**IQS- Adding/Removing Personnel**

Request Date: Click here to enter a date.

Last Name:­­­­­­­­­­­­­­­­­­­­­­­­­ Click here to enter text. First Name: Click here to enter text. Middle Initial: Click here to enter text.

Adding:  Removing:

Agency:­­­­­ Click here to enter text.

Personnel ID #:­­ Click here to enter text.

Email Address: Click here to enter text.

Has this employee worked for another agency? Yes  No

If yes, what agency (State and Agency Identifier): Click here to enter text.

Position: ­­­­­­­­­­ Click here to enter text. Trainee:  Qualified:

Effective Date:­­­­­­­ Click here to enter a date.

Position: ­­­­­­­­­­ Click here to enter text. Trainee:  Qualified:

Effective Date:­­­­­­­ Click here to enter a date.

Comments: Click here to enter text.

By submitting this form the below named Fire Chief is authorizing the above named individual to be placed into ROSS for the identified position (s). The Fire Chief certifies that:

The above named person meets all the requirements as set forth in the CICCS for the position (s) being submitted on this form.

The above named person meets the department’s physical fitness standard.

That final review and approval for the qualification of the above named person following Peer Review Committee has occurred.

Approved by Fire Chief: Click here to enter text.

Date: Click here to enter a date.