Single Resource Casual Hire Information Form					
HIRING UNIT INFORMATION					
Office Name:		Un	it ID:	Date:	
			Exam	ple: ID-BOF	
Address:		City:		State: Zip:	
Hiring Official Nam	e:	Print	Т	elephone:	
CASUAL INFORMATION					
Casual's Name:		Phone	e No:	Start Date:	
Print POSITION INFORMATION					
Job Title:				AD Rate: \$	
Job litte: Incident Order#:		Accounting Co	de:	AD Rate: \$ Request #:	
E	xample: ID-BOF-0423	3		_ '	
Hiring of emergency personnel may be made according to the provisions of the Pay Plan for Emergency Workers when any of the following exists: 1. To fight a going fire. 2. Unusually dry period or fire danger is high to extreme. 3. To provide support to ongoing incident. 4. To place firefighter on standby for expected dispatch. 5. Temporarily replace members of fire suppression crews or fire management personnel who are on fires. 6. To attend fire suppression training. Trainee OR Refresher AND Course Title: 7. To instruct fire suppression training when all other methods of hiring and contracting instructors have been exhausted. 8. To cope with floods, storms or any other emergency. 9. To carry out emergency fire rehabilitation work when there is an immediate danger of loss of life or property. 10. Transition period following a natural emergency (not to exceed 90 days). 11. Hazardous Fuel Reduction NTE 300 hours per calendar year (DOI agencies only) TRAVEL/TRANSPORTATION Casual is entitled to transportation to and from the incident: No Yes Ye					
☐ Airline ☐ POV (Mileage reimbursement authorized) ☐ Rental vehicle (Must be on resource order. Rental provided by: ☐ Casual or ☐ Government) ☐ Other (list, such as bus, gov't vehicle, EERA): Check One: ☐ Casual to be subsisted by government. Hiring unit will reimburse approved incidental expenses at actual cost; receipts					
required.					
Casual will not be subsisted; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at standard per diem rate. Indicate TA #: []					
EMPLOYMENT FORMS					
Official: OF- Directory State Incident	ct Deposit form (if applical e/federal government-issu dent qualification card (if re e-required certification ver	er Time Report (Compole) Provide to Casuled Picture ID verified equired for position) ified, if required for p	al d and in Casual verified and in C position (e.g., C	DL, driver's license)	l positions)
☐ Incid	eral W-4 dent Behavior Form signed gnature (<i>Required</i>)	State W-4		fficial Signature (<i>Required</i>)	Date

Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records Return original of this form and original OF-288 to the hiring unit.