

Human Resource Specialist (HRSP3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Finance/Administration Section

Type 3

The Human Resource Specialist (HRSP3) will be used as assigned by the Finance Section Chief or designee.

May 2018



For more information or to suggest changes, corrections, or improvements, please contact:

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State of Alaska (SOA)

Type 3 Position Task Book (PTB)

State of Alaska (SOA) Type 3 Position Task Books (PTBs) have been created for designated National Incident Management System (NIMS) positions. Each PTB lists the competencies, tasks, and behaviors required to be successful in a specific position. Trainees must complete all competencies, tasks, and behaviors and demonstrate acceptable performance during the completion of this PTB.

Evaluator(s) will complete an Evaluation Record documenting the trainee's progress after each evaluation opportunity. Trainees will be observed and evaluated by qualified evaluators during a qualifying event and their performance will be documented in the PTB for each task by entering the Evaluation Record number, date of completion, and the evaluator's initials. Evaluation and confirmation of the trainee's performance on all tasks may require more than one qualifying event and may involve more than one evaluator during each opportunity.

After the trainee has met all the requirements in the State of Alaska (SOA) Type 3 Position Task Book (PTB), the home Agency will complete the final agency certification verifying the trainee is qualified in the position and will submit the Agency-certified PTB to the Alaska Interstate Mutual Aid Committee/Credentialing Subcommittee for approval and issuance of an SOA Type 3 All Hazards Credential.

Position Task Book Timeline

1. Emergency management experience must include a minimum of three (3) events.
 - Emergency management events may include one (1) tabletop exercise and at least two (2) emergency management events.
 - Additional events may be required to complete the qualification process.
2. The three (3) emergency management events must occur within a five (5) year period.
3. All qualifying events must be completed within a five (5) year period with no more than three (3) years between each event.

Training Specialist/Certifying Official Responsibilities

1. Be authorized by the AHJ.
2. Maintain PTBs and training records for agency staff.
3. Initiate or issue PTBs and blank Evaluation Records to trainees when they are deployed on a Type 3 assignment.
4. Meet with the Evaluator and Trainee to discuss training and experience needs.
5. As the Trainee completes required training, enter the information into the Required Training section on page 2 of the PTB.

6. Once a Trainee completes all the requirements of a Position Task Book (PTB) and is approved by the AHJ, submit a Nomination Package to the DHS&EM for processing, which includes fully completed:
 - PTB and associated Evaluation Records
 - “Agency Certification” (last page of PTB)
 - State of Alaska Type 3 Nomination Application
7. Provide a report to the DHS&EM Training Section once a year showing how individuals maintained their currency for All-Hazards credentialing (see page 16 of the All Hazard Qualification Guide).

Trainee Responsibilities

1. Review and understand the assigned PTB.
 2. Share training and experience with the Evaluator and Training Specialist.
 3. After each assignment, meet with the evaluator to review and discuss overall performance and the continued expectations to successfully perform all competencies, tasks, and behaviors for the assigned position.
 4. Return the PTB and Evaluation Record to your home agency.
 5. Understand that PTBs do NOT replace the standard performance appraisal process by your home agency.
 6. Coordinate with the AHJ to find opportunities to maintain currency once Type 3 All-Hazards credentialing has been obtained.
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1. Be qualified in the position for which they are evaluating a trainee.
 2. Review the competencies, tasks, and behaviors listed in the PTB, so you know what to observe while the trainee performs his/her duties.
 3. Fully complete an Evaluation Record form for each qualifying event the trainee has participated.
 - The evaluation records should be numbered sequentially.
 - The evaluator must sign and date the Evaluation Record form, which validates the trainee’s experience.
 4. For the current Type 3 qualifying event:
 - Enter the evaluation record number, date, and initials into the PTB, if the trainee performed the task.

OR

 - Enter N/A, date and initials, if the task was not performed by the trainee.
 5. Conduct the PTB review meeting in a private setting.
 - Begin by asking the individual to comment on his or her performance, including strengths, areas needing improvement, and any thoughts for training.
 - Provide a summary of the trainee’s overall performance demonstrated during the assigned event.
 - Review the completed assessment with the trainee.
 - Return the PTB and Evaluation Record to the trainee, so they can return it his/her home agency.
 6. Once a trainee completes all the requirements of the PTB, review the evaluation records and PTB entries to ensure they are completed correctly.
 - On the trainee’s final assignment, complete the Final Evaluator’s Verification section and submit the completed PTB to the AHJ Training Specialist recommending Type 3 All-Hazards Credentialing.



