

13.6 - Exhibit 02

MILITARY TIME CONVERSION

<u>REGULAR TIME</u>	<u>MILITARY TIME</u>
12 midnight	2400 or 0 hours
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
12 midnight	2400 or 0000

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 Island
MT	Montana		

13.6 Exhibit 04

INSTRUCTIONS FOR COMPLETION OF CREW TIME REPORT.  
SF-261

Time shall initially be recorded on Crew Time Report, SF-261, see Exhibits 05 or 06, 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 crew 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-016).
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-1 through AD-5, GS, WG, etc.).

13.6 Exhibit 04 - Continued

INSTRUCTIONS FOR COMPLETION OF CREW TIME REPORT.  
SF-261

9. Date. Enter month/day (8/3) 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.
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 05

CREW TIME REPORT, SF-261

Method 1

(1) Crew Name <b>Blackwell R.D. Engine</b>			(2) Crew Number			
(3) Office Responsible for Fire <b>Vale District BLM</b>		(4) Fire Name <b>Sun Creek</b>		(5) Fire Number <b>OR-VDO-092</b>		
(6)	(7)	(8)	(9)		(10)	
Re-Marks No	Name of Employee	Classifi- cation	Date <b>8/8/XX</b>		Date	
			Military Time		Military Time	
			On	Off	On	Off
<b>H</b>	<b>S. Burns</b>	<b>GS</b>	<b>0600</b>	<b>1900</b>		
<b>H</b>	<b>A. Brown</b>	<b>GS</b>	<b>0630</b>	<b>1900</b>		
<b>I</b>	<b>R. Wyatt</b>	<b>WG</b>	<b>0700</b>	<b>0930</b>	<b>T</b>	
(11) Remarks						
<b>H - Hazard for uncontrolled fireline duty</b>						
<b>Unable to take meal break due to blow up on Division D.</b>						
<b>I - Wyatt traveled to incident to replace</b>						
<b>F. Johnson who was injured on 8/6.</b>						
<b>E - Env. Diff 25% for uncontrolled fireline</b>						
<b>Duty; unable to take meal break</b>						
(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 <b>8/8/XX</b>	

13.6 - Exhibit 06

CREW TIME REPORT, SF-261

Method 2

(1) Crew Name <b>SRV # 2</b>			(2) Crew Number <b>#2</b>			
(3) Office Responsible for Fire <b>Payette NF</b>		(4) Fire Name <b>River Road</b>		(5) Fire Number <b>ID-PNF-030</b>		
(6)	(7)	(8)	(9)		(10)	
Re-Marks No	Name of Employee	Classifi- cation	Date <b>8/8/XX</b>		Date	
			Military Time		Military Time	
			On	Off	On	Off
	<b>H. Castille</b>	<b>AD-4</b>	<b>2000</b>	<b>2400</b>	<b>0001</b>	<b>0800</b>
	<b>V. Reyes</b>	<b>AD-3</b>				
	<b>S. Hernandez</b>	▼	▼			
<b>2</b>	<b>J. Tracheta</b>					
	<b>A. Charez</b>	<b>AD-2</b>	<b>AD-2</b>			
	<b>F. Smith</b>					
	<b>J. Cadero</b>					
	<b>J. Cavez Jr.</b>					▼
<b>1</b>	<b>R. Fernandez</b>					<b>0600</b>
	<b>H. Valdez</b>					<b>0800</b>
	<b>G. Gusman</b>	▼	▼	▼	▼	
<b>3</b>	<b>Jose Valdez</b>					<b>0130</b>
(11) Remarks						
<b>1 - Fernandez quit. No return travel or transportation authorized</b>						
<b>2 - Tracheta to transfer to SRV # 4 at end of shift.</b>						
<b>3 - J. Valdez injured and transported to hospital</b>						
<b>Arrived hospital 0130. Admitted.</b>						
<b>Unable to take meal break due to assisting burnout operation.</b>						
(12) Officer-in-Charge (Signature) <b>Joey LaRoecoa</b>				(13) Title (Officer-in-Charge) <b>Div. Supv.</b>		
(14) Name (Person posting to Emergency Time Report) <b>Laurie Walters</b>					(15) Date <b>8/4/XX</b>	

13.6 - Exhibit 07

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. Enter individual's nine-digit SSN.
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.

