



NATIONAL WILDFIRE COORDINATING GROUP

National Interagency Fire Center
3833 S. Development Avenue
Boise, Idaho 83705

MEMORANDUM

To: NWCG Members
GACG Chairs

From: Kirk Rowdabaugh, NWCG Chair 

Date: March 7, 2006

Subject: Emergency Firefighter Time Report, OF-288 Test Forms

The IBPWT formed a task group to review the use of the Emergency Firefighter Time Report, OF-288, and determine the need for modification. The task group was comprised of interagency representatives and worked with SMEs from two payment centers. The task group's recommendations are as follows:

- Adoption of the attached Emergency Incident Time Report as a test form through NWCG Publication Management System (PMS).
- Adoption of the attached Conditions of Hire as a test form, to be completed yearly during the hiring process and retained at the hiring unit. [The new form would eventually replace the Incident Behavior Form (PMS-935).]
- Removal of direction that Conditions of Hire page be used as commissary authorization. Replace with attached Payroll or Invoice Deduction Authorization as a test form. [(Would eventually be included in the Tool Kit Section of the Interagency Incident Business Management Handbook (IIBMH).)]

The IBPWT has approved the task group's recommendations and has submitted the forms and test process to NWCG for review and concurrence. The NWCG agrees with the recommendations and requests all agencies use the test forms during the upcoming season. These forms are available on the IBPWT website at:

<http://www.nwcg.gov/teams/ibpwt/index.htm>

Please submit comments electronically to the appropriate agency representative on the IBPWT no later than **October 1, 2006**. Comments will be reviewed by the IBPWT at that time.

Thank you for your continued support of incident business improvements.

Attachments

Emergency Incident Time Report

1. Social Security Number		2. Hired At (i.e., ID-BOF)		3. Type of Employment (<i>X one</i>) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> State <input type="checkbox"/> Other:																				
4. Name (<i>First, Middle, Last</i>)						5. Home/Hiring Unit Name																		
6. Mailing Address						7. Home/Hiring Unit Phone Number																		
8. City			9. State		10. Zip Code			11. Home/Hiring Unit FAX Number																
12. Emergency Contact Name				13. Emergency Contact Phone Number				14. Emergency Contact Physical Address																
Column A			Column B Header info same as A <input type="checkbox"/>			Column C Header info same as A <input type="checkbox"/> B <input type="checkbox"/>			Column D Header info same as A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>															
1. Incident Name			1. Incident Name			1. Incident Name			1. Incident Name															
2. Incident Order # / Resource Order # <i>(i.e., ID-BOF-000906 / C-33)</i>			2. Incident Order # / Resource Order # <i>(i.e., ID-BOF-000906 / C-33)</i>			2. Incident Order # / Resource Order # <i>(i.e., ID-BOF-000906 / C-33)</i>			2. Incident Order # / Resource Order # <i>(i.e., ID-BOF-000906 / C-33)</i>															
3. Fire Code <i>(i.e., B2C5)</i>		4. Position Code <i>(i.e., FFT2)</i>		3. Fire Code <i>(i.e., B2C5)</i>		4. Position Code <i>(i.e., FFT2)</i>		3. Fire Code <i>(i.e., B2C5)</i>		4. Position Code <i>(i.e., FFT2)</i>		3. Fire Code <i>(i.e., B2C5)</i>		4. Position Code <i>(i.e., FFT2)</i>										
5. AD Class		6. AD Rate \$		5. AD Class		6. AD Rate \$		5. AD Class		6. AD Rate \$		5. AD Class		6. AD Rate \$										
7. Home/Hiring Unit Accounting Code				7. Home/Hiring Unit Accounting Code				7. Home/Hiring Unit Accounting Code				7. Home/Hiring Unit Accounting Code												
8. Date and Time a. Year: _____					8. Date and Time a. Year: _____					8. Date and Time a. Year: _____					8. Date and Time a. Year: _____									
Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.					
9. Total Hours				9. Total Hours				9. Total Hours				9. Total Hours												
10. Gross Amount <i>(item 6 x item 9)</i>		\$		10. Gross Amount <i>(item 6 x item 9)</i>		\$		10. Gross Amount <i>(item 6 x item 9)</i>		\$		10. Gross Amount <i>(item 6 x item 9)</i>		\$										
11. Remarks										12. Payment Office Only														
13. Commissary Record (Attach additional sheet if necessary)																								
a. Date			b. Item						c. Amount															
Total Commissary Deductions \$										14. Gross Earnings \$														
The signatures below certify the above items are correct and proper for payment.																								
15. Employee Signature										16. Date					17. Time Officer Signature					18. Date				

OF-288 Conditions of Hire for Casuals (Rev. 10/2005)

1. You have agreed to be hired by an agency of the U.S. Government as a casual. The work is hard and sometimes you may work more than 12 hours per day. Prompt compliance with your supervisor's instructions and orders is required at all times. You must be at least 16 years old (18 years old if hired as a casual firefighter) and in good physical health (a physical examination may be required). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor.
2. Disclosure of your Social Security Number (SSN) is mandatory. The SSN is used primarily to gather earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State Agencies). The SSN must be used because it is possible that another employee's name is the same as yours.
3. You will be paid at an hourly rate. The hiring official will advise you of the salary rate for your position.
4. The Government will provide or pay for necessary transportation from the place where you are hired to where you will work. The Government will also provide or pay for transportation back to where you are hired unless you are discharged for cause or quit without an acceptable reason.
5. If you are fired, or you quit without an acceptable reason before the emergency is over, your pay will stop at that time. A government official may decide whether or not the Government will provide return transportation and if you will be paid travel time back to your point of hire.
6. The cost of anything you buy from the commissary not paid by personal funds will be deducted from your pay.
7. When you sign your time report, you agree that it is correct. Do not sign the report until you agree! Keep a copy of your time report until you have been paid.
8. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for the incident.
9. If you become injured or sick, report to your supervisor immediately.
10. Any Government property issued to you (such as hard hats, tools, blankets, etc.) must be returned. If they are lost, destroyed, or left in bad condition, the cost of them may be deducted from your check.
11. You are not eligible to be a casual hire if you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard).
12. Whenever necessary, the Government will furnish your meals and lodging without cost. You will not receive additional pay for meals or lodging which you may furnish or meals you do not accept.
13. Income tax will be withheld from your check.
14. Possession of firearms, dangerous weapons, alcohol, marijuana, and all forms of addictive drugs not prescribed by a physician is prohibited. Possession or any evidence of usage will result in disciplinary action and could include immediate discharge.
15. During off-incident rest periods, you are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action. Report any observed drug or alcohol abuse to your supervisor.
16. All forms of harassment will not be tolerated. Report any observed or perceived harassment to your supervisor.
17. Recognize and respect all private property.
18. THE GOVERNMENT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

Signature

Date

Payroll or Invoice Deduction Authorization

Name (<i>First, Middle, Last</i>)	Finance Unique Identifier***
Social Security Number / TIN	
Incident Name	
Incident Order # / Resource Order #	

***Finance Unique Identifier: Finance/Administration Section Chief or Commissary Manager should make an agreement with the commissary provider for a unique marking (i.e. stamp, colored marking, signature, etc.) that would verify authorization has been obtained from the Finance/Administration Section of the current incident.

Disclosure Statement: Disclosure of your Social Security Number (SSN) is mandatory. The SSN is used primarily to gather earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State Agencies). The SSN must be used because it is possible that another employee's name is the same as yours.

Acknowledgement Statement: By signing this statement, I acknowledge that deduction will be made from my payroll or invoice.

Signature

Date