an extra cost to the political subdivision.
- (g) For an individual of a mobile support unit who is <u>not an employee of the state or a political subdivision</u>, the state may:
 - (1) compensate the individual:
 - (A) at a rate of pay approved by the executive director;
 - (B) by reimbursing the individual for the actual and necessary:
 - (i) travel;
 - (ii) subsistence; and
 - (iii) maintenance;

expenses of the individual of the mobile support unit incurred while the individual is on duty as a member of a mobile support unit; and

(C) for all losses of or damage to supplies and equipment of the individual incurred while the individual is on duty as a member of a mobile support unit;



- (2) reimburse the individual's employer for:
 - (A) the compensation paid and the actual and necessary:
 - (i) travel;
 - (ii) subsistence; and
 - (iii) maintenance;

expenses of the employee while the employee is on duty as a member of a mobile support unit;

(B) all losses of or damage to supplies and equipment of the employer or the employee incurred in the course of duty while the employee was on duty as a member of a mobile support unit.

Questions concerning this notice can be referred to the EOC Manager, Indiana Department of Homeland Security, Division of Response and Recovery, at EOCManager@dhs.in.goy.

1. MOBILE SUPPORT UNIT MEMBER INFORMATION	אכ						
Name:		Title:					
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City:	State:		Zip Code:	General Land Control of the State of the Sta			
E-mail:	F	Phone No.:	and promote the first of the first of the first tender to the first of the same				
2. MOBILE SUPPORT UNIT MEMBER REIMBURSES			onsible for sal	ary and workers'			
Employed by Local Government Agency:			nment Agency	**************************************			
Employed by Local Government Agency: Employed by State Government Agency: Volunteer Fire Department Member:							
Other: ; If Other, please explain							
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3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPAR	TMENT MEME	BER, COMPL	ETE THE FO	LLOWING:			
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Employer's Mailing Address 2293 N. Mair			**************************************	He wild for the control of the contr			
	State 1N	A STATE OF THE STA	Zip Code -	2307			
Employer's Federal Tax ID:		TO PORT OF THE STATE OF THE STA	er di viginacio e e congresse e remande e y menere e la la lambina de combina				
Employer's Contact Person:	Service and Control and Control			TO STATE OF THE PROPERTY OF TH			
Contact's E-mail:		ontact's Phon	e No.:				
4. IF EMPLOYED (Information to be provided by Empl	loyer's HR Direc	:tor):	and the second s				
Hourly Wage: # 22.41	Hourly Frin	ge Benefits:					
Eligible for paid overtime (Yes or No): 465							
Overtime Hourly Wage 433.81	Overtime H	ourly Fringe B	lenefits:				
5. PERSONAL SUPPLIES AND EQUIPMENT WITH V	WHICH THE IN	DIVIDUAL \	VILL BE RES	SPONDING:			
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6. EMPLOYER PROVIDED SUPPLIES AND EQUIPM INDIVIDUAL WILL BE RESPONDING:	ENT (INCLUDI	ING VEHICL	ES) WITH W	'НІСН ТНЕ			
Vehicle, uniforms, equip	nent, ve	est, du	ty wea	ipon			
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1. MOBILE SUPPORT UNIT MEMBER INFO	ORMATION				3
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City:	State:	I I		Zip Code:	
E-mail:			hone No.:		
2. MOBILE SUPPORT UNIT MEMBER REI compensation insurance while deployed as par	MBURSEMEN	T STATUS	(Entity res	sponsible for salary and workers'	
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Other: ; If Other, please explain	The second of the second	la de la companya de		The state of the s	4 11