State of Alaska Position Task Book

Evaluation Record #: _____

Trainee Information

Printed Name: _____

Position: **Human Resource Specialist Type 3
(HRSP3)**

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Evaluator Information

Printed Name: _____

Evaluator position: _____

Agency Name: _____

Agency Address: _____

Home Unit Phone Number: (____) _____

Incident/Event Information

Incident/Event Name: _____

Incident # and/or Code: _____ Duration: _____

Training Start Date: _____ End Date: _____

Incident Kind: Flood Fire Ground Failure/Avalanche/Landslide Planned Event

Other All Hazard (specify): _____

Location (include governmental/geographic area): _____

Management Type (check one): Type 5 Type 4 Type 3 Type 2 Type 1 Area Command

Evaluator's Recommendation (initial only one line as appropriate):

- _____ 1) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner. The trainee has successfully performed all tasks in the PTB for the position. I have completed the Final Evaluator's Verification section and recommend the trainee be considered for agency certification.
- _____ 2) Tasks initialed and dated by me on the Qualification Record have been performed under my supervision in a satisfactory manner; however, opportunities were not available for all tasks (or all uncompleted tasks) to be performed and evaluated on this assignment. An additional assignment is needed to complete the evaluation.
- _____ 3) Trainee did not complete certain tasks in the PTB in a satisfactory manner and additional training, guidance, or experience is recommended.
- _____ 4) Trainee is severely deficient in the performance of tasks in the PTB for the position and additional training, guidance, or experience is recommended prior to another training assignment.

Record additional remarks/recommendations on an Individual Performance Evaluation or attach an additional page to this evaluation record.

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

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State of Alaska Position Task Book

Human Resource Specialist Type 3 (HRSP3)

Task book assigned to:

Trainee's Name: _____

Trainee's Email Address: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Task book initiated by:

Official's Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Address: _____

Home Unit Phone Number: (_____) _____ Date: _____

Home Unit/Agency is the agency that provides opportunities for individuals to complete the requirements of the State of Alaska Type 3 Position Task Books.

The material contained in this book accurately defines the performance expected of the position for which it was developed. This PTB is approved for use as a position qualification document in accordance with the instructions contained herein.

Competency: Complete required training documented by the AHJ Training Specialist.

Description: Obtain the required training that will provide an understanding of the duties, responsibilities, and capabilities of an effective **Human Resource Specialist (HRSP3)** on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

Behavior: Complete required training for position qualification.	Date Completed	Training Specialist Initials
<u>IS-100.B: Introduction to Incident Command System, ICS-100</u>		
<u>IS-200.B: ICS for Single Resources and Initial Action Incidents</u>		
<u>IS-700.A: National Incident Management System (NIMS) An Introduction</u>		
<u>IS-800.B: National Response Framework, An Introduction</u>		
ICS-300 Intermediate ICS for Expanding Incidents		

Competency: Assume position responsibilities.

Description: Successfully assume role of Human Resource Specialist (**HRSP3**) and initiate position activities at the appropriate time according to the following behaviors.

Behavior: Ensure readiness for assignment.	Evaluation Record #, Evaluator Initials, and Date
1. Obtain valid Resource Order from Dispatching Agency. <ul style="list-style-type: none"> • Incident information (name, order number, phone numbers, etc.). • Expected reporting time and location • Contact procedures during travel (telephone/radio) • Transportation arrangements/travel routes • Lodging/meal/per diem arrangements • IAP and/or Situation Reports 	
2. Obtain pre-assembled kit, which includes, but is not limited to: <ul style="list-style-type: none"> • Agency-specific and ICS forms. • References appropriate to the incident. • Agency policies & procedures. • Office supplies appropriate to the function. • Home agency PTB. 	
3. Obtain the appropriate equipment for the assignment, for example, laptop, printer, cell or satellite phone, weather gear, PPE, etc.	
4. Arrive at assignment and check in.	

