

DAR Deployment Authorization Form

1. Activation / Deployment Name: _____

2. Date of initial request: _____

3. Requested by: TDEM FEMA County Other

4. Type of request received: _____

STAR
EMAC
Other

Please attach request when routing this form.

5. Anticipated funding:

Self-Funded
State-TDEM
Federal

Please explain: _____

6. Anticipated Activation / Deployment Dates:

a. Departure Date: _____

b. Return Date: _____

7. Will overtime be required? _____ (Yes or No)

8. What type of compensation will be required for overtime allowed? _____

Banked state comp time
Straight hourly pay
Other

9. Location of Anticipated Deployment? _____

10. Number of personnel required?: _____

a. Please add an enclosure with the name of all system personnel being deployed.

11. Will the activation / deployment require crew rotation? Attach proposed plan.

12. Approval to deploy

Program Director

Director Designee

Date