



File Code: 5120

Date: DATE

Route To:

Subject: Delegation of Authority

To: Fire Prevention Education Team Leader

As designated team leader for the Fire Prevention Team you will work for the US Forest Service Region 2 XXX Office.

- Your primary contact will be NAME, EMAIL, PHONE
- Secondary contact(s) are NAME, EMAIL, PHONE
- All publications and media releases shall be reviewed and processed through NAME, EMAIL, PHONE.

As the team leader, you will have authority and responsibility to provide a written plan and implement a course of action based on the following objectives:

- HOST UNIT SPECIFIC OBJECTIVES
- Provide a record keeping document of expenditures and coordinate with CONTACT NAME on purchasing and expenditures related to this assignment.
- Ensure FPET tracking form is done at the beginning and end of the assignment (<https://docs.google.com/spreadsheets/viewform?pli=1&formkey=dEZxUw83bnF0eXEtV1hFSDIvMTNvV3c6MQ#gid=0>).
- Establish a record-keeping process to provide an adequate record of the Team's activities, including: contacts made; information developed and distributed; projects completed; recommendations for further action; lessons learned; and a summary of expenditures.
- The work of the Team shall be conducted with efficiency and effectiveness, and with emphasis on the personal safety of team. You will strictly adhere to work/rest guidelines in accordance with agency policy.
- The team will adhere to all federal, state and local laws, regulation and ordinances. These laws include, but are not limited to: state motor vehicle operations regulations, cultural and archaeological protection laws, health and welfare regulations, and environmental protection and hazardous materials laws.
- The team will provide for a harassment-free work environment that treats all team members and contacts with respect.
- The team will be evaluated by the host unit and will be provided copies of those evaluations prior to demobilization.

You are authorized to incur expenses for travel, per diem, salary, and supplies for your team up to \$XX,XXX charged to SEVERITY CODE. Further information will be provided at your in-briefing in LOCATION, on DATE AND TIME.



NAME
HOST UNIT LINE OFFICER

cc: Helene Cleveland
Jennifer E Jones
Sheryl Page
Linda Hecker
RMACC PIO
SFAM DIRECTOR