

## Instructions for Completion of Optional Form 288

### EMERGENCY FIREFIGHTER TIME REPORT FOR CASUAL HIRES

1. **EMERGENCY TIME REPORT NUMBER**: Preprinted serial number.
2. **SOCIAL SECURITY NUMBER**: Enter individual's nine-digit SSN.
3. **INITIAL EMPLOYMENT**: Check YES if employee is being hired for the first time this calendar year, otherwise, check NO.
4. **TYPE OF EMPLOYEE**: Check CASUAL for all time reports being submitted for payment. Also print job title of employee.
- 5-6. **TRANSFERRED FROM--HIRED AT**: Insert your UNIT IDENTIFIER (STATE - 2 characters and REFUGE - 3 characters: i.e. CA-LWR)
7. **EMPLOYEE HAS**: Check box at time of release if employee has been discharged or quit, if appropriate.
- 8-9. **ENTITLED TO RETURN TRAVEL/TRANSPORTATION**: Check appropriate box.
10. **NAME**: Enter employee's name, legibly and accurately (no nicknames and name should reflect the W-4).
11. **STREET ADDRESS**: Show casual's complete street address or P.O.Box Number.
12. **CITY**: Show city name.
13. **STATE**: Show state alpha code (TWO CHARACTERS).
14. **ZIP CODE**: Zip code MUST be shown.
- 15-19. **ACCIDENT NOTIFICATION**: Enter name, address, and telephone number of person to be notified in case of an accident.
20. **FIRE LOCATION IDENTIFICATION**: enter as applicable for COLUMNS A-D, as shown here for Column A.
  - COLUMN A,1: **FIRE NAME**: Enter designated fire name.
  - COLUMN A,2: **FIRE NO.**: Enter cost structure (9263 or 9141- project number).
  - COLUMN A,3: **PAYMENT UNIT CODE**: Enter Refuge organizational code
  - COLUMN A,4: **FIRE LOCATION**: Enter fire location.
  - COLUMN A,5: **STATE CODE**: Enter two-digit numeric/alpha state code.
  - COLUMN A,6: **FIREFIGHTER CLASSIFICATION**: AD-1,AD-2,AD-3, AD-4,or AD-5c

- COLUMN A,7: **RATE**: Use the current \$ rate of your area (See AD Pay Plan)
- COLUMN A,8: **DATE AND TIME**:
- 8a. **YEAR**: Current calendar year.
  - 8b-c. **MONTH/DAY**: Enter month and day worked (i.e. June 1, is 06/01).
  - 8d-e. **START/STOP**: Enter military clock time for each period of time worked per day.
  - 8f. **HOURS**: Enter hours in multiples for each quarter hour Show net difference between d and e.
- COLUMN A,9: **TOTAL**: Total all hours down in 8.f.
- COLUMN A,10: **GROSS AMOUNT**: LEAVE BLANK
- COLUMN A,11: **INCLUSIVE DATES**: Enter dates covered in month/day column.
- COLUMN A,12: **TIME OFFICER'S SIGNATURE**: Must be signed by timekeeper.
- COLUMN A,13: **DATE OF TIME OFFICER'S SIGNATURE**: Please complete date.

21A. - 21F. **LEAVE BLANK.**

22. **COMMISSARY-PROPERTY**: Enter commissary purchases.

23. **REMARKS** - Leave blank.

24. **ADO CHECK NO. AND STAMP**. Please leave this entire area blank.

25. **EMPLOYEE'S SIGNATURE**. EFF should sign. Signature must match name in Block 10 exactly. If employee is not available, please write in "unavailable for signature".

26. **APPROVING TIME OFFICER'S SIGNATURE**. The official authorized to approve emergency time reports should sign for the unit submitting the reports for payment. The approving officer is responsible for the correct completion of this document.

PLEASE NOTE, A TIME SHEET CAN NOT BE PROCESSED FOR PAYMENT IF IT IS NOT SIGNED IN BLOCK 26.

