

13.6 – Exhibit 02

MILITARY TIME CONVERSION

<u>REGULAR TIME</u>	<u>MILITARY TIME</u>
12 midnight	2400 or 0000
1 a.m.	0100
2 a.m.	0200
3 a.m.	0300
4 a.m.	0400
5 a.m.	0500
6 a.m.	0600
7 a.m.	0700
8 a.m.	0800
9 a.m.	0900
10 a.m.	1000
11 a.m.	1100
12 p.m.	1200
1 p.m.	1300
2 p.m.	1400
3 p.m.	1500
4 p.m.	1600
5 p.m.	1700
6 p.m.	1800
7 p.m.	1900
8 p.m.	2000
9 p.m.	2100
10 p.m.	2200
11 p.m.	2300

13.6 – Exhibit 03

STATE ALPHA CODES

AL	Alabama	NE	Nebraska
AK	Alaska	NV	Nevada
AZ	Arizona	NH	New Hampshire
AR	Arkansas	NJ	New Jersey
CA	California	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	District of Columbia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
HI	Hawaii	PA	Pennsylvania
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
IA	Iowa	TN	Tennessee
KS	Kansas	TX	Texas
KY	Kentucky	UT	Utah
LA	Louisiana	VT	Vermont
ME	Maine	VA	Virginia
MD	Maryland	WA	Washington
MA	Massachusetts	WV	West Virginia
MI	Michigan	WI	Wisconsin
MN	Minnesota	WY	Wyoming
MS	Mississippi	PR	Puerto Rico
MO	Missouri	VI	Virgin Islands
MT	Montana		

13.6 – Exhibit 04

CREW TIME REPORT, SF-261

Method 1

(1) Crew Name Blackwell R.D. Engine				(2) Crew Number E-5		
(3) Office Responsible for Fire Vale District BLM		(4) Fire Name Sun Creek		(5) Fire Number OR-VAD-000092		
(6)	(7)	(8)	(9)		(10)	
Re-Marks No	Name of Employee	Classifica- tion	Date 8/8/XX		Date	
			Military Time		Military Time	
			On	Off	On	Off
H	S. Burns	GS	0600	1900		
H	A. Brown	GS	0630	1900		
1	R. Wyatt	WG	0700	0930	T	
E			1000	1900		
(11) Remarks						
H - Hazard for uncontrolled fireline duty						
Unable to take meal break due to blow up on Division D.						
1 - Wyatt traveled to incident to replace						
F. Johnson who was injured on 8/6.						
E - Env. Diff 25% for uncontrolled fireline						
Duty; unable to take meal break						
(12) Officer-in-Charge (Signature) <i>Chris Port</i>				(13) Title (Officer-in-Charge) <i>Div. Supv.</i>		
(14) Name (Person posting to Emergency Time Report) <i>Michael Bell</i>					(15) Date 8/8/XX	

13.6 – Exhibit 05

CREW TIME REPORT, SF-261

Method 2

(1) Crew Name SRV # 2				(2) Crew Number C-6		
(3) Office Responsible for Fire Payette NF		(4) Fire Name River Road		(5) Fire Number ID-PAF-000030		
(6)	(7)	(8)	(9)		(10)	
Re-Marks No	Name of Employee	Classifica-tion	Date 8/8/XX		Date 8/9/XX	
			Military Time		Military Time	
			On	Off	On	Off
	H. Castille	AD-F	2000	2400	0001	0800
	V. Reyes	AD-D				
	S. Hernandez	↓				
2	J. Tracheta	↓				
	A. Charez	AD-C				
	F. Smith	↓				
	J. Cadero	↓				
	J. Cavez Jr.	↓				↓
1	R. Fernandez	↓				0600
	H. Valdez	↓				0800
	G. Gusman	↓				0800
3	Jose Valdez	↓	↓	↓	↓	0130
(11) Remarks						
1 - Fernandez quit. No return travel or transportation authorized						
2 - Tracheta to transfer to SRV # 4 at end of shift.						
3 - J. Valdez injured and transported to hospital; arrived 0130						
Admitted.						
Unable to take meal break due to assisting burnout operation.						
(12) Officer-in-Charge (Signature) Joey LaRoecoa				(13) Title (Officer-in-Charge) Div. Supv.		
(14) Name (Person posting to Emergency Time Report) Laurie Walters					(15) Date 8/11/XX	

13.6 – Exhibit 06

INSTRUCTIONS FOR COMPLETION OF CREW TIME REPORT, SF-261

Time shall initially be recorded on Crew Time Report, SF-261, see Exhibits 04 or 05, and transferred to the Emergency Firefighter Time Report, OF-288. An exception to this procedure could be where casuals are hired for one operational period and their on-shift time is recorded directly onto an OF-288. In this instance, the supervisor must sign the OF-288.

A CTR is prepared for each operational period as outlined below. Time must be reported in an accurate, legible fashion. At the end of the operational period, the original is given to the Time Unit. A copy is retained by the supervisor.

1. Crew Name. Use crew name or name of single resource.
2. Crew Number. Enter assigned resource order number.
3. Office Responsible for Fire. Enter incident agency (appropriate federal, state, or local office).
4. Fire Name. Enter assigned incident name.
5. Fire Number. Enter incident order number, not "P" number, e.g., MT-LNF-000016.
6. Remarks No. Enter number that corresponds to Remarks in Section 11.
7. Name of Employee. Self-explanatory.
8. Classification. Enter appropriate pay classification (AD-A through AD-M, GS, WG, etc.).
9. Date. Enter month/day/year (8/3/XX) in Date Block. Under Military Time Heading, enter military clock time for each period of on-shift time during the operational period.
10. Date. If the operational period involves two days, use column 10 as instructed in Number 9 above.

13.6 – Exhibit 06 – Continued

INSTRUCTIONS FOR COMPLETION OF CREW TIME REPORT, SF-261

11. Remarks. Enter any pertinent information such as injury, discharge, transfer, position change, reason for hazard/environmental differential, compensable meal break, etc. Include Remarks No. from Item 6.
12. Officer-in-Charge. Signature of incident supervisor.
13. Title. Officer-in-Charge. Self-explanatory (ICS position).
14. Name. Signature of person recording time on the Emergency Firefighter Time Report, OF-288.
15. Date. Date time recorded on OF-288.

