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)