



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement S-261 Applied Interagency Incident Business Management

Nominations due 4/5/2010

Minimum number of students: 10

Maximum number of students: 30

S-261 is designed to be taken after completion of S-260.

Objectives: At the successful completion of this course, students will describe roles and responsibilities, and demonstrate proficiency in the skills/knowledge required to perform the tasks of the following positions:

- Commissary Manager (CMSY)
- Equipment Time Recorder (EQTR)
- Compensation for Injury Specialist (INJR)
- Claims Specialist (CLMS)
- Personnel Time Recorder (PTRC)

This information is pertinent to all individuals who are required to take and have completed S-260.

DATES OF CLASSES: S-261 January 13-15, 2010. Class begins at 1300 on January 13th.

PREREQUISITES: None

TARGET GROUP: Personnel desiring to be qualified as one or more of the financial positions.

LOCATION: Wenatchee– Supervisor's Office, 215 Melody Lane

COURSE COORDINATOR:

Jason Heinz
Okanogan-Wenatchee Supervisor's Office
215 Melody Lane
Wenatchee, WA 98801
509-664-9235 509-664-9284 Fax
jheinz@fs.fed.us

Mail, e-mail or FAX registrations to: Jason Heinz



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Part I TRAINING NOMINATION

Course Number S-261	Course Name Applied Incident Business Management	PRIORITY ____ of ____
IQCS Session Number	Course Location Okanogan-Wenatchee SO	Course Date(s) 4/28-30/2010
Course Tuition (if required)	Course Coordinator Name (First Last) Jason Heinz	Course Coordinator Phone Number 509-664-9235
Course Coordinator E-Mail jheinz@fs.fed.us	Course Coordinator FAX Number 509-664-9284	Date Submitted
Employee's IQCS ID Number:		
Nominee's Name (First MI Last)		
Working Job Title		E-Mail
Agency Name		Fax
Home Unit	Nominee's Mailing Address (if different)	
Street	Street	
City	State	City State
Zip	Telephone	Zip Telephone
List training completed and dates pertinent to this course:		
List your past qualifications pertinent to this course:		
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)		
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)		
Remarks:		