Exhibit 30

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: _____

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.

___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:
Reason for Point Deduction Penalty:	
Signature of Officer:	Date: