

DOI Casual Payment Center OF-288 Sample (BIA, BLM, FWS AND NPS)

Social Security Number:

Ensure this is entered correctly in **Block 2**. Must match I-9 & W-4 forms

Hired At:

Ensure **Block 6** is entered with Unit Identifier

TYPE OF EMPLOYMENT:

Ensure **Block 4** is marked as "Casual" and not any of the other choices.

Casual Information:

Ensure name, mailing address, city, state, and zip is legible. **Blocks 10, 11, 12, 13 & 14**. (Does not change the casual's permanent Record profile at CPC)

Fire name and fire code:

Ensure fire name, (**block 1**) and Fire code (**block 2**) match (per Fire Code System)

TIME POSTING COLUMNS:

- ◆ Post hours in military time
- ◆ Post time in 15 minute increments with a 2 hour minimum.
- ◆ If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001.
Example Column A

FIREFIGHTER CLASSIFICATION & RATE:

Ensure to list AD Position Code, AD Class & AD Rate in **Blocks 6 & 7** per the AD Pay Plan.

◆ Column C example for THSP Positions (See **block 21 and 23**)

◆ If exception position, a copy of duties is required for payment.

◆ **Commissary:** Corresponds to the date of transaction

EMERGENCY FIREFIGHTER TIME REPORT

F 5772040

123-45-6789 SD-RBA F 5772040

Example column for BIA **Example column for BLM** **Example column for FWS** **Example for NPS**

AD Class	AD Rate	AD Position Code	AD Rate
AD-C FET2	\$13.24	AD-E WHHR	\$16.06
AD-A THSP	\$10.84	AD-A THSP	\$10.84
AD-C FET2	\$13.24	AD-C FET2	\$13.24

6/4/07 Boots \$350

For use by the CPC

SIGNATURES:

Ensure the **original** Time Officer signature is complete in **Block 26**.
Employee signature (casual) either signed or unavailable for signature in **Block 25**

* **Note:** The agency specific column has been separated for each agency, BIA, BLM, & FWS to better outline agency specific example codes.

IMPORTANT — ENSURE ALL FIELDS ARE CORRECT AND LEGIBLE TO AVOID DELAY OF PAYMENT

Casual Payment Center OF-288 Test Form Sample (BIA, BLM, FWS and NPS)

Social Security Number:

Ensure this is entered correctly in **Block 1** and legible. (Must match I-9 and W-4 forms)

Hired At:

Ensure this is entered in **Block 2** with Unit Identifier

Type of Employment:

Ensure this is marked in **Block 3** as "Casual" and not any of the other choices

Casual Information:

Ensure name, mailing address, city, state, and zip are legible.

Blocks 4,6,8, 9 & 10 (Does not change the casual's permanent record profile at the CPC).

Incident Name and Fire Code:

Ensure Fire name, **Block 1** and fire code **Block 3** match (per Fire Code System)
Example Column A

Time Posting Columns:

- ◆ Post hours in military time
- ◆ Post time in 15 minute increments with a 2 hour minimum
- ◆ If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001.

Example column A

Commissary:

Corresponds to date of transaction

Signature:

Ensure the **original** Time Officer signature is complete in **Block 17** and date **Block 18**

Position Title & Rate:

List AD Position Code, AD Class and AD Rate per AD Pay Plan in **Blocks 4,5 & 6**.

◆ Column C example for THSP positions (See **Block 11**)

Home/Hiring Unit Cost Accounting Code:

Ensure organization, appropriate sub-activity and project numbers are accurate and complete

Emergency Incident Time Report																								
1. Social Security Number 123-45-6789		2. Hired At (i.e., ID-BOF) MT-FBA		3. Type of Employment (X one) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> State <input type="checkbox"/> Other:																				
4. Name (First, Middle, Last)				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 Example for BIA				13. Emergency Contact Phone Number Example for BLM				14. Emergency Contact Physical Address Example for FWS				Example for NPS												
1. Incident Name Skate				1. Incident Name Red Mtn				1. Incident Name Eureka Palm				1. Incident Name Owl Fire												
2. Incident Order # / Resource Order # A15433 07 92310 C7FG				2. Incident Order # / Resource Order # FA 241 2821 HU C3ZE				2. Incident Order # / Resource Order # 41570 9141 CH8X				2. Incident Order # / Resource Order # 1573 E11 DV1B												
3. Fire Code (i.e., B2C3) CN3R		4. Position Code (i.e., FFT2) FFT2		3. Fire Code (i.e., B2C3) C3ZE		4. Position Code (i.e., WHHR) WHHR		3. Fire Code (i.e., B2C3) CH8X		4. Position Code (i.e., FFT2) THSP		3. Fire Code (i.e., B2C3) DV1B		4. Position Code (i.e., FFT2) FFT2										
5. AD Class AD-C		6. AD Rate \$ 13.24		5. AD Class AD-E		6. AD Rate \$ 16.06		5. AD Class AD-A		6. AD Rate \$ 10.84		5. AD Class AD C		6. AD Rate \$ 13.24										
7. Home/Hiring Unit Accounting Code A15433 07 92310 C7FG				7. Home/Hiring Unit Accounting Code FA 241 2821 HU C3ZE				7. Home/Hiring Unit Accounting Code 41570 9141 CH8X				7. Home/Hiring Unit Accounting Code 1573 E11 DV1B												
8. Date and Time a Year: 2007				8. Date and Time a Year: 2007				8. Date and Time a Year: 2007				8. Date and Time a Year: 2007												
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours					
b.	c.	d.	e.	f.	b.	c.	d.	e.	f.	b.	c.	d.	e.	f.	b.	c.	d.	e.	f.					
06	04	1000	1200	2																				
06	05	1200	2400	12																				
06	06	0001	0700	6																				
9. Total Hours				9. Total Hours				9. Total Hours				9. Total Hours												
10. Gross Amount (Item 6 x Item 9)				10. Gross Amount (Item 6 x Item 9)				10. Gross Amount (Item 6 x Item 9)				10. Gross Amount (Item 6 x Item 9)												
\$ 260.00				\$				\$				\$												
11. Remarks Use this section for clarification of positions etc. Ex.: Column C— camp crew member												12. Payment Office Only This section for use by the Casual Payment Center.												
13. Commissary Record (Attach additional sheet if necessary)																								
a. Date		b. Item				c. Amount																		
06/04/07		Boots				\$350																		
Total Commissary Deductions												\$ 350				14. Gross Earnings \$								
15. Employee Signature Either signed or unavailable for signature																								
16. Date				17. Time Officer Signature												18. Date								

PRIVACY ACT NOTICE: Section 6311 of Title 5 USC authorizes collection of this information. It is used to record and approve your time and attendance and determine your pay. Use of a SSN is authorized by EO 9397. Failure to provide the required information may result in delayed payment. PMS 10/2005

***Note: The agency specific column information has been separated for BIA, BLM & FWS to better outline agency specific example codes.**

IMPORTANT— ENSURE ALL FIELDS ARE CORRECT AND LEGIBLE TO AVOID DELAY OF PAYMENT