13.6 – Exhibit 07

**EMERGENCY FIREFIGHTER TIME REPORT, OF-288,
FOR REGULAR GOVERNMENT EMPLOYEES**

EMERGENCY FIREFIGHTER TIME REPORT												1. Identification Number F 7114472					
2. Social Security Number			3. Initial Employment (X One) <input type="checkbox"/> Yes <input type="checkbox"/> No			4. Type of Employment (X One) <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> Other											
5. Transferred from			6. Hired At			7. Employee Has (X One) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Out			8. Entitled to Return Travel Time (X One) <input type="checkbox"/> Yes <input type="checkbox"/> No			9. Entitled To Return Transportation (X One) <input type="checkbox"/> Yes <input type="checkbox"/> No					
ZIP CODE MUST BE ENTERED BELOW												IN CASE OF EMERGENCY NOTIFY					
10. Name (First, Middle, Last) Sally Burns						15. Name Mike Burns											
11. Street Address Vale District BLM P.O. Box 190						16. Street Address 832 North Pike											
12. City Vale		13. State OR		14. Zip Code 97905		17. City Vale		18. State OR		19. Telephone No. (include Area Code) 541-555-1000							
20. FIRE LOCATION IDENTIFICATION																	
Column A			Column B			Column C			Column D								
1. Fire Name Sun Creek			1. Fire Name Sun Creek			1. Fire Name Sun Creek			1. Fire Name Sun Creek								
2. Fire No. OR-VAD-000092			2. Fire No. OR-VAD-000092			2. Fire No. OR-VAD-000092			2. Fire No. OR-VAD-000092								
3. Unit Code			3. Unit Code			3. Unit Code			3. Unit Code								
4. Fire Location VAD			4. Fire Location VAD			4. Fire Location VAD			4. Fire Location VAD								
5. State OR			5. State OR			5. State OR			5. State OR								
6. Firefighter Classification FFT2			6. Firefighter Classification GS			6. Firefighter Classification FFT2			6. Firefighter Classification GS								
7. Rate GS			7. Rate GS			7. Rate GS			7. Rate GS								
8. Date and Time a. Year XXXX			8. Date and Time a. Year XXXX			8. Date and Time a. Year XXXX			8. Date and Time a. Year XXXX								
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.			
08	06	1400	1700	3.00	08	11	0700	1300	6.00	08	15	0001	0300	3.00			
08	06	1730	2130	4.00 H	08	11	1330	2030	7.00	08	15	0330	0800	4.50			
08	07	0700	2200	15.00H	08	12	0700	1300	6.00	08	15	1900	2400	5.00			
08	08	0600	1900	13.00H	08	12	1330	2330	10.00	08	16	0030	0900	8.50			
08	09	0600	2100	15.00H	08	13	Day	Off		08	16	1800	2400	6.00			
08	10	0700	1300	6.00 H	08	14	2000	2400	4.00	08	17	0001	0130	1.50			
08	10	1330	2030	7.00 H	08	14	Guar	antee									
9. Total Hours → 63.00					9. Total Hours → 33.00					9. Total Hours → 28.50							
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 → 08/06 - 08/10					11. Inclusive Dates → 08/11 - 08/14					11. Inclusive Dates → 08/15 - 08/17							
12. Time Officer's Signature /s/ Mari Wittson					12. Time Officer's Signature /s/ Mari Wittson					12. Time Officer's Signature /s/ Mari Wittson							
13. Date Signed 08/10/XX					13. Date Signed 08/14/XX					13. Date Signed 08/17/XX							
21. SHOW 'H' FOR HAZARD PAY AND 'E' PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE 'HOURS' COLUMN FOR REGULAR EMPLOYEES.												22. Commissary Record					
												a. Date	b. Item	c. Amount			
												08/10/XX	Toothbrush, toothpaste	5.00			
												08/14/XX	T-Shirt	13.50			
												Total →		18.50			
23. Remarks 08/14 Switched to Night Shift - Guarantee Applies 08/17 Engine demobed due to family emergency - employee reassigned to Supply. NOTE: The above items are correct and proper for payment from available appropriations.												24. ADO Check Number and Stamp					
25. Employee Signature /s/ Sally Burns						26. Time Officer (Signature) /s/ Mari Wittson											

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

NSN 754-01-124-7633

OPTIONAL FORM 288 (Rev. 3/83)

USDA/USDI
50288-102

13.6 – Exhibit 08

INSTRUCTIONS FOR COMPLETION OF EMERGENCY FIREFIGHTER
TIME REPORT, OF-288,
FOR REGULAR GOVERNMENT EMPLOYEES

Sending home units shall initiate at least one set of OF-288s for crews and individuals before they leave the home unit.

1. Emergency Time Report Number. Preprinted number. Used for commissary. Do not delete or cross out this number.
2. Social Security Number. Leave blank.
3. Initial Employment. Leave blank.
4. Type of Employee. Check block for "Regular Gov't Employee".
- 5-9. Leave blank.
10. Name. Enter regular government employee's name. Do not use nicknames.
- 11-14. Street Address. Enter the employee's home unit name and mailing address, e.g., Forest, District, BLM, or state office.
- 15-19. Accident Notification. Enter name, address, and telephone number of person to be notified in case of an accident.
20. Fire Location Identification.
 - Column A, 1. Fire Name. Enter incident name.
 - Column A, 2. Fire No. Enter incident order number, e.g., MT-LNF-000016 or ID-BOD-000042. Do not use "P" number.
 - Column A, 3. Unit Code. (Organization code) Leave blank.
 - Column A, 4. Fire Location. Enter incident agency's three-letter unit identifier for the specific location of the work assignment.

13.6 – Exhibit 08 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY FIREFIGHTER
TIME REPORT, OF-288,
FOR REGULAR GOVERNMENT EMPLOYEES

Column A, 5. State Code. Enter alphabetical code for state in which the employee was on-shift. Use state alpha codes shown in Section 13.6, Exhibit 03.

Column A, 6. Firefighter Classification. Enter the NWCG approved position code found in Appendix A – Acronyms & Position Codes if applicable, e.g., PTRC, FFT2, CREP. If the position code is THSP, specify instead the incident job title of the position to which the individual is assigned, e.g., Camp Crew Boss, Voucher Examiner. Each time an individual changes a job, close out that column, start a new column for the new job, and enter the new position code or job title if necessary.

Column A, 7. Rate. Enter "GS" for general schedule employees or "WG", "WL", or "WS" for federal wage system employees.

Column A, 8a. Year. Enter the calendar year.

Column A, 8b-8c. Month/Day. Enter month and day on-shift. (Example: February 1 is 2/1). Enter dates consecutively from row to row and column to column.

One exception is the posting of continuation of pay or posting of time when assigned to a complex with multiple incidents. In Remarks enter reason for breaks in dates. (See Section 15.1-4(3A) and Section 15.5, Exhibit 07).