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3. IF EMPLOYED OR IF VOLUNTEER FIR	LE DEPARTM	ENT MEME	ER, COM	PLETE THE FOLLOWING:	
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City GRIFFITH	State		· · · · · · · · · · · · · · · · · · ·	Zip Code 46319	, C. AMAGEMENT AND THE
Employer's Federal Tax ID: 35-60	01051			on the branch we have an ambient to the court of an area of the court	
Employer's Contact Person:					
Contact's E-mail:			Contact's Pl		
4. IF EMPLOYED (Information to be provided)	ed by Employe	E .			
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E-mail:	· · · · · · · · · · · · · · · · · · ·		Phone No.			
2. MOBILE SUPPORT UNIT MEMBER REIMBURS compensation insurance while deployed as part of the				nsible for salary and workers'		
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Employed by Non-Governmental Employer:		Volunteer	Fire Department	t Member:		
Other: ; If Other, please explain						
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTMI	ENT MEM	BER, COMPLI	ETE THE FOLLOWING:		
Employer's Name: Munster Police Department		n an air an	ng PP dilikel kanadaka Pankailika Pakkanan di Kasa Panadak Pankailika Kasa Panadak PP na Pankailika Pindak PP	gy y gygyny y gwy y gwy gwy gwy gwy hwy hwy hwy hwy hwy hwy hwy hwy hwy h		
Employer's Mailing Address 1001 Ridge Road	r	-,-,···				
City Munster	State	IN		Zip Code 46321		
Employer's Federal Tax ID: 35-6001128	••					
Employer's Contact Person:	ar an dealar ann an an an an an Aire a		فناسد بدائر المصدقة الكرافان والمستردون المراود ويرسون والمرادين والمراود المراود المراود المراود المراود المرا			
Contact's E-mail:			Contact's Phone	e No.:		
4. IF EMPLOYED (Information to be provided by En	nploye	's HR Dir	ector):			
Hourly Wage: 27.38		Hourly Fr	inge Benefits:			
Eligible for paid overtime (Yes or No); YES						
Overtime Hourly Wage: 41.07		Overtime	Hourly Fringe B	cnefits:		
5. PERSONAL SUPPLIES AND EQUIPMENT WITH	H WHI	CH THE 1	NDIVIDUAL V	VILL BE RESPONDING:		
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1. MOBILE SUPPORT UNIT MEMBER INFORMATI	ION						
Name:		Title:					
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E-mail:		Phone No.:					
2. MOBILE SUPPORT UNIT MEMBER REIMBURSE compensation insurance while deployed as part of the M			onsible for salary and workers'				
Employed by Local Government Agency:	Employed	l by State Gover	mment Agency:				
Employed by Non-Governmental Employer: Volunteer Fire Department Member:							
Other:; If Other, please explain							
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPAR	RTMENT MEM	IBER, COMPI	LETE THE FOLLOWING:				
Employer's Name: Hammers Police De	<u> 194. C</u>	ity of	Hammoul				
Employer's Mailing Address 509 Douglas	• .						
City Hammous	State TW		Zip Code 46320				
Employer's Federal Tax ID:							
Employer's Contact Person:		~~~~					
Contact's E-mail:		Contact's Pho	ne No.:				
4. IF EMPLOYED (Information to be provided by Em	ployer's HR Dir	ector):					
Hourly Wage: \$\\\ 30.81	Hourly Fr	inge Benefits:	,				
Eligible for paid overtime (Yes or No): $\forall e \leq$							
Overtime Hourly Wage: \$ 46.21	Overtime	Hourly Fringe	Benefits:				
5. PERSONAL SUPPLIES AND EQUIPMENT WITH		INDIVIDUAL	WILL BE RESPONDING:				
TACTICAL GIEBE, Handguns	, rilles,						
Clothes, bags, hygiene	<u> </u>	5. Foos	d dvinks				
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6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT INDIVIDUAL WILL BE RESPONDING:	MENT (INCLU	DING VEHIC	LES) WITH WHICH THE				
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Police equi pment			,				

