

# Alaska Priority Trainee Program Nomination Form

*Due to AK GATR by May 20<sup>th</sup>, 2016*

<b>Employee Name:</b>	<b>Home Unit Identifier:</b> (e.g AK-TAD)
<b>Contact Numbers: Work:</b> (these should be listed in ROSS)	<b>Cell:</b>
	<b>Home:</b>
<b>Email Address:</b>	<b>Local Dispatch Office Unit ID</b> (e.g AK-YTDC)
<b>Trainee Position Applying For:</b> (create one form for each trainee position employee applies for)	<b>Employment Classification:</b> (Agency, Cooperator, EFF or AD)
<b>Date of Initiation or First PTB Assignment:</b>	<b>Date of Last Assignment in this PTB:</b>
<b>Percentage of PTB Completed:</b> (Figure PTB% by # of completed task divided by # of total tasks)	<b>Need Assignment for Recertification: Y N</b> (lost currency)
<b>Is the qualification needed for career development and identified in employees IDP? Y N</b>	<b>Is this qualification needed to fill critical incident management capacity shortage at the local unit level? Y N</b>
<b>Is this position required for you position description in your primary job? Y N</b>	
<b>Have you completed all the required training (310-1) for the position? If not what do you need?</b>	
<b>Comments/ Justification (applicants should provide comments to support their above answers)</b>	

**By signing this form you agree to adhere to the following rules of responsibility to participate in the Alaska Priority Trainee Program:**

- Maintain accurate reflection of your availability in ROSS. If you are unavailable, your ROSS status should be listed as unavailable. If you have questions on how to status yourself, contact your supervisor or local dispatch center. If you fail to do this, your participation in the program may be terminated.
- Keep you contact information in ROSS current. If we can not get ahold of you, you will miss the assignment.
- Upon return from assignment, let your training officers know about the progress you made in your PTB. Training officers please inform the GATR of this progress so the list can be properly maintained.

Signatures:

\_\_\_\_\_  
Trainee Signature \_\_\_\_\_  
Date

I agree to support this program and make the above individual available for trainee assignments

\_\_\_\_\_  
Supervisor/ FMO Signature \_\_\_\_\_  
Phone \_\_\_\_\_  
Date

\_\_\_\_\_  
Validated by Unit Training Officer Signature \_\_\_\_\_  
Phone \_\_\_\_\_  
Date