Behavior: Ensure availability, qualifications, and capabilities of resources to complete assignment.	Evaluation Record #, Evaluator Initials, and Date
5. Install a workstation within the first operational period following check-in. <ul style="list-style-type: none"> • Visible/accessible • Identifiable with Human Resource Specialist sign and availability information. • Adequate space for two or more persons. 	
6. Obtain phone/radio from Communications Unit.	
7. Order additional Human Resource Specialists if needed. <ul style="list-style-type: none"> • Ensure prompt advice and assistance to managers/supervisors with resolution of issues. 	
Behavior: Gather, update, and apply situational information relevant to the assignment.	Evaluation Record #, Evaluator Initials, and Date
8. Gather information necessary to assess incident assignment and determine immediate needs and actions. <ul style="list-style-type: none"> • Incident Commander's/supervisor's name and location; make contact. • Current resource commitments. • Current incident situation. • Expected duration of assignment. 	
9. Obtain and assemble cooperating and assisting agency information for use in answering requests and resolving problems. <ul style="list-style-type: none"> • Contact persons (e.g., Interagency Resource Representative, Contracting Officer's Technical Representative, Crew Representatives). • Policies on civil rights, Equal Employment Opportunity (EEO), sexual harassment, appropriate behavior. • Contact/post local union information. • Phone number. • Number and types of contracts, contractors, and contractor representatives. • Number of personnel. • Copy of Incident Action Plan (IAP) or other relevant plan. • Conditions of personnel (physical, mental, emotional). • Agency constraints. • Interagency and Tribal Agreements/liaison contact. 	

Behavior: Establish effective relationships with relevant personnel.	Evaluation Record #, Evaluator Initials, and Date
10. Conduct self in a professional manner. <ul style="list-style-type: none"> • Respectful and courteous. • Respectful of public and private property. 	
11. Establish and maintain positive interpersonal and interagency working relationships.	
12. Contact personnel relevant to assignment. <ul style="list-style-type: none"> • Geographic Area Human Resource Specialist Coordinator. • Host unit contacts for Human Resources, Employee Relations, and Contracting. 	
Behavior: Understand and comply with ICS concepts and principles.	Evaluation Record #, Evaluator Initials, and Date
13. Apply the ICS. <ul style="list-style-type: none"> • Follow chain of command. • Maintain appropriate span of control. • Use appropriate ICS forms. • Use appropriate ICS terminology. 	

Competency: Communicate effectively.

Description: Use suitable communication techniques to share relevant information with appropriate personnel on a timely basis to accomplish objectives in a rapidly changing, high-risk environment.

Behavior: Ensure relevant information is exchanged during briefings and debriefings.	Evaluation Record #, Evaluator Initials, and Date
14. Obtain briefing from immediate supervisor and Incident Commander within the first operational period. <ul style="list-style-type: none"> • Information on situations from current/previous Human Resource Specialist assigned. • Update incident information by the beginning of each operational period. 	

<p>15. Conduct appropriate periodic briefings at predetermined times and location to keep cooperating agencies informed of problems, concerns, and issues.</p> <ul style="list-style-type: none"> • Actions taken involving the cooperating agency. • Copies of information gathered and supplied to the agency representative. 	
<p>16. Present pertinent human resource messages.</p> <ul style="list-style-type: none"> • Morning and/or night shift briefings. • IAP or other relevant plan, daily. 	
<p>Behavior: Ensure documentation is complete and disposition is appropriate.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>17. Maintain ICS 214, Unit Log and file with the Documentation Unit at the end of each operational period.</p>	
<p>18. Complete contact information sheet for contacts involving civil rights or requiring fact-finding or conflict/problem resolution.</p> <ul style="list-style-type: none"> • Send Contact Information Report to the Geographic Area Human Resource Specialist Coordinator at the end of an assignment. 	
<p>19. Provide appropriate documentation for the Incident Management Team (IMT) as well as home and host units.</p>	
<p>Behavior: Gather, disseminate, and explain information as necessary.</p>	<p>Evaluation Record #, Evaluator Initials, and Date</p>
<p>20. Establish a bulletin board for messages and current information.</p> <ul style="list-style-type: none"> • Check with Information Officer. 	
<p>21. Attend incident planning and command staff meetings as required.</p>	
<p>22. Interact and coordinate with command and general staff.</p> <ul style="list-style-type: none"> • Provide accurate and timely advice assistance. • Maintain personal visibility and presence. 	
<p>23. Provide input on demobilization priorities.</p> <ul style="list-style-type: none"> • Obtain assisting and cooperating agency input to the demobilization process. • Communicate demobilization information to cooperating and assisting agencies at least one operational period prior to demobilization. 	

Competency: Ensure completion of assigned actions to meet identified objectives.

Description: Identify, analyze, and apply relevant situational information and evaluate actions to complete assignments safely and meet identified objectives. Complete actions within established timeframe.

Behavior: Follow established procedures and/or safety guidelines relevant to given assignment.	Evaluation Record #, Evaluator Initials, and Date
<p>24. Ensure oral and written human resources messages are consistent with relevant federal/local laws, regulations, and policies.</p> <ul style="list-style-type: none"> • Mutual respect and fair treatment • Personnel practices • Civil rights 	
<p>25. Provide for the safety and welfare of assigned resources.</p> <ul style="list-style-type: none"> • Communicate potential hazardous or inappropriate work situations. • Account for assigned resources. • Ensure special precautions are taken and work rest guidelines are followed. • Council subordinates immediately if deficient performance occurs. 	
Behavior: Effectively advise and assist in resolving human resource issues that occur during the incident or event.	Evaluation Record #, Evaluator Initials, and Date
<p>26. Provide accurate and timely advice and assistance to successfully resolve conflicts between parties.</p> <ul style="list-style-type: none"> • Fulfill requests for information or refer requester to appropriate source for information, within the work period request was made. 	
<p>27. Take steps through appropriate lines of authority to resolve problems within the first operational period.</p> <ul style="list-style-type: none"> • Inform parties of intent to ascertain facts surrounding the situation or problem. • Interview parties involved to gather and document facts. • Follow-up with managers/supervisors within the operational period to ensure their expectations were met. • If problems or requests remain unsolved or incomplete after follow-up, advise management they should be addressed with the cooperating agency and agency representative, and provide supporting documentation. • Advise immediate supervisor of concerns related to multi-agency involvement. • Use diplomacy in the resolution of concerns. 	

Behavior: Transfer position duties while ensuring continuity of authority, knowledge, and the incident complexity.	Evaluation Record #, Evaluator Initials, and Date
<p>28. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency).</p> <ul style="list-style-type: none"> • Inform incoming/outgoing IC, Section Chief, and/or staff. • Ensure there is no adverse impact on safety or productivity. • Document follow-up action needed by relief staff. • If necessary, coordinate with agencies about transfer of command. 	
Behavior: Plan and implement demobilization procedures.	Evaluation Record #, Evaluator Initials, and Date
<p>29. Anticipate demobilization of resources.</p> <ul style="list-style-type: none"> • Identify excess resources. • Prepare schedule for demobilization. 	
<p>30. Ensure incident and agency demobilization procedures are followed.</p> <ul style="list-style-type: none"> • Brief subordinate staff on demobilization procedures and responsibilities. • Demobilize incident resources by predetermined priorities or as work progress dictates. 	
<p>31. Demobilize equipment and process any claims.</p> <ul style="list-style-type: none"> • Prepare equipment/services for release. • Notify contractors/vendors of impending release schedule. • Process any claims for damage, loss, or wear on equipment, leases or facilities. 	
<p>32. Ensure your PTB is completed by the Finance Section Chief (FSC3).</p>	
<p>33. Demobilize and check out.</p> <ul style="list-style-type: none"> • Receive demobilization instructions from incident supervisor. • If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. 	
<p>34. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to:</p> <ul style="list-style-type: none"> • Identify strengths that should be maintained and built upon. • Identify potential areas for improvement and propose solutions. 	



**State of Alaska Position Task Book
Verification/Certification of Completed Task Book**

Human Resource Specialist Type 3 (HRSP3)

Final Evaluator’s Verification

To be completed ONLY when the trainee has fully completed all required assignments and is recommended for credentialing.

I verify that (trainee name) _____ has successfully performed as a trainee by demonstrating all tasks for the position listed above, has completed all required training assignments, and should be considered for credentialing in this position. All tasks are documented with appropriate initials.

Final Evaluator’s Signature: _____

Final Evaluator’s Printed Name: _____

Home Unit Title: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

Agency Certification

I certify that (trainee name) _____ has met all requirements for qualification in the above position.

Certifying Official’s Signature: _____

Certifying Official’s Printed Name: _____

Title: _____

Certifying Official’s Email Address: _____

Home Unit/Agency: _____

Home Unit Phone Number: (_____) _____ Date: _____

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