

DeKalb County Fire Department

Recruitment and Retention Point Award/Point Deduction Form

(Forms must be submitted to Department Secretary by the 20th day of each month)

Name of Firefighter/Officer:	Type of Action: (check one)	Date(s) of Activity:
	___ Points Award	
	___ Points Deduction	

Type of **INDIVIDUAL LEVEL** Activity: (check one)—note: Individual members are responsible for completing this section and submitting this form to their Station Commander and assigned Lieutenant for certification before submission to the Secretary.

offsite training station commander monthly meeting (station commanders only)
 recruited new member with approved membership (new member name: _____)
 recruited new member (name: _____) completed probationary period
 assisting with Orientation Training (includes assisting with IS-100 & IS-700)
 station/department maintenance (anything that is not an incident response or training activity)
 other (provide a description of individual level activity: _____)

Location of Activity: _____

Details of Activity: _____

Time Activity Began: _____	Time Activity Ended: _____	Total Hrs. of Activity: _____
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By providing my signature below, I am certifying the information on this form is true and accurate to the best of my knowledge:

Signature of Member: _____ Signature of Station Commander: _____
 Signature of Assigned Lieutenant: _____

Type of **GROUP LEVEL** Activity: (check one)—note: officers and work session or special event leaders are responsible for completing and certifying this section before submission to the Secretary.

Jamboree Food Booth: pre-Jamboree work/preparation booth set-up (Thurs.) working shift
 booth disassembly (end of event) post-Jamboree cleanup
 special event planning/participation: (name of event) _____
 other group activity (provide a description of the group activity): _____

Members Participating in Group Level Activity (activity sign-in sheet must be attached to this form)

Name	Hrs. Credited	Name	Hrs. Credited

By providing my signature below, I am certifying the information on this form is true and accurate to the best of my knowledge:

Signature of officer/work session or special event leader: _____

Points Deduction Section (to be completed by ranking officers or Executive Committee only)

Name of firefighter/officer:	Date(s) of Occurrence:
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Reason for Point Deduction Penalty: _____

Signature of Officer:	Date:
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