Incident Qualification & Certification System

Add New /Transfer Existing Employee

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, MI) |  | | |
| Date of Birth[[1]](#footnote-1) |  | SSN (last 4) | xxx-xx- |
| Contact INFO | | | |
| Work Address |  | Home Address (opt.) |  |
| Gov. Email |  | Personal Email (opt.) |  |
| Work Phone | -   -     x | Home Phone (opt.) | -   - |
| Gov. Cell | -   - | Personal Cell (opt.) | -   - |
| Work Info | | | |
| Organization ID |  | Unit ID |  |
| Job Title |  | Series/Grade |  |
| Status  (permanent full-time, seasonal, etc.) |  | Start Date |  |

## If transferring from another unit, please provide Dispatch Center contact info. to locate your records:

Dispatch Center:

Contact Name:

Phone:    -   -     x

1. Date of Birth and Social Security Number are hidden after data is entered into IQCS. IQCS follows Privacy Act standards for collecting this information. [↑](#footnote-ref-1)