

FQS Transmittal Log

<<To be filled out by the Cadre Manager>>

Review reason:

Certification

Decertification

Transfer

Section A. Employee Information		
Employee Name:	ADD PID #:	
Employee Type:	<input type="checkbox"/> RSV <input type="checkbox"/> CORE <input type="checkbox"/> PFT <input type="checkbox"/> TFT <input type="checkbox"/> FEMA Corp <input type="checkbox"/> IM CORE <input type="checkbox"/> Other (specify):	
Current FQS Title:	FQS Identifier:	Proficiency: <input type="checkbox"/> Trainee <input type="checkbox"/> Qualified
Title for Review/Assignment:	FQS Identifier:	Proficiency: <input type="checkbox"/> Trainee <input type="checkbox"/> Qualified
Section B. Documentation Received in Support of Request		
Verification of Disaster Experience: <input type="checkbox"/> Incident Action Plan (IAP) <input type="checkbox"/> JFO Organization Chart <input type="checkbox"/> ICS 204 form with assignment indicated <input type="checkbox"/> Incident Performance Appraisal(s) relevant to requested FQS title <input type="checkbox"/> Verification letter from section chief or senior leadership <input type="checkbox"/> Completed Trainee or Candidate PTB		
<input type="checkbox"/> ADD F2 Record and/or Employee Assignment History		
<input type="checkbox"/> TIAS Record(s)		
<input type="checkbox"/> FEKC Record(s)		
<input type="checkbox"/> Non-FEMA disaster operations training and experience		
<input type="checkbox"/> FQS Qualification Sheet for position title		
<input type="checkbox"/> Other (Resume, Professional Certification, training certificates, etc...) specify:		
Recommendation to Certifying Official: Certify <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Recommend alternate Title and Proficiency** <input type="checkbox"/> Issue Candidate PTB		
** Alternate Title-	FQS Identifier:	Proficiency: <input type="checkbox"/> Trainee <input type="checkbox"/> Qualified
Candidate PTB Title-	FQS Identifier:	PTB# Issued:
*If no, indicate rationale & recommended actions: <input type="checkbox"/> Incomplete package <input type="checkbox"/> Force Structure # <input type="checkbox"/> Other (specify):		
If change in proficiency or title for program administrative purposes (include justification below): <input type="checkbox"/> Administrative Error <input type="checkbox"/> Experience Justification <input type="checkbox"/> Other		
Subordinate Title(s)-If Primary title is <u>Qualified</u> you may add up to 3 subordinate positions. <input type="checkbox"/> No subordinate title (s)		
Assign the following subordinate titles: (Subordinate proficiency <u>MUST</u> be <u>Qualified</u>)		
1-FQS Title: _____	FQS Identifier: _____	Proficiency: Qualified
2-FQS Title: _____	FQS Identifier: _____	Proficiency: Qualified
3-FQS Title: _____	FQS Identifier: _____	Proficiency: Qualified
Cadre Manager (Print): _____	(Sign): _____	Date: _____
Section C. Certifying Official		
<input type="checkbox"/> Non-Supervisory Position Approve recommendation : <input type="checkbox"/> Yes <input type="checkbox"/> No (include rationale & actions below)	<input type="checkbox"/> Supervisory Position Review package, sign, & forward to Qualification Review Board (QRB) Chair	
Certifying Official (Print): _____	(Sign): _____	Date: _____
Section D. Qualification Review Board (Supervisory Positions Only)		
Recommendation to Certify: <input type="checkbox"/> Yes <input type="checkbox"/> No (include rationale & actions below)		
QRB Chair (Print): _____	(Sign): _____	Date: _____
Section E. Certifying Authority		
Certify QRB recommendation: <input type="checkbox"/> Yes <input type="checkbox"/> No (include justification below)	Decertification: <input type="checkbox"/> Yes (include justification below)	
Justification: _____ <small>Provide justification as displayed in subject line of letter to the employee. Attach additional justification as necessary.</small>		
Certifying Authority (Print): _____	(Sign): _____	Date: _____
Section F. Notification of Decision		
<input type="checkbox"/> Email Transmittal Log to- FEMA-FQS-Program@fema.dhs.gov	Date: _____	