

# EMPLOYEE REQUEST FORM - QRB

## FEMA Qualification System (FQS) Incident Management QRB Position Title

The FEMA Qualification System (FQS) is a performance based evaluation system designed to ensure a qualified disaster workforce through experience, training, and demonstrated performance. Only this form and supporting materials will be used during the review process. Only experiences that are applicable to the FQS position title(s) requested should be included. Incomplete packages will be returned.

***Applicant is responsible for filling out this form.***

***This form is for FQS Position Titles that require the Qualification Review Board (QRB) process***

**Applicant must coordinate with Incident Workforce Management Division (IWMD) Liaison and/or Cadre Manager prior to filling out this form. Upon request, the IWMD Liaison/Cadre Manager will assist the applicant in collecting or locating the required materials listed below.**

### **Full-Time Equivalent (FTE) and Reservists (RSV) must use this form for the following actions:**

- Request a Supervisory Incident Management Candidate FQS Position Task Book (PTB)
  - Must be QUALIFIED in an FQS position title in immediate subordinate title progression
- Request Review for certification of a completed Supervisory Incident Management Candidate PTB
  - Supervisory FQS position titles are reviewed by the QRB
  - Employee will receive a response within 60 days of packet submission to the QRB
  - 60 days begins the date the QRB convenes for consideration
- Request for initial FQS position title with supervisory experience (must have program approval)

### **Documentation in support of request:**

- Verification of FQS position titles held during disaster deployments:
  - Required verification of disaster experience (see form for document options)
  - Automated Deployment Database (ADD) record to *supplement* verification of number and length of deployments. *Given limits within the Automated Deployment Database (ADD), the system may not accurately represent the disaster positions you have held.*
  - A completed and signed PTB (if applicable)
- Required Qualification Training Information Access System ([TIAS](#))\* AND FEMA Employee Knowledge Center ([FEKC](#))\*\* Records
- Equivalent experience outside FEMA applicable to experience or skills required by FQS and outlined in position task books (PTBs)
- Equivalent training taken outside FEMA applicable to required for FQS position titles
  - Include justification and course information for equivalency consideration for required FQS courses
  - Course equivalency may not be used to certify applicants for Type I FQS position titles
- Other (Resume, Professional Certification, training certificates, etc...)

### **Submitting the forms and documentation:**

Applicants should submit completed packages to the email address below using the following naming convention in the subject line:

To: [FEMA-FQS-Program@fema.dhs.gov](mailto:FEMA-FQS-Program@fema.dhs.gov)

Subject: **FQS packet submission – Employee name – FQS position title Mnemonic – Program name**

\*TIAS: <http://netctraindl.fema.net/tias/> : Student Participation Records

\*\*FEKC: <http://kc.fema.net/>

# Employee Request Form for FQS Position Titles requiring QRB Review

|   |                        |
|---|------------------------|
| Employee Name _____   | Employee Email _____   |
| FQS Cadre Name _____  | Employee Phone # _____ |
| <b>FQS Position Title for Consideration</b> _____<br><i>Select the most appropriate FQS position title for which the applicant's qualifications best align. Applicants will automatically be considered for a subordinate FQS position title if not qualified in the selected title or if force structure will not permit. List more than one FQS position title if it is in a different technical progression within the same program.</i> |                        |
| Supervisor of Record (FTE only) _____   | Signature _____        |
|   | Date _____             |

| Documentation in Support of Request. <i>Include as many items as possible:</i>  |                          |
|---|--------------------------|
| Verification of Disaster Experience <ul style="list-style-type: none"> <li>▪ Incident Action Plan (IAP)</li> <li>▪ JFO Organization Chart</li> <li>▪ ICS 204 form with assignment indicated</li> <li>▪ Incident Performance Appraisal(s) relevant to requested FQS title (regular duty performance appraisal is not applicable)</li> <li>▪ Verification letter from section chief or senior leadership</li> <li>▪ Completed Trainee or Candidate PTB (<b>required</b>)</li> </ul> | <input type="checkbox"/> |
| Automated Deployment Database (ADD) F2 Record and/or Employee Assignment History (required)   | <input type="checkbox"/> |
| Training Information Access System ( <a href="#">TIAS</a> ) Records for position required courses (if applicable)   | <input type="checkbox"/> |
| FEMA Employee Knowledge Center ( <a href="#">FEKC</a> ) Records for position required courses (if applicable)   | <input type="checkbox"/> |
| Non-FEMA disaster operations training and experience for FQS position title requested, description and verification   | <input type="checkbox"/> |
| Other (Resume, Professional Certification, training certificates, etc...)   | <input type="checkbox"/> |
| Qualification Sheet for FQS position title  | <input type="checkbox"/> |

| Required Training   |          |               |
|---|----------|---------------|
| Reference FQS title specific required training from corresponding FQS title Qualification Sheet and the FQS Required Courses for Command and General Staff Qualification Sheet: <a href="http://www.fema.gov/fema-qualification-system">www.fema.gov/fema-qualification-system</a> : <a href="#">FQS Qualification Sheets</a> |          |               |
| FQS position specific Training (Required)   | Course # | Date Complete |
|   |          |               |
|   |          |               |
|   |          |               |
| Command and General Staff Training (Required)   | Course # | Date Complete |
|   |          |               |
|   |          |               |
|   |          |               |
| Non-FEMA Training Equivalent to FQS position title  | Course # | Date Complete |
|   |          |               |
|   |          |               |

| Subordinate Titles   |
|--|
| <b>List up to three (3) FQS position titles subordinate to the selected title that align with the applicant's qualifications.</b><br>See FQS position title qualification sheet and flow chart at <a href="http://www.fema.gov/fema-qualification-system">www.fema.gov/fema-qualification-system</a> : <a href="#">FQS Flow Charts</a> |
| 1.   |
| 2.   |
| 3.   |

## Employee Request Form for FQS Position Titles that require QRB Review (continued)

| FEMA Emergency/Disaster Operations Experience  |  |                              |               |       |                    |
|--|--|------------------------------|---------------|-------|--------------------|
| <b>Summarize FEMA emergency/disaster experience relevant to requested FQS positions title.</b> Start by listing the target position and any disasters that were supported in that specific title. Then list other positions related or subordinate to the target position. |  |                              |               |       |                    |
| FQS Position Title(s)  | DR#-State                                  | Verification document or PTB | Disaster Type | Dates | # of Days          |
| [Requested Position]   |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  | <b>Total # of deployments in position:</b> |                              |               |       | <b>Total Days:</b> |
| [Related Position]   |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  | <b>Total # of deployments in position:</b> |                              |               |       | <b>Total Days:</b> |
| [Another Related Position]   |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  |  |                              |               |       |                    |
|  | <b>Total # of deployments in position:</b> |                              |               |       | <b>Total Days:</b> |

| Non-FEMA Emergency/Contingency Operations Experience (if applicable)   |
|--|
| <b>Summarize applicable Non-FEMA emergency/contingency operations experience related to target position.</b><br>List: specific experience, a brief description, justification, as well as dates, location, position/role and any other relevant information. Add rows or attach additional justification, if needed. |
| 1.   |
| 2.   |
| 3.   |

Send complete package to [FEMA-FQS-Program@fema.dhs.gov](mailto:FEMA-FQS-Program@fema.dhs.gov) with the following subject line:  
**QRB packet submission – Employee name – FQS position title Mnemonic – Program name**