1. MOB <u>ile support unit memb</u> er informati	ION				****		
Name:			Title:				
Address							
City:	State:			Zip Code:			
E-mail:		Pl	hone No.:				
2. MOBILE SUPPORT UNIT MEMBER REIMBURSE compensation insurance while deployed as part of the N	EMEN Iobile	T STATUS Support Uni	(Entity resp it)	onsible for s	salary and v	workers'	
Employed by Local Government Agency:		Employed by	y State Gove	rnment Ager	ncy:		
Employed by Non-Governmental Employer: Volunteer Fire Department Member:							
Other:; If Other, please explain							
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3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTMI	ENT MEMB	ER, COMPI	LETE THE	FOLLOW	ING:	
Employer's Name: City of Hammand	0/164	Departi	ment				
Employer's Mailing Address 509 Douglas 54							
City Hammand	State	IN		Zip Code	46321	<u>ა</u>	
Employer's Federal Tax ID:	···						
Employer's Contact Person:							
Contact's E-mail:		C	Contact's Pho	ne No.:			
4. IF EMPLOYED (Information to be provided by Em	ploye	r's HR Direc	tor):		:		
Hourly Wage: \$\Quad 27.00		Hourly Frin	ge Benefits:	N/A			
Eligible for paid overtime (Yes or No):							
Overtime Hourly Wage: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Overtime H	ourly Fringe	Benefits: /	N/V		
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6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING:							
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1. MOBILE SUPPORT UNIT MEMBER INFORMATION	DN ·			-				
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Address				***************************************				
City:	State:		Zip Code:	em naharan kan				
E-mail:		Phone No.:						
2. MOBILE SUPPORT UNIT MEMBER REIMBURSEMENT STATUS (Entity responsible for salary and workers' compensation insurance while deployed as part of the Mobile Support Unit)								
Employed by Local Government Agency:	Employed	by State Gover	nment Agency:					
Employed by Non-Governmental Employer:	Volunteer	Fire Departme	nt Member:					
Other:; If Other, please explain								
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3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPAR			·	LLOWING:				
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City HAmmond	State 📈		Zip Code	46320				
Employer's Federal Tax ID:				ADD (COOK) HINNING WATER COOK AND A COOK AND				
Employer's Contact Person:				- · · · · · · · · · · · · · · · · · · ·				
Contact's E-mail:		Contact's Pho	ne No.:					
4. IF EMPLOYED (Information to be provided by Emp	oloyer's HR Dir	ector):	WARE WAS A STATE OF THE STATE O	and the second s				
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Overtime Hourly Wage: #4/5,52	Overtime	Hourly Fringe	Benefits:					
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1. MOBILE SUPPORT UNIT MEMBER INFORMAT	ION							
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City:	State;		Zip Code:					
E-mail:		Phon	No.:					
2. MOBILE SUPPORT UNIT MEMBER RESIDURS compensation insurance while deployed as part of the l	entert S Mobile Supp	FATUS (En port Unit)	tity responsible for salary and	workers'				
Employed by Local Government Agency:	Emp	oloyed by St	nte Government Agency:	e n , , , , , , , , , , , , , , , , , , ,				
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Other: ; If Other, please explain	anning of the space							
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3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTMENT	MEMBER,		/ING:				
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Employer's Mailing Address 25 8. Jol	ret	<u>st</u>	Zip Code 463	and the contract of the contra				
City Scherenille	State _	エベ	Zip Code 463	.75				
Employer's Federal Tax ID:				ugak dan selakan kendalah dalah dalah selakan permajakan di Demokratik dalah dalah selakan segu				
Employer's Contact Person:			Mary Stranger Control of Control					
Contact's E-mail:		Cont	act's Phone No.:					
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Address							
City:	State:			Zip Code:			
E-mail:			Phone No.:				
2. MOBILE SUPPORT UNIT MEMBER REIMBUT Compensation insurance while deployed as part of				nsible for salary and workers'			
Employed by Local Government Agency: _Yes	A	Employed	by State Govern	nment Agency:No			
Employed by Non-Governmental Employer:No Volunteer Fire Department Member:No							
Other:N/A; If Other, please explain							
3. IF EMPLOYED OR IF VOLUNTEER FIRE D	EPARTMI	ENT MEM	BER, COMPLI	ETE THE FOLLOWING:			
Employer's Name: Munster Police Department							
Employer's Mailing Address 1001 Ridge Road				ng graduser of the highly spirite in the highly the hig			
City Munster	State	IN		Zip Code 46321			
Employer's Federal Tax ID: 356001128							
Employer's Contact Person:							
Contact's E-mail:			Contact's Phone	e No.:			
4. IF EMPLOYED (Information to be provided by	y Employei	's HR Dire	ector):				
Hourly Wage: \$35.08		Hourly Fri	nge Benefits:				
Eligible for paid overtime (Yes or No): Yes			h d'Alle (1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 1888 - 18				
Overtime Hourly Wage: \$52.62		Overtime l	Hourly Fringe B	enefits:			
5. PERSONAL SUPPLIES AND EQUIPMENT W	VITH WHI	CH THE I	NDIVIDUAL V	WILL BE RESPONDING:			
Misc. clothes, bags, misc. hygiene supplies, misc. foo	d snacks etc).					
			والمستقدمة				
	minekkhadilastidanansi						
				and the second s			
6. EMPLOYER PROVIDED SUPPLIES AND EQINDIVIDUAL WILL BE RESPONDING:)UIPMENT	r (Inclui	OING VEHICL	ES) WITH WHICH THE			
Vehicle, uniforms, equipment to perform basic function	ons of job.	Ve5	t dut	1 weapon			
				,			
				The second secon			