Column A, 8d-8e. Start/Stop. Enter military clock time for each period of on-shift time.

13.6 – Exhibit 08 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY FIREFIGHTER
TIME REPORT, OF-288,
FOR REGULAR GOVERNMENT EMPLOYEES

Column A, 8f. Hours. Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between d. and e. When applicable, enter "T" for travel status; "H" for hazardous duty; or "E" for environmental differential (See Sections 12.9 and 12.10).

Compensable travel time to and from the related waiting time should be recorded on separate lines from other compensable time, such as on-shift time.

When compensable time (work, travel, ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter a separate line on the OF-288, noting "Guarantee" in the Start/Stop column and leaves the Hours column blank. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply to the first and last day of assignment if these days fall on the individual's regularly scheduled day off.

Day(s) Off. No specific clock hours are to be entered. "Day Off" is entered after the date, with the Hours column left blank. If an employee is sick on the incident, record "Day Off" with the Hours column left blank and a notation in the remarks section for sick leave.

Column A, 9. Total Hours. Add column and enter total hours.

13.6 – Exhibit 08 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY FIREFIGHTER
TIME REPORT, OF-288,
FOR REGULAR GOVERNMENT EMPLOYEES

- Column A, 10. Gross Amount. Leave blank.
- Column A, 11. Inclusive Dates. Enter dates covered in the month/day column. For example, enter 9/4-9/7 for September 4 through September 7.
- Column A, 12. Time Officer's Signature. The OF-288 should be signed by the Time Unit Leader or other authorized official. A Personnel Time Recorder will usually sign this block verifying that posting is accurate and complete for each column.
- Column A, 13. Date Signed.
21. Leave entire section blank. Home units may utilize this space to record agency-specific cost accounting data.
22. Commissary Record. Itemize all commissary purchases here. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, but this form should not be attached to the OF-288. Enter total amount of commissary purchases.
23. Remarks. Indicate environmental differential/hazard information, job title changes, etc.
24. ADO Check Number and Stamp. Leave blank.
25. Employee Signature. Self-explanatory. All regular government employees are required to sign the OF-288 in other than black ink.
26. Time Officer's Signature. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.

13.6 – Exhibit 10

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288, FOR CASUALS

Items that are bolded and italicized are mandatory fields for payment processing.

Sending units shall initiate at least one set of OF-288s for crews and individuals at the time of hire.

1. Emergency Time Report Number. Preprinted number. Used for commissary. Do not delete or cross out this number.
2. ***Social Security Number***. Enter individual's nine-digit SSN or Individual Taxpayer Identification Number (ITIN) (See Chapter 10, Section 11.2). (If using electronic time recording system, Time Unit ensures SSN is handwritten on payment copy of the OF-288.)
3. Initial Employment. Check "Yes" if individual is being hired for the first time this calendar year.
4. ***Type of Employee***. Check "Casual".
5. Transferred From. If the casual was transferred from another incident, enter incident name and check current OF-288 against any earlier one to prevent overlapping time and duplicate payments.
6. ***Hired At***. Enter state abbreviation and hiring agency's three-letter unit identifier, e.g., AK-GAD, CA-ENF, ID-BOD.
7. Employee Has. Check box at time of release if casual has been discharged or quit.
8. ***Entitled To Return Travel Time***. Check "Yes" or "No" at the time of release.
9. Entitled to Return Transportation. Check "Yes" or "No" at the time of release.

13.6 – Exhibit 10 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288, FOR CASUALS

10. **Name**. Enter casual's name, exactly as shown on identification. Do not use nicknames.
- 11-14 **Street Address**. Show casual's permanent mailing address, including city, state, and zip code. This is where the pay and tax information will be mailed.
- 15-19 **Accident Notification**. Enter name, address, and telephone number of person to be notified in case of an accident.
20. **Fire Location Identification**.
- | | |
|--------------|--|
| Column A, 1. | <u>Fire Name</u> . Enter incident name. |
| Column A, 2. | <u>Fire No</u> . Enter incident order number (e.g., MT-LNF-00016). Do not use "P" number. |
| Column A, 3. | <u>Unit Code</u> . Leave blank. |
| Column A, 4. | <u>Fire Location</u> . Enter incident agency's three-letter unit identifier for the specific location of the work assignment. |
| Column A, 5. | <u>State Code</u> . Enter alphabetical code for state in which the casual was on-shift. Use state alpha codes shown in Section 13.6, Exhibit 03. |
| Column A, 6. | <u>Firefighter Classification</u> . Enter the NWCG approved position code found in Appendix A – Acronyms & Position Codes if applicable, e.g., PTRC, FFT2, CREP. If the position code is THSP, specify instead the incident job title of the position to which the individual is assigned, e.g., Camp Crew Boss, Laborer. |
| Column A, 7. | <u>Rate</u> . Enter AD-A through AD-M and hourly pay rate. |

13.6 – Exhibit 10 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288, FOR CASUALS

- Column A, 8a. **Year.** Enter calendar year.
- Column A, 8b-8c. **Month/Day.** Enter month and day on-shift. (Example: February 1 is 2/1). Enter dates consecutively from row to row and from column to column. One exception is the posting of continuation of pay or posting of time when assigned to a complex with multiple incidents. In Remarks enter reason for breaks in dates. (See Section 15.1-4(3B) and Section 15.5, Exhibit 08).
- Column A, 8d-8e. **Start/Stop.** Enter military clock time for each period of on-shift time.
- Column A, 8f.
- Hours.** Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between d. and e. For hours in travel status, enter a "T" in the Hours column.
- Compensable travel time to and from the point of hire and related waiting time is recorded on separate lines from other compensable time, such as on-shift time. Do not use a separate column when reporting travel time. See Pay Plan for Emergency Workers for compensable travel for casuals (Section 13.6, Exhibit 01).
- When compensable time (work, travel, ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter a separate line on the OF-288 noting "guarantee" after the month/day and posting

13.6 – Exhibit 10 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288, FOR CASUALS

the necessary additional hours to the Hours column. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply on the first and last day.

Day(s) Off. No specific clock hours are to be entered. Enter “Day Off” in the Start/Stop column with “8” in the Hours column.

- Column A, 9. Total Hours. Add column and enter total hours.
- Column A, 10. Gross Amount. Leave blank.
- Column A, 11. Inclusive Dates. Enter dates covered in the month/day column. For example, enter 9/4-9/7 for September 4 through September 7.
- Column A, 12. Time Officer's Signature. The OF-288 should be signed by either the Time Unit Leader or other authorized official. A Personnel Time Recorder will usually sign this block verifying that posting is accurate and complete for each column.
- Column A, 13. Date Signed. Self-explanatory.
21. Leave entire section blank. Home units may utilize this space to record agency-specific cost accounting data.
22. Commissary Record. Itemize all commissary purchases here. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, but this form should not be attached to the OF-288. Enter total amount of commissary purchases.
23. Remarks. Indicate THSP and specify the incident job title, promotion, reason for discharge, transfer, position changes, etc.

