

Emergency Firefighter Payments OF-288 Audit Procedures

Emergency Firefighter (casual) payroll will be processed from OF-288's with Original Time Officer Signature only; no copies or faxes.

Approving Official must verify the OF-288's submitted for payment to the Casual Payment Center are for casual hires and that the OF-288 is reviewed for the following:

- Block 2. Social Security Number: **Legible and matches I-9 and W-4**
- Block 4. Type of Employment: **Verify individual is a casual.**
- Block 6. Hired At: **Unit Identifier Code** for the location hired at, (i.e., ID-BOD for the Boise District)
- Block 10. Name: **Legible**
- Block 11 thru 14 Street Address City, State and Zip Code: **Completed and legible (W-2's, checks, and Wage and Earning Statements (WES) will go to the address provided on the Federal W-4)** *If the OF-288 address is different than the W-4 (address in the system) payment will be held and an inquiry will be made to avoid a possible lost check.
- Block 20, Columns A through D: **The following information is needed for payment:**
 - #1 Fire Name: **If training or instructor write "Training" and/ or "Lead Instructor" and indicate course number**
 - #2 Fire No: **Enter Incident Order Number or cost accounting data**
 - #3 Unit Code: **Unit Code of the hiring unit** (Example (BLM - AK-311) (BIA – C00440) (FWS – 41524) (NPS - 8804))
 - #6 Firefighter Classification: **Check Position Code AND AD class** (i.e., FFT2 AD-C) If Exception Position, include the description (example: THSP-Exception Position 3 and provide a brief description of the position duties, a requirement for payment).
 - #7 Rates: (i.e., \$13.24) **Ensure AD rate is consistent with the Position Code as outlined in the AD Pay Plan for Emergency Workers.**
 - #25 Employee Signature: **Completed** or noted "unavailable for signature"
 - #26 Time Officer Signature: **Completed (Timesheet will not be processed without an Original Time Officer Signature)**
 - **The cost accounting data** (Example (BLM -2821-HU-T18R) (BIA –C00440-06-92310-A1EK) (FWS -41524-9141-AZA1) (NPS – 8804-E11-AZA1)) **may be shown** at the top of each column or:
 - in #2 of each column
 - in the Remarks block
 - in Block 21

It would be helpful for the CPC to receive batches in the following order:

For each individual, staple in order from top to bottom:

OF-288(s) with the earliest dates on top, misc forms, W-4, state forms, Direct Deposit.

Overnight mail to the Casual Payment Center with the Approving Official Memo stating the timesheets are correct and ready for payment (**Timesheets will not be processed without the Approving Official Memo**).

Emergency Firefighter Payments OF-288 Test Form Audit Procedures

Emergency Firefighter (casual) payroll will be processed from OF-288's with Original Time Officer Signature only; no copies or faxes.

Approving Official must verify the OF-288's submitted for payment to the Casual Payment Center are for casual hires and that the OF-288 is reviewed for the following:

- Block 1. Social Security Number: **Legible and matches I-9 and W-4**
- Block 2. Hired At: **Unit Identifier Code** for the location hired at, (i.e., ID-BOD for the Boise District)
- Block 3. Type of Employment: **Verify individual is a casual.**
- Block 4. Name: **Legible**
- Block 4,6,8-10 Street Address City, State and Zip Code: **Completed and legible (W-2's, checks, and Wage and Earning Statement (WES) will go to the address provided on the Federal W-4) *If the OF-288 address is different than the W-4 (address in the system) payment will be held and an inquiry will be made to avoid a possible lost check.**
- Columns A through D: **The following information is needed for payment:**
 - #1 Incident Name: **If training or instructor write "Training" and/ or "Lead Instructor" and indicate course number**
 - #2 Incident Order / Resource Order No: Refer to agency specific guidelines
 - #3 Fire Code: (i.e., B2C5)
 - #4 Position Code: (i.e., FFT2) **If Technical Specialist include the Description (example: THSP- Camp Crew Member). If Exception Position, include the description (example: THSP-Exception Position 3 and provide a brief description of the position duties, a requirement for payment).**
 - **If Exception position a copy of the duties is required for payment.**
 - #5 AD Class: (i.e., AD-C) **Ensure AD class is consistent with the Position Code as outlined in the AD Pay Plan for Emergency Workers.**
 - #6 Rates: (i.e., \$13.24) **Ensure AD rate is consistent with the Position Code as outlined in the AD Pay Plan for Emergency Workers.**
 - #7 Home/Hiring Unit Accounting Code:
(Example (FWS – 41524-9141-AZA1) (BLM - AK-311-2821-HT-AZA1) (BIA – A15443-06-92310-B7TP) (NPS – 8804-E11-AZA1))
 - #15 Employee Signature: **Completed** or noted "unavailable for signature"
 - #17 Time Officer Signature: **Completed (Timesheet will not be processed without an Original Time Officer Signature)**

It would be helpful for the CPC to receive batches in the following order:

For each individual, staple in order from top to bottom:

OF-288(s) with the earliest dates on top, misc forms, W-4, state forms, Direct Deposit

Overnight mail to the Casual Payment Center with the Approving Official Memo stating the timesheets are correct and ready for payment **(Timesheets will not be processed without the Approving Official Memo)**