Sample - Commissary/COP

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F 6420840

2. Social Security Number: 123-45-6789
3. Initial Employment (X one): ☐ Yes ☐ No
4. Type of Employment (X one): ☐ Casual ☒ Regular Gov't. Employee ☐ Other
5. Transferred From:
6. Hired At:
7. Employee Has (X one): ☐ Been Discharged ☐ Quit
8. Entitled To Return Travel Time (X one): ☐ Yes ☐ No
9. Entitled to Return Transportation (X one): ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW

10. Name (First, Middle, Last): Amy K. Miller
11. Street Address: Boise D.D. 3924 Development Ave
12. City: Boise
13. State: ID
14. Zip Code: 83705

IN CASE OF ACCIDENT NOTIFY

15. Name: Sam Miller
16. Street Address: 123 Alpine Road
17. City: Burley
18. State: ID
19. Telephone No. (Include Area Code): (208)555-1234

20. FIRE LOCATION IDENTIFICATION

Column A	Column B	Column C	Column D
1. Fire Name: Warm Lake	1. Fire Name: Warm Lake	1. Fire Name: Warm Lake	1. Fire Name:
2. Fire No: ID-BDO-077	2. Fire No.: ID-BDO-077	2. Fire No.: ID-BDO-077	2. Fire No.:
3. Unit Code:	3. Unit Code:	3. Unit Code:	3. Unit Code:
4. Fire Location: BLM-Boise District	4. Fire Location: BLM - Boise District	4. Fire Location: BLM-Boise District	4. Fire Location:
5. State: ID	5. State: ID	5. State: ID	5. State:
6. Firefighter Classification: Tool Mgr	6. Firefighter Classification: COP	6. Firefighter Classification: Tool Mgr	6. Firefighter Classification:
7. Rate: GS	7. Rate: GS	7. Rate: GS	7. Rate:
8. Date and Time a. Year: XX	8. Date and Time a. Year: XX	8. Date and Time a. Year: XX	8. Date and Time a. Year:

Mo. b.	Day c.	Start d.	Stop e.	Hours f.
07	10	1800	2200	4.00 T
07	11	0700	2100	14.00 H
07	12	0700	1015	3.25
07	12	Guarantee		4.75
07	14	1600	1800	2.00
07	15	0700	2100	14.00 H
07	16	0600	2000	14.00 H

Mo. b.	Day c.	Start d.	Stop e.	Hours f.
07	13	COP		8.00
07	14	0900	1300	4.00
07	14	1400	1600	2.00

Mo. b.	Day c.	Start d.	Stop e.	Hours f.
07	17	0700	1300	6.00
07	17	1400	2000	6.00
07	18	0900		T
	Carol Sale			

Column A	Column B	Column C	Column D
9. Total Hours	9. Total Hours	9. Total Hours	9. Total Hours
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: 7/10 - 16	11. Inclusive Dates: 07/13 - 14	11. Inclusive Dates: 07/17 -	11. Inclusive Dates:
12. Time Officer's Signature: Carol Sale	12. Time Officer's Signature: Carol Sale	12. Time Officer's Signature:	12. Time Officer's Signature:
13. Date Signed: 07/16/xx	13. Date Signed: 07/16/xx	13. Date Signed:	13. Date Signed:

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. BO 2900	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

Gross Earning

Comm. Deduct.

Net Earning

23. Remarks: 7/12 injured at 1015

7/14 Returned to duty at incident

NOTE: The above items are correct and proper for payment from available appropriations.

25. Employee (Signature): Amy K. Miller

26. Time Officer (Signature): Carol Sale

22. Commissary Record

a. Date	b. Item	c. Amount
07/16	toiletries	11.00
	Total	11.00

24. ADO Check Number and Stamp

Equipment rentals must be supported with OF-294 and OF-297.

PREVIOUS EDITIONS NOT USABLE

NSN 7540-01-124-7833
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OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102