13.6 – Exhibit 10 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288, FOR CASUALS

24. ADO Check Number and Stamp. Do not write in this Block. It will be used by payment personnel.
25. Employee (Signature). Self-explanatory. All casuals are required to sign the OF-288 in other than black ink.
26. Time Officer's Signature. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.

13.6 – Exhibit 11

**CONDITION OF HIRE PAGE FROM EMERGENCY FIREFIGHTER
TIME REPORT, OF-288**

EMERGENCY FIREFIGHTER TIME REPORT				1. Identification Number F 7114470	
2. Social Security Number 555-22-3333		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 N/A		6. Hired At ID-BOD		7. Employee Has (X One) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit	
				8. Entitled to Return Travel Time (X One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				9. Entitled To Return Transportation (X One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
ZIP CODE MUST BE ENTERED BELOW			IN CASE OF EMERGENCY NOTIFY		
10. Name (First, Middle, Last) Jorge L. Chavez Jr.			15. Name Leo J. Chavez		
11. Street Address 101 S. Main Street			16. Street Address (same)		
12. City Nampa		13. State ID		14. Zip Code 83651	
				17. City	
				18. State	
				19. Telephone No. (include Area) (208) 555-3000	
CONDITIONS OF HIRE					
<p>1. You have agreed to be hired by an agency of the U.S. Government as an emergency firefighter. The work is hard and sometimes you may work more than 12 hours per day. Prompt compliance with your supervisor's instructions and orders are required at all times. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in fire camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.</p> <p>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 hiring agency is the only agency with direct access to this information. Failure to supply this number may result in a penalty of \$5 deducted from each time sheet processed without an SSN in accordance with the law (Internal Revenue Service Code, Chapter 68, Section 6676(a)). The SSN must be used because it is possible that another employee's name is the same as yours.</p> <p>3. Keep this sheet until you are paid. Your identification number is printed in red on this sheet and is needed to receive checks and make purchases in the Commissary.</p> <p>4. You will be paid at an hourly rate. The Officer-In-Charge will advise you of the salary rate for your position.</p> <p>5. 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 a good reason.</p> <p>6. If you are fired, or you quit without good reason before the emergency is over, your pay will stop at that time. Only the Officer-In-Charge may decide whether the Government will provide return transportation or pay you for travel time back to where you were hired.</p> <p>7. The cost of anything you buy from the commissary will be taken out of your check.</p> <p>8. When you sign your time report, you agree that it is correct. Do not sign the report until you agree!</p> <p>9. Report any damage to or loss of your personal property to your supervisor before you leave the fire camp. The Government assumes no responsibility for loss of personal items not needed for firefighting.</p> <p>10. If you are injured or get sick, report to your work supervisor immediately.</p> <p>11. Any Government property (such as hard hats, tools, blankets, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost of them may be deducted from your check.</p> <p>12. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you can not be employed or paid for firefighting. Inform your supervisor immediately.</p> <p>13. Whenever the Officer-In-Charge decides it is 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, or when the Government is temporarily unable to furnish meals or lodging.</p> <p>14. No income tax will be withheld from your check. However, your pay as a firefighter must be included as gross income for Federal income tax purposes. Report it on your state income tax report in accordance with state instructions.</p> <p>15. Possession of firearms, intoxicating beverages, marijuana, and all forms of addictive drugs not prescribed by a physician is prohibited. Posses or any evidence of usage constitutes grounds for immediate discharge.</p> <p>16. THE GOVERNMENT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.</p>					
KEEP THIS COPY UNTIL YOU ARE PAID					

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

NSN 754-01-124-7633

OPTIONAL FORM 288 (Rev. 3/83)

USDA/USDI

50288-102

13.6 – Exhibit 12

**EMERGENCY FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR
REGULAR GOVERNMENT EMPLOYEES**

Emergency Incident Time Report																							
1. Social Security Number		2. Hired At (i.e., ID-BOF)		3. Type of Employment (X one) <input type="checkbox"/> Casual <input checked="" type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> State <input type="checkbox"/> Other:																			
4. Name (First, Middle, Last) Sally F. Burns				5. Home/Hiring Unit Name Vale District BLM																			
6. Mailing Address 832 North Pike				7. Home/Hiring Unit Phone Number 555-444-3333																			
8. City Vale		9. State OR		10. Zip Code 97905		11. Home/Hiring Unit FAX Number 555-444-2222																	
12. Emergency Contact Name Mike Burns				13. Emergency Contact Phone Number 555-333-4444				14. Emergency Contact Physical Address 832 North Pike, Vale, OR 87304															
Column A				Column B				Column C				Column D											
A-1. Incident Name Sun Creek				B-1. Incident Name				C-1. Incident Name				D-1. Incident Name Sun Creek											
A-2. Incident Order #/Resource Order # (i.e., ID-BOF-000906 / C-33) OR-VAD-000092 / O-215				B-2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)				C-2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)				D-2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33) OR-VAD-000092 / O-215											
A-3. Fire Code (i.e., B2C5) D4G7		A-4. Position Code (i.e., FFT2) FFT2		B-3. Fire Code (i.e., B2C5)		B-4. Position Code (i.e., FFT2)		C-3. Fire Code (i.e., B2C5)		C-4. Position Code (i.e., FFT2)		D-3. Fire Code (i.e., B2C5) D4G7		D-4. Position Code (i.e., FFT2) THSP									
A-5. AD Class GS		A-6. AD Rate \$		B-5. AD Class		B-6. AD Rate \$		C-5. AD Class		C-6. AD Rate \$		D-5. AD Class GS		D-6. AD Rate \$									
A-7. Home/Hiring Unit Accounting Code OR030-2821-HU-D4G7				B-7. Home/Hiring Unit Accounting Code				C-7. Home/Hiring Unit Accounting Code				D-7. Home/Hiring Unit Accounting Code OR030-2821-HU-D4G7											
A-8. Date and Time a. Year: XXXX					B-8. Date and Time a. Year:					C-8. Date and Time a. Year:					D-8. Date and Time a. Year: XXXX								
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours				
08	06	1400	1700	3.00 T	08	11	0700	1300	6.00	08	15	0001	0300	3.00	08	17	1200	1800	6.00				
08	06	1730	2130	4.00 H	08	11	1330	2030	7.00	08	15	0330	0800	4.50	08	17	1830	2100	2.50				
08	07	0700	2200	15.00 H	08	12	0700	1300	6.00	08	15	1900	2400	5.00	08	18	0800	1330	5.50				
08	08	0600	1900	13.00 H	08	12	1330	2330	10.00	08	16	0030	0900	8.50	08	18	1430		T				
08	09	0600	2100	15.00 H	08	13	Day	Off		08	16	1800	2400	6.00	---	---	---	---	---				
08	10	0700	1300	6.00 H	08	14	2000	2400	4.00	08	17	0001	0130	1.50									
08	10	1330	2030	7.00 H	08	14	Guar	antee		---	---	---	---	---									
A-9. Total Hours				63.00		B-9. Total Hours				33.00		C-9. Total Hours				28.50		D-9. Total Hours					
A-10. Gross Amount (item 6 x item 9)				\$		B-10. Gross Amount (item 6 x item 9)				\$		C-10. Gross Amount (item 6 x item 9)				\$		D-10. Gross Amount (item 6 x item 9)				\$	
15. Remarks 08/14 Switched to night shift – guarantee applies. 08/17 Engine demobed due to family emergency. Employee reassigned to Supply Unit. THSP – Tool Specialist																							
16. Payment Office Only																							
17. Commissary Record (Attach additional sheet if necessary)																							
a. Date		b. Item								c. Amount													
08/10		Toothbrush, toothpaste								5.00													
08/14		T-shirt								13.50													
Total Commissary Deductions										\$ 18.50						18. Gross Earnings				\$			
The signatures below certify the above items are correct and proper for payment.																							
19. Employee Signature <i>/s/ Sally Burns</i>				20. Date 08/18/XXXX				21. Time Officer Signature <i>/s/ Mari Wittson</i>				22. Date 08/18/XXXX											

