



**Incident Qualifications and
Certification
Individual Employee Update**

(Note: this form is to be used only for updating employee records that are already established in the IQCS)

Header Information			
FULL LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD:			
		Employment Kind (Career, Career Seasonal, Casual Hire, Temporary, Volunteer)	
		Fitness Rating (Arduous, Moderate, Light, None)	
Employee Number (IQCS #)		Fitness Date (MM/DD/YYYY)	
Org Code	0513 _____	Group (IMT Member and Team name)	
Unit ID	CA-SQF	IRDP Incident Responder Development Plan (Y/N)	
OPM Job Code (this can be found on the SF 50)		Salary plan/Grade (GS, WG, WL, WS, AD, ES, EM)	

Incident Qualification Card <i>(list only the positions wanted on your red card)</i>			
Qualified Positions		Trainee Positions	
Position Code	Position Code	Position Code	Position Code
JOB CODE = Four digit code for the job performed (ex.: FFT2 = Firefighter Type 2)			

Training administered within IQCS will automatically be applied to the individual's record when the course session is completed

Employee Training Entry (Attach Off-Forest Training Certificates)			
Course Code	Date Completed (MM/DD/YYYY)	Course Code	Date Completed (MM/DD/YYYY)
EXAMPLE: S190	02/21/2004		

FORM MUST BE SIGNED BY SUPERVISOR AND UNIT REP. PRIOR TO TURNING THE FORM IN.

EMPLOYEE SIGNATURE		DATE	
SUPERVISOR		DATE	