13.6 - Exhibit 07 - Continued

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

- Column A, 2. Fire No. Enter incident order number.  
(e.g., MT-LNF-016 or ID-POS-22017).  
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.
- 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  
the glossary 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., Buying  
Team Member, Agency Crew  
Coordinator). 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  
prevailing rate employees.
- Column A, 8a. Year. Enter the calendar year.

13.6 - Exhibit 07 - Continued

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

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 15.3-4.3 and Section 15.5, Exhibit 07).

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 hour = 1.00, decimals for half hour (e.g., 1 1/2 hours = 1.50), and quarter hours (e.g., 1 1/4 hours = 1.25). Show 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.

13.6 - Exhibit 07 - Continued

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

When compensable time (work, travel, ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter the additional hours necessary to meet the guaranteed hours on a separate line of the OF-288 by noting "guarantee" after the month/day and posting the necessary additional hours to the appropriate "Hours" column. Clock time for guaranteed hours should not be shown.

Day(s) Off. No specific clock hours are to be entered. "Day Off" is entered after the date, with the appropriate number (8,9,10) of hours.

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.

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 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.

13.6 - Exhibit 07 - Continued

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

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 08

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

EMERGENCY FIREFIGHTER TIME REPORT										1. Identification Number <b>F 7114472</b>	
2. Social Security Number <b>111-12-3333</b>			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 Hires (X one) <input type="checkbox"/> Seen <input type="checkbox"/> 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 ACCIDENT NOTIFY	
10. Name (Firt, Middle, Last) <b>Sally Burns</b>					15. Name <b>Mike Burns</b>						
11. Street Address <b>Vale District BLM P.O. Box 190</b>					16. Street Address <b>832 North Pike</b>						
12. City <b>Vale</b>			13. State <b>OR</b>		14. Zip Code <b>97304</b>		17. City <b>Vale</b>		18. State <b>OR</b>		19. Telephone No. include Area Code <b>541-555-1000</b>
20. FIRE LOCATION IDENTIFICATION											
Column A			Column B			Column C			Column D		
1. Fire Name <b>Sun Creek</b>			1. Fire Name <b>Sun Creek</b>			1. Fire Name <b>Sun Creek</b>			1. Fire Name <b>Sun Creek</b>		
2. Fire No. <b>OR-VDO-092</b>			2. Fire No. <b>OR-VDO-092</b>			2. Fire No. <b>OR-VDO-092</b>			2. Fire No. <b>OR-VDO-092</b>		
4. Fire Location <b>VDO</b>			4. Fire Location <b>VDO</b>			4. Fire Location <b>VDO</b>			4. Fire Location <b>VDO</b>		
5. State <b>OR</b>			5. State <b>OR</b>			5. State <b>OR</b>			5. State <b>OR</b>		
6. Firefighter Classification <b>CF-2</b>			6. Firefighter Classification <b>CF-2</b>			6. Firefighter Classification <b>CF-2</b>			6. Firefighter Classification <b>Perklift Operator CF-5</b>		
7. Rate <b>CF-2</b>			7. Rate <b>CF-2</b>			7. Rate <b>CF-2</b>			7. Rate <b>CF-2</b>		
8. Date and Time a. Year <b>XXXX</b>			8. Date and Time a. Year <b>XXXX</b>			8. Date and Time a. Year <b>XXXX</b>			8. Date and Time a. Year <b>XXXX</b>		
Min. Day Start Stop Hours			Min. Day Start Stop Hours			Min. Day Start Stop Hours			Min. Day Start Stop Hours		
08 06 1400 1700 3.00 <sup>H</sup>			08 11 0700 1300 6.00			08 15 0001 0200 3.00			08 17 1200 1800 6.00		
08 06 1730 2130 4.00 <sup>H</sup>			08 11 1330 2030 7.00			08 15 0230 0800 4.50			08 17 1830 2100 2.50		
08 07 0700 2200 15.00 <sup>H</sup>			08 12 0700 1300 6.00			08 15 1900 2400 5.00			08 18 0800 1330 5.50 <sup>H</sup>		
08 08 0600 1900 13.00 <sup>H</sup>			08 12 1330 2330 10.00			08 16 0030 0900 8.50			08 18 1430		
08 09 0400 2100 15.00 <sup>H</sup>			08 13 Day Off 8.00			08 16 1800 2400 6.00			Mail Withdrawn		
08 10 0700 1300 6.00 <sup>H</sup>			08 14 2000 2400 4.00			08 17 0001 0130 1.50					
08 10 1330 2030 7.00 <sup>H</sup>			08 14 Equivocate 4.00								
9. Total Hours → <b>63.00</b>			9. Total Hours → <b>45.00</b>			9. Total Hours → <b>28.50</b>			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 → 08/06 - 08/10			11. Inclusive Dates → 08/11 - 08/14			11. Inclusive Dates → 08/15 - 08/17			11. Inclusive Dates → 08/17 - 08/18		
12. Time Officer's Signature <b>Mark Wittson</b>			12. Time Officer's Signature <b>Mark Wittson</b>			12. Time Officer's Signature <b>Mark Wittson</b>			12. Time Officer's Signature		
13. Date Signed <b>08/10/xx</b>			13. Date Signed <b>08/14/xx</b>			13. Date Signed <b>08/17/xx</b>			13. Date Signed		
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES										22. Commodity Record	
A. Comm. Rate Miles/Hours B. Accounting Classification C. Object Class F. Amount										a. Date b. Item c. Amount	
										08/10 Toothbrush, paste 5.00	
										08/14 T-shirt 13.50	
										Total → 18.50	
24. ADD Check Number and Stamp											
23. Remarks 08/14 switched to Night Shift Guaranteed Appointee 08/17 Engine downed, went to family emergency Employee reassigned to Supply Unit 3											
NOTE: The above items are correct and proper for payment from available appropriations.											
25. Employee Signature <b>Sally Burns</b>						26. Time Officer (Signature) <b>Mark Wittson</b>					

