


ILLINOIS PRE-DEPLOYMENT ROSTER

DATE: _____  TIME: _____ LOCATION: _____ MISSION #: _____
m / d / yy

TYPE: _____ OTHER: _____ MABAS DIVISION #: _____
from to

UNIT LEADERS

(Please indicate two)

Name: _____ Department: _____ Mobile Phone #: _____

Name: _____ Department: _____ Mobile Phone #: _____

PERSONNEL ASSIGNED

Please complete yellow fields for **OUT OF STATE** response.

	First Name	Last Name	Rank	Mobile Phone	E-mail	Regular Salary Hourly Rate	Exempt / Non-exempt	Department	Div
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

SECURITY VALIDATION CODE WILL BE GIVEN TO THE OFFICER IN CHARGE AFTER RED CENTER RECEIVES THIS COMPLETED DOCUMENT

E-mail: dispatch@redcenter.org | Fax: (847) 498-5968