1, MOBILE SUPPORT UNIT MEMBER INFOR	MAT	ION					
Name:			Title:		11990/000001110111111111111111111111111		
Address							
City:	State:			Zip Code:			
E-mail:	Phone			none No.;			
2. MOBILE SUPPORT UNIT MEMBER REIMB workers' compensation insurance while deployed					le for salary and		
Employed by Local Government Agency:X	mployed by Local Government Agency:X Employed by State Government Agency:						
Employed by Non-Governmental Employer:		Voluntee	r Fire Departm	ent Member:			
Other: ; If Other, please explain							
3. IF EMPLOYED OR IF VOLUNTEER FIRE D FOLLOWING:)EPA	RTMENT	MEMBER, C	OMPLETE	THE		
Employer's Name: Michigan City Police Department							
Employer's Mailing Address: 1201 East Michigan Bo	ouleva	ard	Allenh manaradh m Arthred Hannaldon am Albert Ped Anthril 22 17 f Anthr	gi shi qoyiyaya qiriqa mashiri da massari da daladiinin ka massari da daladiinin ka massari da da da da da da d			
City Michigan City	State	e IN	and the beautiful of the following the sections will be section of \$1.5 personal for beautiful or beautiful or \$1.5 personal for beautiful or \$1.5 personal	Zip Code	46360		
Employer's Federal Tax ID: 35-6001108	200 -07;0 00.1.180° -180°	y name (100,000 or 100,000 or 100	endl materia o result normali materia (se relicito e relicito e relicito e relicito e relicito e relicito e re	Бульцины (мьяным меринару) (пенцей (1122011) г	nassa, ANSS (riggs, A. A.) angs, A. S. sages and A. sans start for algorithm (S. S.		
Employer's Contact Person:					MARGORIUM, 1550 MARGA TO POUR TOTAL TO		
Contact's E-mail:			Contact's Pho	one No.:			
4. IF EMPLOYED (Information to be provided b	y Em	ployer's ł	IR Director):	Annual and the same and the sam			
Hourly Wage: 24.50	*************************	Hourly F	ringe Benefits:	MATERIA (MATERIA) (A. 100 S. Materia) (Material Materia) (Materia) (Materia			
Eligible for paid overtime (Yes or No): Yes		regional control of the control of t					
Overtime Hourly Wage: 36.75		Overtime	e Hourly Fringe	Benefits:			
5. PERSONAL SUPPLIES AND EQUIPMENT V RESPONDING:	WITH	WHICH	THE INDIVI	DUAL WIL	L BE		
Clothes, bag, parso	na	1 hy	giene	SUPPL	es.		
faced & drinks.			J	1 1			

			Constitute of the Constitution of the Constitu	ach completions of A is a defined about the Art of the	none a magazina i mana a m Tangan a mana a man		
6. EMPLOYER PROVIDED SUPPLIES AND ECTHE INDIVIDUAL WILL BE RESPONDING:	QUIP	MENT (II	NCLUDING V	EHICLES)	WITH WHICH		
2016 Ford Explorer (only if needed) vest.	, d	ufy	veapon,	polic	e equipme		
	rma+v/m		1	r	,		