Sample - Casual/AD

<b>EMERGENCY FIREFIGHTER TIME REPORT</b>												1. Identification Number <b>F4705554</b>								
2. Social Security Number 222-33-4444			3. Initial Employment (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			4. Type of Employment (X one) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't. Employee <input type="checkbox"/> Other			5. Transferred From			6. Hired At Quivera NWR		7. Employee has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Entitled to Return Transportation (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ZIP CODE MUST BE ENTERED BELOW														IN _____ OF ACCIDENT NOTIFY						
10. Name (First, Middle, Last) John L. White										15. Name James M. White										
11. Street Address 666 Brown Street										16. Street Address 888 Down Street										
12. City Caldwell			13. State ID		14. Zip Code 83605			17. City Boise			18. State ID		19. Telephone No. (Include Area Code) 208-555-6666							
<b>20. FIRE LOCATION IDENTIFICATION</b>																				
Column A			Column B			Column C			Column D											
1. Fire Name Corral			1. Fire Name Ruddy Complex			1. Fire Name Single Lake			1. Fire Name Spring Creek											
2. Fire No. 9141-AD6K		3. Unit Code 64620		2. Fire No. 9141-ADR5		3. Unit Code 64620		2. Fire No. 9141-AD7J		3. Unit Code 64620		2. Fire No. 9141-AV9E		3. Unit Code 64620						
4. Fire Location ID AD-3		5. State ID 16		4. Fire Location ID AD-4		5. State ID 16		4. Fire Location ID AD-3		5. State ID 16		4. Fire Location ID AD-3		5. State ID 16						
6. Firefighter Classification AD-3			7. Rate 0.00			6. Firefighter Classification AD-4			7. Rate 0.00			6. Firefighter Classification AD-3			7. Rate 0.00					
8. Date and Time a. Year 2004					8. Date and Time a. Year 2004					8. Date and Time a. Year 2004					8. Date and Time a. Year 2004					
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.	
6	6	1000	1700	7.0	6	7	0330	0700	3.5	6	8	1630	2200	5.5	6	9	0430	0700	2.5	
6	6	1730	2030	3.0	6	7	0730	1200	4.5	6	8	2230	2400	1.5	6	9	0730	1200	4.5	
6	10	1430	1900	4.5	/					6	11	1800	2400	6.0	6	9	1230	1830	6.0	
6	10	1930	2130	2.0						6	12	0000	0200	2.0	/					
9. Total Hours → 16.5					9. Total Hours → 8.0					9. Total Hours → 15.0										9. Total Hours → 13.0
10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →					10. Gross Amount (item 7 x item 9) →					
11. Inclusive Dates → 6/6, 6/11					11. Inclusive Dates → 6/7					11. Inclusive Dates → 6/8, 6/12					11. Inclusive Dates → 6/9					
12. Time Officer's Signature <i>William Smith</i>					12. Time Officer's Signature <i>William Smith</i>					12. Time Officer's Signature <i>William Smith</i>					12. Time Officer's Signature <i>William Smith</i>					
13. Date Signed 6/12					13. Date Signed 6/12					13. Date Signed 6/12					13. Date Signed 6/12					
<b>21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.</b>														<b>22. Commissary Record</b>						
A. Comm. BC 2800		B. Rate		C. Miles / Hours		D. Accounting Classification (a) (b) (c)			E. Object Class (a) (b) (c)			F. Amount			a. Date		b. Item		c. Amount	
														Total →		Total →		Total →		
23. Remarks														Gross Earning		Comm. Deduct.		Net Earning		
NOTE: The above items are correct and proper for payment from available appropriations.																				
25. Employee (Signature) <i>John L. White</i>							26. Time Officer (Signature) <i>William Smith</i>							24. ADO Check Number and Stamp						

Equipment-rentals must be supported with OF-284 and OF-297. PREVIOUS EDITIONS NOT USABLE

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OPTIONAL FORM 288 (Rev. 3/83) USDA/USDI 50288-102