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.

13.6 – Exhibit 13

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR REGULAR
GOVERNMENT EMPLOYEES

Sending home units shall initiate an OF-288's for crews and individuals before they leave the home unit.

1. Social Security Number. Leave Blank
2. Hired At. Leave Blank
3. Type of Employment. Check the box for "Regular Gov't Employee".
4. Name. Enter regular government employee's name. Do not use nicknames.
5. Home/Hiring Unit Name. Enter the home unit name. Be sure to clarify agency if not evident, e.g., Vale District – BLM, Tofte R.D. – USFS.
- 6-11. Mailing Address and Home Unit Phone and Fax numbers. Enter the employee's home unit mailing address, e.g., Forest, District, BLM, BIA, NPS, FWS or state office, phone and fax information.
- 12-14. Emergency Contact Name, Phone and Physical Address. Enter name, telephone number and address to be notified in case of an accident.

Columns A-D Incident Location, Fiscal and Job Information.

Column A, 1. Incident Name. Enter incident name.

Column A, 2. Incident Order #/ Resource Order#. Enter incident order number, e.g., MT-LNF-000106 or AK-MSS-701566, and resource order number, e.g., C-33 or O-14. Do not use "P" number.

13.6 – Exhibit 13 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR REGULAR
GOVERNMENT EMPLOYEES

- Column A, 3. Fire Code. Enter the Fire Code that corresponds to the incident.
- Column A, 4. Position Code. Enter the NWCG approved position code found in Appendix A – Acronyms & Position Codes that corresponds to job performed, e.g., FFT2, PTRC. If the position code is THSP, specify in the remarks section the position title to which the individual is assigned, e.g., Camp Crew Boss, Voucher Examiner. If the job changes, close out the column and begin a new one with the new position code.
- Column A, 5. AD Class. Enter “GS” for general schedule employees or “WG”, or “WS” for federal wage system employees.
- Column A, 6. AD Rate. Leave blank for regular federal employees.
- Column A, 7. Home/Hiring Unit Accounting Code. Filled out at incident or home unit to correspond with the appropriate agency specific accounting cost structures.
- Column A, 8a. Year. Enter the calendar year.
- Column A, 8b-c. Month/Day. Enter the month and day on-shift. (Ex. September 7th is 09/07). Enter dates consecutively from row to row and column to column. Ensure that each row with start and stop times recorded has the month and date entered.

13.6 – Exhibit 13 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR REGULAR
GOVERNMENT EMPLOYEES

Column A, 8d-e. Start/Stop. Enter military clock time for each period on-shift. Shifts worked to or through midnight should be recorded as 2400 hours. A new row for the time after midnight should be started at 0001 hours on the next day.

Column A, 8f. Hours. Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between d. and e. When applicable, enter “T” for travel status; “H” for hazardous duty; or “E” for environmental differential. (See sections 12.9 and 12.10)

Compensable travel time to and from the point of hire and the related waiting time should be recorded on separate lines from other compensable time, such as on-shift time.

When compensable time (work, travel, and ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter a separate line on the OF-288, noting “Guarantee” in the Start/Stop column and leaves the Hours column blank. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply to the first and last day of assignment if these days fall on the individual’s regularly scheduled day off.

Day(s) Off. No specific clock hours are to be entered. “Day Off” is entered after the date with the Hours column left blank. If an employee is sick on the incident, record “Day

13.6 – Exhibit 13 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR REGULAR
GOVERNMENT EMPLOYEES

Off” with the Hours column left blank and a notation in the remarks section for sick leave.

Column A, 9 Total Hours. Add column f. and enter total hours.

Column A, 10 Gross Amount. Leave blank.

15. Remarks. Indicate environmental differential/hazard information, guarantees’, job title changes, etc.
16. Payment Office Only. Leave blank.
17. Commissary Record. Itemize all commissary purchases. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, however this form should not be attached to the OF-288. Enter the total amount of commissary purchases.
18. Gross Earnings. Leave blank.
- 19-20. Employee Signature and Date. Self- explanatory. All regular government employees are required to sign the OF-288 in other than black ink.
- 20-21. Time Officer Signature and Date. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.