1. MOBILE SUPPORT UNIT MEMBER INFORMAT	ION	***************************************				
Name:	Title:					
Address	And the Annual A			en e		
City:	State:		- Topographic Laboration of Confession of Co	Zip Code:		
E-mail:		Metabore - / I. Commonwell	Phone No.:	and the second s		
2. MOBILE SUPPORT UNIT MEMBER REIMBURS compensation insurance while deployed as part of the M	EMENT S Mobile Su	TAT(port	IS /Entity magicine	nsible for salary and workers'		
Employed by Local Government Agency:X	En	ploye	l by State Govern	ment Agency:		
Employed by Non-Governmental Employer:				Member:		
Other:; If Other, please explain			ener (<u>a compression — in transfer p</u> erila de debita — e i <u>mplementa</u> e , e i <u>mpression</u>	то при		
				ана до до се по се от на верения на предостава на		
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTMENT	MEN	IBER, COMPLE	TE THE FOLLOWING:		
Employer's Name: Lake County Sheriff's Department		-	and the second s	and the state of t		
Employer's Mailing Address: 2293 N Main Street				and the second s		
City: Crown Point	State: IN			Zip Code: 46307		
Employer's Federal Tax ID:			en e			
Employer's Contact Person:						
Contact's E-mail:			Contact's Phone	No.:		
4. IF EMPLOYED (Information to be provided by Em	ployer's H	R Dir	ector):			
Hourly Wage: \$22.41	Hot	rly Fr	inge Benefits:	the second secon		
Eligible for paid overtime (Yes or No): Yes			n de composito de c			
Overtime Hourly Wage: \$37.41	Ove	rtime	Hourly Fringe Be	nefits;		
5. PERSONAL SUPPLIES AND EQUIPMENT WITH	WHICH	THE	NDIVIDUAL W	ILL BE RESPONDING:		
Clothes, bag, personal r food & dvink	14gre	ne	Supplie	\$5. 		
6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMINDIVIDUAL WILL BE RESPONDING: Vence, vest, un forms	du					
general police equipi	nant	nnd Allestania (1 million de gran Transporte (1 million de gran Particular (1 million de gran				

1. MOBILE SUPPORT UNIT MEMBER INFORMATION						
Name:	Title:					
Address						
City:	te: Zip Code:					
E-mail:	Phone No.:					
2. MOBILE SUPPORT UNIT MEMBER REIMBURSEM compensation insurance while deployed as part of the Mob						
Employed by Local Government Agency:	Employed by State Government Agency:					
Employed by Non-Governmental Employer:	Volunteer Fire Department Member:					
	Volumeer rue Department Memoer.					
Other: ; If Other, please explain						
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPART	MENT MEMBER. COMPLETE THE FOLLOWING:					
Employer's Name: Lake County Sheriff.						
Employer's Mailing Address 2293 N Main St	S					
City Crown Point St						
Employer's Federal Tax ID:						
Employer's Contact Person:						
Contact's E-mail:	Contact's Phone No.:					
4. IF EMPLOYED (Information to be provided by Emplo	ver's HR Director):					
Hourly Wage: 22.41	Hourly Fringe Benefits:					
Eligible for paid overtime (Yes or No): 485						
Overtime Hourly Wage: 年 37.50	Overtime Hourly Fringe Benefits:					
5. PERSONAL SUPPLIES AND EQUIPMENT WITH W	HICH THE INDIVIDUAL WILL BE RESPONDING:					
Clothes, bag, personal	nygiene supplies,					
Food & drink	'U					
6. EMPLOYER PROVIDED SUPPLIES AND EQUIPMENT (INCLUDING VEHICLES) WITH WHICH THE INDIVIDUAL WILL BE RESPONDING:						
vehicle, vest, uniforms, duty weapon ?						
general police equipment.						

1. MOBILE SUPPORT UNIT MEMBER INFOR	MATION			
Name:	Title:			
Address				
City:	State			Zip Code:
E-mail:		Phor	e No.:	
2. MOBILE SUPPORT UNIT MEMBER REIMB compensation insurance while deployed as part of	URSEMEN the Mobile	T STATUS Œ Support Unit)	atity respo	nsible for surary and workers'
Employed by Local Government Agency: Yes	Employed by State Government Agency:			
Employed by Non-Governmental Employer:		Volunteer Fire	Department	Member:
Other:; If Other, please explain				
3. IF EMPLOYED OR IF VOLUNTEER FIRE I Employer's Name: Brookville Police Departs	C. STA CARPENTAL.	ent member	, compij	TE THE FOLLOWING:
Employer's Mailing Address 634 Main St				
City Brookville	State	Indiana		Zip Code 47012
Employer's Federal Tax ID: 35-6000963				
Employer's Contact Person:				
Contact's E-mail:		Cont	act's Phone	No.:
4. IF EMPLOYED (Information to be provided !)	y Employe	r's HR Director		Antonio (1888) propried a superior de la compansión de la compansión de la compansión de la compansión de la c La compansión de la compa
Hourly Wage: \$20.85		Hourly Fringe I	Benefits:	N/A
Eligible for paid overtime (Yes or No): Yes				
Overtime Hourly Wage: \$31.28		Overtime Hour	ly Fringe B	enefits: N/A
5. PERSONAL SUPPLIES AND EQUIPMENT	WITH WHI	CH THE INDI	VIDŲ AL V	VILLBERESPONDING:
Clothes,				
6. EMPLOYER PROVIDED SUPPLIES AND E INDIVIDUAL WILL BE RESPONDING	QUIPMEN	I (INCLUDING	VEHICL	es) with which the
Glock 22 .40 cal w/ M3 light Serial # LE\	√896, Glc	ck 27 .40 ca	Serial#	LHM781.
Bushmaster AR 15 Serial # BK1507753				