13.6 - Exhibit 09

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).
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 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 09 - 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. **Fire Name**. Enter incident name.
- Column A, 2. **Fire No**. Enter incident order number (e.g., MT-LNF-016). Do not use "P" number.
- Column A, 3. **Unit Code**. Leave blank.
- Column A, 4. **Fire Location**. Enter incident agency's three-letter unit identifier for the specific location of the work assignment.
- Column A, 5. **State Code**. Enter alphabetical code for state in which the casual was on-shift. Use state alpha codes shown in Section 13.6, Exhibit 03.

13.6 - Exhibit 09 - Continued

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

- Column A, 6. **Firefighter Classification.** Enter the NWCG approved position code found in the glossary 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., Buying Team Member, Agency Crew Coordinator).
- Column A, 7. **Rate.** Enter AD-1 through AD-5 and hourly pay rate.
- 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 15.3-4--4 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 hour = 1.00), decimals for half hour (e.g., 1 1/2 hours = 1.50), and quarter hours (e.g., 1 1/4 hours = 1.25).

13.6 - Exhibit 09 - Continued

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

Show 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).

Day(s) Off. No specific clock hours are  
to be entered. "Day Off" is entered after  
the date, with the appropriate number  
(8,9,10) of hours.

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

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

Column A, 10. Gross Amount. Leave blank.

13.6 - Exhibit 09 - Continued

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

- 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 AD-5 rate documentation, promotion, reason for discharge, transfer, position changes, etc.
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 10

