Print

Clear Form

Click with mouse to type inside appropriate areas and to create check marks.

Skill Based Pay Program
Division Incident Management Unit

Skill Block Cover Sheet

Employee: _____

SSN: - -

Skill Block: _____

Level: _____

Skill/Equipment: _____

Test Phase

Date(s) Taken	Result (Check)	Score
1st Date:	Pass ___ Fail ___ N/A ____	
2nd Date	Pass ___ Fail ___	
3rd Date	Pass ___ Fail ___	

Training Phase

Training/Course (if applicable): _____
(Attach certificate to back of form)

OJT Phase - Assigned To: _____
(OJT Instructor)

Date Training Began: _____ Date Training Completed: _____

The employee has satisfactorily demonstrated all of the competencies associated with this skill block.

_____ Date — _____ OJT Instructor

_____ Date — _____ Supervisor

Certification Phase

	Yes (✓)	No (✓)	N/A (✓)
Test Passed	☐	☐	☐
Competencies Demonstrated	☐	☐	☐
Time Constraints Satisfied	☐	☐	☐
SBP Certificate Sent to Employee	☐	☐	☐

_____ Date — _____ SBP Coordinator

_____ Date — _____ Division Traffic Engineer

Compensation Phase

PO-105 Transmitted to Raleigh.
PD-105-SBP and Skill Block Cover Sheet Filed in Division

_____ Date — _____ Division Office