I. MOBILE SUPPORT UNIT MEMBER INFO	RMATION			
Name:			Title:	
Address				
City:	State	÷:		Zip Code:
E-mail			Phone No.:	
2. MOBILE SUPPORT UNIT MEMBER REIM compensation insurance while deployed as part of	BURSEMENT BURSEM	NT STATU e Support I	IS (Entity respo U nit)	onsible for salary and workers'
Employed by Local Government Agency: Marion C Sheriff's Office	County	ounty Employed by State Government Agency:		
Employed by Non-Governmental Employer:		Volunteer	Fire Departmen	t Member:
Other:; If Other, please explain		•		
3. IF EMPLOYED OR IF VOLUNTEER FIRE	DEPARTM	ENT MEN	IBER, COMPL	ETE THE FOLLOWING:
Employer's Name: Marion County Sheriff's Office	e			
Employer's Mailing Address 40 S Alabama St				
City Indianapolis	Indi	iana		46204
Employer's Federal Tax ID: 356000172				
Employer's Contact Person:				
Contact's E-mail:	Contact's Phone			e No.
4. IF EMPLOYED (Information to be provided	by Employe	r's HR Di	rector):	
Hourly Wage:20.60	Hourly Fringe Benefits:			
Eligible for paid overtime (Yes or No): yes				
Overtime Hourly Wage: 30.90	Wage: 30.90 Overtime Hourly Fringe Benefits:			Benefits:
5. PERSONAL SUPPLIES AND EQUIPMENT	WITH WH	ICH THE	INDIVIDUAL '	WILL BE RESPONDING:
AR 15, Glock 23, Cold Weather Gear				
6. EMPLOYER PROVIDED SUPPLIES AND	EOUIPMEN	T (INCLU	DING VEHICI	ES) WITH WHICH THE
INDIVIDUAL WILL BE RESPONDING:				
Glock 22, gas Mask, riot shield				
			4 = 1 = 1 ()	

1. MOBILE SUPPORT UNIT MEMBER INFORMA	ATION				
Name:	Title:				
Address					
City:	State	e:		Zip Code;	
E-mail:	•		Phone No.		
2. MOBILE SUPPORT UNIT MEMBER REIMBUR compensation insurance while deployed as part of the				nsible for salary and workers'	
Employed by Local Government Agency: Marion Counsheriff's Office	n County Employed by State Government Agency:				
Employed by Non-Governmental Employer:	Volunteer Fire Departmen			t Member:	
Other:; If Other, please explain					
3. IF EMPLOYED OR IF VOLUNTEER FIRE DE	PARTM	ENT MEI	ABER, COMPL	ETE THE FOLLOWING:	
Employer's Name: Marion County Sheriff's Office					
Employer's Mailing Address 40 S. Alabama St					
City Indianapolis	State	e Indiana		Zip Code 46204	
Employer's Federal Tax ID: 356000172					
Employer's Contact Person:					
Contact's E-mail:			Contact's Phone	e No.:	
4. IF EMPLOYED (Information to be provided by I	Employe	r's HR Di	rector);		
Hourly Wage: 17.20	y Wage: 17.20 Hourly Fringe Benefits:				
Eligible for paid overtime (Yes or No):yes			•••		
Overtime Hourly Wage: 25.80	Overtime Hourly Wage: 25.80 Overtime Hourly Fringe Benefits:				
5. PERSONAL SUPPLIES AND EQUIPMENT WIT	гн wн	ICH THE	INDIVIDUAL V	VILL BE RESPONDING:	
Cold Weather gear					
		·			
6. EMPLOYER PROVIDED SUPPLIES AND EQUINDIVIDUAL WILL BE RESPONDING:	IPMEN	IT (INCLU	DING VEHICL	ES) WITH WHICH THE	
AR 15, 870 shotgun, Glock 22 and Glock 27, gas Mask,	riot shi	əld			
		-1.0			
				,	

