

Sequoia National Forest Position Task Book Initiation/Certification Request Form

Trainee Name:
IQCS Number :
Trainee Position:
Date of Request:

Fax or send hard copy to:
Forest Fire Training Officer
Fax # (559) 782-1170
Form MUST be signed

- POSITION TASK BOOK INITIATION REQUEST**
 TRAINEE POSITION REQUEST (NO POSITION TASK BOOK AVAILABLE)

I verify that the individual listed above meets all prerequisite training and experience as outlined in the current FSH 5109.17; and that documentation of satisfactory completion for required training courses, and satisfactory performance in any required prerequisite experience have been reviewed and are on file.

Number of current incomplete task book(s) issued to employee:

FQRC Unit Representative or Acting Signature: _____

- Task book initiated (date):
 Task book request returned:

Reason:

- POSITION TASK BOOK CERTIFICATION REQUEST**
 QUALIFICATION CERTIFICATION REQUEST (NO POSITION TASK BOOK AVAILABLE)

I verify that the individual listed above meets all prerequisite training and experience as outlined in the current FSH 5109.17; and that documentation of satisfactory completion for required training courses, and satisfactory performance in any required prerequisite experience and in current trainee position have been reviewed and are on file.

Unit Representative Signature: _____

Record of FQRC Review: Electronic (unanimous required) Meeting (majority required)
 Date of Vote:

Member	Concurrence		Member	Concurrence	
	Yes	No		Yes	No
Deputy Forest Fire Staff Officer			Div 2		
Union Representative	<i>Audit Only</i>		Div 3		
IQCS Administrator	<i>Audit Only</i>		Div 4		
Line Officer Representative			Div 5		
OC Crew Representative					

Certifying Official's Decision:

- Concur with District/Unit Recommendation.
 Do Not Concur with District/Unit Recommendation.

Reason/Recommendation:

Certifying Official Signature: _____

Date: