Travel Specialist (TRVS3)

State of Alaska

All-Hazards

Position Task Book

Assessment and Guide

Finance/Administration Section

Type 3

The Travel Specialist (TRVS3) 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 developed for designated National Interagency 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 is documented in the PTB for each task by the evaluator’s initials and date of completion. 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 conduct a final evaluation certifying the trainee is qualified in the position and submit the Agency-certified PTB to the Alaska Interstate Mutual/Credentialing Subcommittee for approval and carding.

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.

**Evaluator Responsibilities**

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.
Trainee Information
Printed Name: _________________________________
Position: Travel Specialist Type 3 (TSP3)
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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Trainee’s Name: __________________________________________________________
Trainee’s Email Address: ___________________________________________________
Home Unit/Agency: _______________________________________________________
Home Unit Address: _______________________________________________________  
Home Unit Phone Number: (_____)__________________

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 Personnel Time Recorder (PTRC3) on an All-Hazards Incident Management Team (IMT). Other training may be assigned based upon AHJ guidance.

<table>
<thead>
<tr>
<th>Behavior: Complete required training for position qualification.</th>
<th>Date Completed</th>
<th>Training Specialist Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>IS-100.B: Introduction to Incident Command System, ICS-100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Competency: Assume position responsibilities.
Description: Successfully assume role of Personnel Time Recorder (PTRC3) within the Finance/Administration Section and initiate position activities at the appropriate time according to the following behaviors.

<table>
<thead>
<tr>
<th>Behavior: Ensure readiness of assignment.</th>
<th>Evaluation Record #, Evaluator Initials, and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain valid Resource Order from Dispatching Agency.</td>
<td></td>
</tr>
</tbody>
</table>
  • 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: | 
  • 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.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Evaluation Record #, Evaluator Initials, and Date</th>
</tr>
</thead>
</table>
| 5. Obtain initial briefing from Finance Section Chief or supervisor.  
  - Names, contact number, and positions/functions of host unit administrative personnel and cooperating/assisting agencies.  
  - Local administrative guidelines.  
  - Resources assigned and ordered for the incident and the unit.  
  - Logistical information (e.g., eating, sleeping, shower hours).  
  - Expectations and section operating procedures.  
  - Review Incident Action Plan (IAP) or other relevant plans.  
  - Unit specific information. | |
| 6. Organize work area to facilitate unit operations.  
  - Establish filing system.  
  - Establish area to receive documents.  
  - Establish message center (e.g., bulletin board). | |
| 7. Coordinate with Finance/Administration Section Chief and other functional areas to obtain resources.  
  - Order materials and supplies using procedures established by the section chief.  
  - Maintain quantities of forms, supplies, and materials at a level to prevent shortage of any basic needed items.  
  - Acquire equipment (e.g., radio, telephones, faxes, computers, etc.).  
  - Ensure appropriate number of personnel to support unit (e.g., night operational period, increase/reduce staffing).  
  - Ensure adequate signage for work locations (e.g., check-in/demobilization/resource). | |

### Behavior: Establish effective relationships with relevant personnel.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Evaluation Record #, Evaluator Initials, and Date</th>
</tr>
</thead>
</table>
| 8. Conduct self in a professional manner.  
  - Be respectful and courteous to coworkers and others.  
  - Be respectful of public and private property. | |
| 9. Establish and maintain positive interpersonal and interagency working relationships. | |
Behavior: Implement ICS concepts and principles.

10. Apply the ICS.
   - Follow chain of command.
   - Maintain appropriate span of control.
   - Use appropriate ICS forms.
   - Use appropriate ICS terminology.

Competency: Lead assigned personnel.
Description: Influence, guide, and direct assigned personnel to accomplish objectives and desired outcomes in a rapidly changing, high-risk environment.

Behavior: Model leadership values and principles.

11. Exhibit principles of duty.
   - Be proficient in your job, both technically and as a leader.
   - Make sound and timely decisions.
   - Ensure tasks are understood, supervised and accomplished.
   - Develop your subordinates for the future.

12. Exhibit principles of respect.
   - Know your subordinates and look out for their well-being.
   - Keep your subordinates informed.
   - Build the team.
   - Employ your subordinates in accordance with their capabilities.

13. Exhibit principles of integrity.
   - Know yourself and seek improvement.
   - Seek responsibility and accept responsibility for your actions.
   - Set the example.

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.

Task: Ensure documentation is complete and disposition is appropriate.

14. Coordinate with the Finance/Administration Section Chief and other functional areas to fill travel orders.
   - Promptly complete and process appropriate Agency and ICS forms.
   - Arrange and confirm travel, car rental, and/or hotel accommodations using established procedures by the Agency.
   - Make travel changes as needed and make appropriate notifications.
   - Audit and submit travel authorizations and receipts.
### Behavior: Gather, distribute, and explain information as necessary.

<table>
<thead>
<tr>
<th>15. Organize work area to facilitate unit operations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Successfully use required software to perform assigned duties.</td>
</tr>
<tr>
<td>• Follow established procedure to receive travel order requests.</td>
</tr>
<tr>
<td>• Utilize established communication protocol to perform duties (e.g., telephone, email, bulletin board, etc.)</td>
</tr>
<tr>
<td>• Complete established electronic and hardcopy filing procedures.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Behavior: Ensure relevant information is exchanged during briefings and debriefings.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Share pertinent travel information that may affect the team’s management of the incident.</td>
</tr>
<tr>
<td>18. Prepare for meetings, briefings, and debriefings.</td>
</tr>
<tr>
<td>• Arrive to meetings on time and prepared.</td>
</tr>
<tr>
<td>• Share pertinent information that may affect the team’s management of the incident.</td>
</tr>
<tr>
<td>• Follow up to ensure needs, agreements and commitments have been fulfilled.</td>
</tr>
<tr>
<td>• Complete follow-up responsibilities in a timely and efficient manner.</td>
</tr>
<tr>
<td>19. Identify and communicate issues of concern to supervisor.</td>
</tr>
<tr>
<td>• Changes with travel itineraries.</td>
</tr>
<tr>
<td>• Missing documentation.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Behavior: Administer and/or apply agency policy, contracts, and agreements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Compiles and generates accurate, objective and complete reports in a timely manner according to Agency policy.</td>
</tr>
<tr>
<td>• Reviews and checks the accuracy of information in work reports.</td>
</tr>
</tbody>
</table>
- Clearly communicates the highlights of the report in a clear, meaningful, and usable manner by stakeholders.
- Requests clarifying information as needed.

<table>
<thead>
<tr>
<th>Behavior: Transfer position duties while ensuring continuity of authority, knowledge, and the incident complexity.</th>
<th>Evaluation Record #, Evaluator Initials, and Date</th>
</tr>
</thead>
</table>
| 21. Coordinate an efficient transfer of position duties when mobilizing/demobilizing (e.g., incoming Incident Management Team (IMT), host agency).  
   - 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. | |

<table>
<thead>
<tr>
<th>Behavior: Plan and implement demobilization procedures.</th>
<th>Evaluation Record #, Evaluator Initials, and Date</th>
</tr>
</thead>
</table>
| 22. Anticipate demobilization of resources.  
   - Identify excess resources.  
   - Prepare schedule for demobilization. | |

| 23. Ensure incident and agency demobilization procedures are followed.  
   - Demobilize incident resources by predetermined priorities or as work progress dictates. | |

| 24. Demobilize equipment and process any claims.  
   - 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. | |

| 25. Ensure your PTB is completed by the Finance Section Chief (FSC3). | |

| 26. Demobilize and check out.  
   - Receive demobilization instructions from incident supervisor.  
   - If required, complete ICS 221, Demobilization Checkout and submit completed form to the appropriate person. | |

| 27. Participate in the After-Action Report (AAR) and make recommendations for process improvements which include, but are not limited to:  
   - Identify strengths that should be maintained and built upon.  
   - Identify potential areas for improvement and solutions to resolve the identified gaps. | |
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: ___________________

Additional copies of this publication are available through Alaska Division of Homeland Security & Emergency Management located at http://mutualaid.alaska.gov/.