1. MOBILE SUPPORT UNIT MEMBER INFORMAT	ION				
Name:	Title:				
Address					
City:	State:		Zip Code:		
E-mail:		Phone No.:			
2. MOBILE SUPPORT UNIT MEMBER REIMBURS compensation insurance while deployed as part of the			nsible for salary and workers?		
Employed by Local Government Agency: Marion County Sheriff's Office	rion County Employed by State Government Agency:				
Employed by Non-Governmental Employer:	Volunteer Fire Department Member:				
Other:; If Other, please explain					
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTMENT MEN	IBER, COMPL	ETE THE FOLLOWING:		
Employer's Name: Marion County Sheriff's Office					
Employer's Mailing Address 40 S Alabama St.					
City Indianapolis	State Indiana		Zip Code 46204		
Employer's Federal Tax ID: 356000172					
Employer's Contact Person:					
Contact's E-mail:	Contact's Phone No.:				
4. IF EMPLOYED (Information to be provided by En	aployer's HR Di	rector);			
Hourly Wage: 18.77	ourly Wage: 18.77 Hourly Fringe Benefits:				
Eligible for paid overtime (Yes or No): Yes					
vertime Hourly Wage: 28.17 Overtime Hourly Fringe Benefits:					
5. PERSONAL SUPPLIES AND EQUIPMENT WITH	H WHICH THE	INDIVIDUAL V	WILL BE RESPONDING:		
Cold weather gear,					
6. EMPLOYER PROVIDED SUPPLIES AND EQUIL INDIVIDUAL WILL BE RESPONDING:	PMENT (INCLU	DING VEHICL	ES) WITH WHICH THE		
AR 15, 870 shotgun, Glock 22 and Glock 27, gas Mask, r	iot shield 1 Chevy	Tahoe			

1. MOBILE SUPPORT UNIT MEMBER INFORMAT	ION				
Name:			Title:		
Address					
City:	State			Zip Code:	
E-mail:			Phone No.		
2. MOBILE SUPPORT UNIT MEMBER REIMBURS	EMEN	TSTATU	S (Entity respo	onsible for salary and workers?	
compensation insurance while deployed as part of the					
Employed by Local Government Agency: Marion County Sheriff's Office		Employed by State Government Agency:			
Employed by Non-Governmental Employer:		Volunteer	Fire Departmen	t Member:	
Other:; If Other, please explain					
			l.mii		
3. IF EMPLOYED OR IF VOLUNTEER FIRE DEPA	RTM	ENT MEN	IBER, COMPL	ETE THE FOLLOWING:	
Employer's Name: Marion County Sheriff's Office	••••				
Employer's Mailing Address 40 S Alabama St	- r				
City Indianapolis	State	Indiana		Zip Code 46204	
Employer's Federal Tax ID: 356000172					
Employer's Contact Person:					
Contact's E-mail:	Contact's Phone No.:			e No.:	
4. IF EMPLOYED (Information to be provided by En	nploye	r's HR Dir	ector):		
Hourly Wage: 22.23	Hourly Fringe Benefits:				
Eligible for paid overtime (Yes or No): Yes					
Overtime Hourly Wage: 33.35		Overtime	Hourly Fringe B	Benefits:	
5. PERSONAL SUPPLIES AND EQUIPMENT WITH	a wiii	CHTHE	INDIVIDUAL V	WILL BE RESPONDING:	
Cold Weather Gear, AR 15, Glock 27					
6. EMPLOYER PROVIDED SUPPLIES AND EQUIINDIVIDUAL WILL BE RESPONDING:	PMEN'	r (inclu	DING VEHICL	LES) WITH WHICH THE	
Glock 22, 40 MM Launcher, 37 MM Launcher, Tac700 p	epper b	all launche	r 1 Chevy Tahoo	9	
					