13.6 – Exhibit 14

EMERGENCY FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR CASUALS

Emergency Incident Time Report																				
1. Social Security Number 555-22-3333			2. Hired At (i.e., ID-BOF) ID-BOD			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) Jorge L. Chavez						5. Home/Hiring Unit Name Boise Field Office														
6. Mailing Address 101. S Main						7. Home/Hiring Unit Phone Number 208-111-2222														
8. City Nampa			9. State ID		10. Zip Code 83651		11. Home/Hiring Unit FAX Number 208-222-1111													
12. Emergency Contact Name Leo J. Chavez				13. Emergency Contact Phone Number 208-333-7777				14. Emergency Contact Physical Address 101 S. Main Street, Nampa, ID 83651												
Column A			Column B Header info same as A <input checked="" 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 checked="" type="checkbox"/>											
A-1. Incident Name River Road			B-1. Incident Name			C-1. Incident Name River Road			D-1. Incident Name											
A-2. Incident Order #/Resource Order # (i.e., ID-BOF-000906 / C-33) ID-PAF-000030 / C-14			B-2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)			C-2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33) ID-PAF-000030 / C-14			D-2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)											
A-3. Fire Code (i.e., B2C5) J6L3		A-4. Position Code (i.e., FFT2) FFT2		B-3. Fire Code (i.e., B2C5)		B-4. Position Code (i.e., FFT2)		C-3. Fire Code (i.e., B2C5) J6L3		C-4. Position Code (i.e., FFT2) FFT1		D-3. Fire Code (i.e., B2C5)		D-4. Position Code (i.e., FFT2)						
A-5. AD Class AD-C		A-6. AD Rate \$ 13.24		B-5. AD Class		B-6. AD Rate \$		C-5. AD Class AD-D		C-6. AD Rate \$ 14.64		D-5. AD Class		D-6. AD Rate \$						
A-7. Home/Hiring Unit Accounting Code ID310-2821-HU-J6L3			B-7. Home/Hiring Unit Accounting Code			C-7. Home/Hiring Unit Accounting Code ID310-2821-HU-J6L3			D-7. Home/Hiring Unit Accounting Code											
A-8. Date and Time a. Year: XXXX				B-8. Date and Time a. Year:				C-8. Date and Time a. Year: XXXX				D-8. Date and Time a. Year:								
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	
08	01	2000	2400	4.00	T	08	04	1900	2400	5.00	08	08	0700	1300	6.00	08	12	1000		T
08	02	0001	0130	1.50	T	08	05	0001	0700	7.00	08	08	1400	2100	7.00	---	---	---	---	---
08	02	1800	2400	6.00	08	05	1800	2400	6.00	08	09	Day	Off	8.00						
08	02	Guar	antee	.50	08	06	1200	1700	5.00	08	10	0700	1300	6.00						
08	03	0001	0800	8.00	08	06	1730	2030	3.00	08	10	1400	2030	6.50						
08	03	2000	2400	4.00	08	07	0700	1300	6.00	08	11	0700	1230	5.50						
08	04	0001	0800	8.00	08	07	1330	1830	5.00	08	11	1330	2000	6.50						
A-9. Total Hours			32.00			B-9. Total Hours			37.00			C-9. Total Hours			45.50			D-9. Total Hours		
A-10. Gross Amount (item 6 x item 9)			\$ 423.68			B-10. Gross Amount (item 6 x item 9)			\$ 489.88			C-10. Gross Amount (item 6 x item 9)			\$ 666.12			D-10. Gross Amount (item 6 x item 9)		
15. Remarks 08/08 Promoted to Squad Boss FFT1. 08/12 Released due to family emergency.												16. Payment Office Only								
17. Commissary Record (Attach additional sheet if necessary)																				
a. Date		b. Item				c. Amount														
08/04		Gloves				3.00														
08/05		Cigarettes				34.00														
Total Commissary Deductions										\$ 37.00										
												18. Gross Earnings \$								
The signatures below certify the above items are correct and proper for payment.																				
19. Employee Signature <i>/s/ Jorge L. Chavez Jr.</i>				20. Date 08/12/XXXX		21. Time Officer Signature <i>/s/ Tom Plank</i>				22. Date 08/12/XXXX										

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

13.6 – Exhibit 15

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR CASUALS

Sending units shall initiate an OF-288's for crews and individuals at the time of hire.

1. Social Security Number. Enter individual's nine-digit SSN or Individual Taxpayer Identification Number (ITIN). (See Chapter 10, Section 11.2.)
2. Hired At. Enter state abbreviation and hiring agency's three-letter unit identifier, e.g., AK-GAD, CA-ANF, AZ-GCP.
3. Type of Employment. Check the box for "Casual".
4. Name. Enter casual's name, exactly as shown on identification. Do not use nicknames.
5. Home/Hiring Unit Name. Enter the hiring unit name. Be sure to clarify agency if not evident, e.g., Vale District – BLM, Tofte R.D. – USFS.
- 6-11. Mailing Address and Hiring Unit Phone and Fax numbers. Enter the casual's permanent mailing address. This is where the pay and tax information will be mailed. Enter the hiring unit phone and fax number.
- 12-14. Emergency Contact Name, Phone and Physical Address. Enter name, address and telephone number to be notified in case of an accident.

Columns A-D Incident Location, Fiscal and Job Information.

Column A, 1. Incident Name. Enter incident name.

Column A, 2. Incident Order #/ Resource Order#. Enter incident order number, e.g., MT-LNF-000106 or AK-MSS-701566, and resource order number, e.g., C-33 or O-14. Do not use "P" number.

13.6 – Exhibit 15 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR CASUALS

- Column A, 3. Fire Code. Enter the Fire Code that corresponds to the incident.
- Column A, 4. Position Code. Enter the NWCG approved position code found in Appendix A – Acronyms & Position Codes that corresponds to job performed, e.g., FFT2, PTRC. If the position code is THSP, specify in the remarks section the position title to which the individual is assigned, e.g., Camp Crew Boss, Laborer. If the job changes, close out the column and begin a new one with the new position code.
- Column A, 5. AD Class. Enter corresponding AD classification to above position code.
- Column A, 6. AD Rate. Enter the rate per hour for the AD classification.
- Column A, 7. Home/Hiring Unit Accounting Code. Filled out at incident or hiring unit to correspond with the appropriate agency specific accounting cost structures.
- Column A, 8a. Year. Enter the calendar year.
- Column A, 8b-c. Month/Day. Enter the month and day on-shift. (Ex. September 7th is 09/07). Enter dates consecutively from row to row and column to column. Ensure that each row with start and stop times recorded has the month and date entered.
- Column A, 8d-e. Start/Stop. Enter military clock time for each period on-shift. Shifts worked to or through midnight should be recorded as 2400 hours. A

13.6 – Exhibit 15 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR CASUALS

new row for the time after midnight should be started at 0001 hours on the next day.

Column A, 8f. Hours. Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for half and 0.25 for a quarter hour. Show the net difference between d. and e. When applicable, enter “T” for travel status in the Hours column.

Compensable travel time to and from the point of hire and the related waiting time should be recorded on separate lines from other compensable time, such as on-shift time. See Administratively Determined Pay Plan for Emergency Workers for compensable travel for casuals (See Section 13.6, Exhibit 01).

