**Optional Position Task Book Review Form**

This is an optional form to be completed by the employee and the supervisor prior to submission to the FQRC.

Attach the original task book to this sheet for review.

|  |  |
| --- | --- |
| **Name:** |  |
| **Forest/District:** |  |
| **Review Date:** |  |
| **Training Position:** |  |
| **Taskbook Initiated:**  (MM/YY; BY WHOM) |  |
| **First Assignment:**  **(MM/YY)** |  |

|  |  |  |
| --- | --- | --- |
| **TRAINING** | | |
| Required Training Courses: | Completed mm/yy | \*\*Certificate on File? |
|  |  | YES NO |
|  |  | YES NO |
|  |  | YES NO |
|  |  | YES NO |
|  |  | YES NO |
|  |  | YES NO |

|  |  |
| --- | --- |
| **PREREQUISITE POSITION(S)** | |
|  | Date Certified mm/yy |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **TASKBOOK POSITION PERFORMANCE ASSIGNMENTS:** | | |
| Date | Incident Name/Location | Evaluator’s Name |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **FINAL EVALUATOR** | | |
| Date | Incident Name/Location | Evaluator’s Name |
|  |  |  |

\*\*If no certificate is on file, explain in notes i.e. copy of class completion roster, SF-182 or instructor documentation