When compensable time (work, travel, and ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter a separate line on the OF-288, noting “Guarantee” in the Start/Stop column and posting the necessary additional hours to the Hours column. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply on the first and last day of the assignment.

Day(s) Off. No specific clock hours are to be entered. Enter “Day Off” in the Start/Stop column with “8” in the Hours column.

Column A, 9 Total Hours. Add all hours in the Hours column.

Column A, 10 Gross Amount. Optional – multiply block A-6 x block A-9.

13.6 – Exhibit 15 – Continued

INSTRUCTIONS FOR COMPLETION OF EMERGENCY
FIREFIGHTER TIME REPORT, OF-288 (TEST FORM) FOR CASUALS

15. Remarks. Indicate position changes, changes in AD rate, reason for discharge, transfer, etc.
16. Payment Office Only. Leave blank.
17. Commissary Record. Itemize all commissary purchases. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, however this form should not be attached to the OF-288. Enter the total amount of commissary purchases.
18. Gross Earnings. Leave blank.
- 19-20. Employee Signature and Date. Self-explanatory. All casuals are required to sign the OF-288 in other than black ink.
- 21-22. Time Officer Signature and Date. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.

13.6 – Exhibit 16

CONDITION OF HIRE PAGE FOR THE EMERGENCY FIREFIGHTER
TIME REPORT, OF-288 (TEST FORM)

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.

/s/ Jorge L. Chavez Jr.

Signature

8/1/XXXX

Date

13.6 – Exhibit 17

PAYROLL OR INVOICE DEDUCTION AUTHORIZATION (TEST FORM)

Payroll or Invoice Deduction Authorization	
Name (First, Middle, Last) Jorge L. Chavez Jr.	Finance Unique Identifier***
Social Security Number / TIN 555-22-3333	
Incident Name River Road	
Incident Order # / Resource Order # ID-PAF-000030 / C-14	

***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.

/s/ Jorge L. Chavez Jr.

8/4/XXXX

Signature

Date

13.6 – Exhibit 18

EMPLOYMENT ELIGIBILITY VERIFICATION, FORM I-9

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Chavez Jr.	First Jorge	Middle Initial L.	Maiden Name N/A
Address (Street Name and Number) 101 S. Main Street		Apt. #	Date of Birth (month/day/year) 06/11/1972
City Nampa	State ID	Zip Code 83651	Social Security # 555-22-3333

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature <i>Jorge Chavez Jr.</i>	Date (month/day/year) 08/01/XX
---	-----------------------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		Idaho Driver's License		Social Security Card
Issuing authority: _____		#049261		555-22-3333
Document #: _____				
Expiration Date (if any): _____		06/11/XX Expiration		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 08/01/XX and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Barbara Sylte</i>	Print Name Barbara Sylte	Title Personnel Clerk
Business or Organization Name USFS	Address (Street Name and Number, City, State, Zip Code) 323 Highway 5, Grangeville, ID 83702	
		Date (month/day/year) 08/01/XX

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

13.6 – Exhibit 18 – Continued

EMPLOYMENT ELIGIBILITY VERIFICATION, FORM I-9

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Eligibility		Documents that Establish Identity		Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certificate of U.S. Citizenship (Form N-560 or N-561)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Certificate of Naturalization (Form N-550 or N-570)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization		4. Voter's registration card		
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)		5. U.S. Military card or draft record		
6. Unexpired Temporary Resident Card (Form I-688)		6. Military dependent's ID card		4. Native American tribal document
7. Unexpired Employment Authorization Card (Form I-688A)		7. U.S. Coast Guard Merchant Mariner Card		5. U.S. Citizen ID Card (Form I-197)
8. Unexpired Reentry Permit (Form I-327)		8. Native American tribal document		6. ID Card for use of Resident Citizen in the United States (Form I-179)
9. Unexpired Refugee Travel Document (Form I-571)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)		For persons under age 18 who are unable to present a document listed above:		7. Unexpired employment authorization document issued by DHS (other than those listed under List A)
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

13.6 – Exhibit 18 – Continued

EMPLOYMENT ELIGIBILITY VERIFICATION, FORM I-9

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title, 2) issuing authority, 3) document number, 4) expiration date, if any, and 5) the date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex.

Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 05/31/05)Y

13.6 – Exhibit 19

CHECKLIST FOR CLOSING OUT EMERGENCY FIREFIGHTER
TIME REPORTS, OF-288

The Time Unit Leader shall establish a daily audit process to ensure accurate posting of time and commissary issues. A list of missing time should be established, posted, and updated daily so that incident supervisors can be notified of the omission. This can be accomplished by use of a log that records hours posted per operational period for crews and incident personnel.

1. Time Unit personnel should verify the following when auditing OF-288s:
 - A. SSN/ITIN present for casual employees.
 - B. Type of employment indicated.
 - C. Complete mailing and emergency notification address and telephone number for casuals.
 - D. Home unit address for regular government employees.
 - E. Fax number for regular government employees.
 - F. Incident name and incident order number indicated in all columns.
 - G. AD classification, pay rate, position title and NWCG position code for casuals. Cross check AD classification with position title to ensure proper pay rate is applied.
 - H. Pay classification (GS/WG/WL/WS) and position title indicated for regular government employees.
 - I. Time posted chronologically. Verify time posted against Crew Time Report, SF-261.
 - J. Columns totaled (hours only), inclusive dates indicated and columns signed.

13.6 – Exhibit 19 – Continued

CHECKLIST FOR CLOSING OUT EMERGENCY FIREFIGHTER
TIME REPORTS, OF-288

2. When notified that the crew/individual will be demobilized, determine if the crew/individual is going home or to another incident.

If the crew/individual is going home, the OF-288 will be closed out, beginning travel time posted, and the OF-288 given to the crew representative or individual.

If the crew/individual is going to another incident, close out the OF-288 as below and initiate a new OF-288. Travel to the new incident will be shown on the new OF-288.

- A. Ensure all commissary issues have been posted. Total the commissary amounts per individual.
 - B. Has all time been properly documented on a CTR? Have all CTRs been posted?
 - C. Has the travel time been established and submitted on a CTR? Post beginning travel time and sign on the next line. Leave remainder of column open for home unit supervisor to post and approve ending travel time.
 - D. Cross out unused, blank, time entry columns.
 - E. How will payment of casuals be made? The Time Unit Leader coordinates transmission of the required pay documents.
 - F. Have injury documents been attached to the OF-288 (to be hand carried to the crew/individual's home unit by the responsible person)?
3. Once all these items have been verified and completed, all incident personnel will sign their OF-288 in other than black ink. The crew representative/individual is given the original and employee copy

13.6 – Exhibit 19 – Continued

CHECKLIST FOR CLOSING OUT EMERGENCY FIREFIGHTER
TIME REPORTS, OF-288

of the OF-288. The file copy is retained for the Incident Finance Package (See Chapter 40, Section 45, Exhibit 01).

If the incident agency is processing payments, payment procedures will be followed and facilitated by the Time Unit Leader to ensure all payment documents are provided to the incident agency.

4. See Chapter 30, Section 36-2 for procedures regarding non-returned property and the resulting documentation and OF-288 deductions.

Each crew and single resource will present a Demobilization Checklist to the Time Unit. Time Unit personnel will verify that all other sections of the checklist have been completed. Once the OF-288 has been closed out, signed, and file copies pulled, the Demobilization Checklist can be signed and given to the crew representative/individual for completion of the demobilization process.

13.6 – Exhibit 20

SINGLE RESOURCE CASUAL HIRE INFORMATION FORM, PMS 934

Single Resource Casual Hire Information Form

HIRING UNIT INFORMATION

Office Name: _____ Unit ID: _____ Date: _____
Example: ID-BOF

Address: _____ City: _____ State: _____ Zip: _____
Hiring Official Name: _____ Print Telephone: _____

CASUAL INFORMATION

Casual's Name: _____ Phone No: _____ Start Date: _____
Print

POSITION INFORMATION

Job Title: _____ AD Class: _____ AD Rate: \$ _____
Incident Order #: _____ Fire code: _____ Request #: _____
Example: ID-BOF-0423

Hiring of emergency personnel may be made according to the provisions of the Pay Plan for Emergency Workers when any of the following exists (see Pay Plan for specific determinations):

- 1. To fight a going fire.
- 2. Unusually dry period or fire danger is high to extreme.
- 3. To provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.
- 4. To place firefighter on standby for expected dispatch.
- 5. Temporarily replace members of fire suppression crews or fire management personnel who are on fires.
- 6. To attend fire suppression training. Trainee OR Refresher AND Course Title: _____
- 7. To instruct fire suppression training when all other methods of hiring and contracting instructors have been exhausted.
- 8. To cope with floods, storms or any other emergency.
- 9. To carry out emergency stabilization work when there is an immediate danger of loss of life or property.
- 10. Following a natural emergency to develop plans and manage emergency stabilization efforts (not to exceed 90 calendar days).
- 11. To meet mission assignments issued by FEMA.
- 12. Hazardous Fuel Reduction NTE 300 hours per calendar year (DOI agencies only)

TRAVEL/TRANSPORTATION

Casual is entitled to transportation to and from the incident: No Yes

Transportation method:

- Airline
- POV (Mileage reimbursement authorized)
- Rental vehicle (Must be on resource order. Rental provided by: Casual or Government)
- Other (list, such as bus, gov't vehicle, EERA): _____

Check One:

- Casual to be subsisted by government. Hiring unit will reimburse approved incidental expenses at actual cost; receipts required.
- Casual will not be subsisted; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at standard per diem rate. Indicate TA #: [_____]

EMPLOYMENT FORMS

Completed by:

Agency: I-9, Employment Eligibility Verification
 OF-288, Emergency Firefighter Time Report (Complete Top section, Column A 1-8 and travel start time)
 Direct Deposit form (if applicable) Provide to Casual
 State/federal government-issued Picture ID verified and in Casual's possession (required for all positions)
 Incident qualification card (if required for position) verified and in Casual's possession
 State-required certification verified, if required for position (e.g., CDL, driver's license)

Casual: Federal W-4 State W-4 W-5, if applicable
 Incident Behavior Form signed

I understand that I am being hired under the terms and conditions of the Administratively Determined Pay Plan for Emergency Workers.

Casual Signature (Required) Date Hiring Official Signature (Required) Date

Distribution: Follow Hiring Agency procedures

13.6 – Exhibit 20 – Continued

SINGLE RESOURCE CASUAL HIRE INFORMATION FORM, PMS 934

Non-Discrimination Policy Statement

"The U.S. Government prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) "

Forest Service hires: to file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

13.6 – Exhibit 21

INCIDENT BEHAVIOR FORM, PMS 935-1

Incident Behavior

Common Responsibilities
Volunteers and Single Resource Casual Hires

Inappropriate Behavior:

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities
 - Tell the harasser to stop the offensive conduct.
- Provide support to the victim
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

Drugs and Alcohol:

- Non-prescription unlawful drugs and alcohol are not permitted at the incident. Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel 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.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

have read and I understand the above described incident behavior responsibilities:

Signature

Date

PMS 935-1 (English) (August 2003)

13.6 – Exhibit 21 – Continued

INCIDENT BEHAVIOR FORM – SPANISH, PMS 935-2

Comportamiento En Incidentes

Responsabilidades Comunes
Empleo Casual de Voluntarios y Recursos Individuales

Comportamiento inapropiado:

Es extremadamente importante que comportamiento inapropiado sea reconocido y tratado con prontitud. Comportamiento inapropiado es todo tipo de acoso incluyendo sexual y racial. **Acoso de cualquier tipo no será tolerado.** Cuando usted observe o escuche comportamiento inapropiado usted debe:

- Informar y educar al personal de sus derechos y responsabilidades. Digale al acosador(a) que pare su conducta ofensiva.
- Proporcionar apoyo a la víctima.
- Reportar el incidente a su supervisor y al supervisor de esa persona, si el comportamiento continúa. Una acción disciplinaria puede ser necesaria.
- Desarrollar medidas apropiadas de corrección.
- Documente todo comportamiento inapropiado y repórtelo al jefe del incidente o al oficial de agencia apropiado.
- Al trabajar en o alrededor de propiedad privada, reconozca y respete toda propiedad privada.

Drogas y Alcohol:

- Drogas ilegales no recetadas y alcohol no son permitidas en incidentes. Posesión o uso de estas sustancias resultara en una acción disciplinaria.
- Durante periodos de descanso en incidentes, todo personal es responsable por su conducta apropiada y mantenimiento de condición física para cumplir con sus deberes. Abuso de drogas y alcohol que resulte en incapacidad para cumplir con sus deberes resultara en una acción disciplinaria.
- Sea un modelo positivo. No se involucre en el abuso de drogas y alcohol.
- Reporte cualquier observación de abuso de drogas o alcohol a su supervisor.

Yo he leído y entiendo el comportamiento y responsabilidades durante incidentes descrito arriba:

Firma

Fecha