EMERGENCY FIREFIGHTER TIME REPORT, OF-288, FOR  
CASUALS

EMERGENCY FIREFIGHTER TIME REPORT												1. Identification Number <b>F 7114470</b>															
2. Social Security Number <b>555 22-3333</b>			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"/> Civil			5. Transferred From <b>N/A</b>			6. Hired At <b>ID. BOD</b>			7. Employee Hired (X one) <input type="checkbox"/> Seen <input type="checkbox"/> Discharged <input type="checkbox"/> Out			8. Entitled To Return (Total Time (X one)) <input checked="" 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 ACCIDENT NOTIFY													
12. Name (First, Middle, Last) <b>Jorge L. Chavez Jr.</b>												15. Name <b>Lco J. Chavez</b>															
11. Street Address <b>101 S. Main Street</b>												16. Street Address <b>(same)</b>															
12. City <b>Nampa</b>				13. State <b>ID</b>		14. Zip Code <b>83451</b>				17. City <b>(same)</b>				18. State <b>ID</b>		19. Telephone No. (Include Area Code) <b>208-555-3000</b>											
20. FIRE LOCATION IDENTIFICATION																											
Column A			Column B			Column C			Column D																		
1. Fire Name <b>River Road</b>			1. Fire Name <b>River Road</b>			1. Fire Name <b>River Road</b>			1. Fire Name <b>River Road</b>																		
2. Fire No. <b>ID-PNF-030</b>			2. Fire No. <b>ID-PNF-030</b>			2. Fire No. <b>ID-PNF-030</b>			2. Fire No. <b>ID-PNF-030</b>																		
4. Fire Location <b>PNF</b>			4. Fire Location <b>PNF</b>			4. Fire Location <b>PNF</b>			4. Fire Location <b>PNF</b>																		
5. State <b>ID</b>			5. State <b>ID</b>			5. State <b>ID</b>			5. State <b>ID</b>																		
7. Fire AD <b>FPT2</b>			7. Fire AD <b>FPT2</b>			7. Fire AD <b>FPT1</b>			7. Fire AD <b>FPT1</b>																		
8. Date and Time a. Year <b>XXXX</b>			8. Date and Time a. Year <b>XXXX</b>			8. Date and Time a. Year <b>XXXX</b>			8. Date and Time a. Year <b>XXXX</b>																		
Mo	Da	Year	Mo	Da	Year	Mo	Da	Year	Mo	Da	Year	Mo	Da	Year	Mo	Da	Year										
08	01	2000	08	04	1900	08	08	0700	08	12	1000																
08	02	0001	08	05	0001	08	08	1400	08	09	Day Off																
08	02	1800	08	05	1800	08	09	Day Off	08	09	Day Off																
08	02	Guaranteed	08	06	1200	08	10	0900	08	10	0900																
08	03	0001	08	06	1730	08	10	1400	08	10	1400																
08	03	2000	08	07	0700	08	11	0700	08	11	0700																
08	04	0001	08	07	1330	08	11	1330	08	11	1330																
9. Total Hours <b>32.00</b>			9. Total Hours <b>27.00</b>			9. Total Hours <b>49.50</b>			9. Total Hours <b>19.00</b>																		
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 <b>08/01 - 08/04</b>			11. Inclusive Dates <b>08/04 - 08/04</b>			11. Inclusive Dates <b>08/08 - 08/11</b>			11. Inclusive Dates <b>08/08 - 08/11</b>																		
12. Time Officer's Signature <b>Tom Plank</b>			12. Time Officer's Signature <b>Tom Plank</b>			12. Time Officer's Signature <b>Tom Plank</b>			12. Time Officer's Signature <b>Tom Plank</b>																		
13. Date Signed <b>08/04/xx</b>			13. Date Signed <b>08/04/xx</b>			13. Date Signed <b>08/11/xx</b>			13. Date Signed <b>08/11/xx</b>																		
21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES														22. Commodity Record													
A. Com. No.	B. Rate	C. Miles/ Hour	D. Accounting Classification				E. Object Class	F. Amount	G. Date	H. Item	I. Amount																
			(0)	(1)	(2)	(3)	(4)		08/04	Gloves	3.00																
									08/05	Cigarettes	16.00																
								Total <b>19.00</b>																			
23. Remarks <b>08/08 Promoted to Squad Boss</b> <b>08/12 Released due to family emergency.</b>																											
24. ADO Check Number and Stamp																											
25. Employee Signature <b>Jorge L. Chavez Jr.</b>																											
26. Time Officer Signature <b>Tom Plank</b>																											

13.6 - Exhibit 11

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

EMERGENCY FIREFIGHTER TIME REPORT										1. Identification Number <b>F 3292393</b>	
2. Social Security Number <b>555-22-3333</b>		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 <b>N/A</b>		6. Hired At <b>ID-BOP</b>		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 ACCIDENT NOTIFY	
10. Name (First, Middle, Last) <b>Jorge L. Chavez Jr.</b>					15. Name <b>Leo J. Chavez</b>						
11. Street Address <b>101 S. Main Street</b>					16. Street Address <b>(same)</b>						
12. City <b>Nampa</b>		13. State <b>ID</b>	14. Zip Code <b>83651</b>		17. City		18. State	19. Telephone No. (include Area Code) <b>(208) 555-3000</b>			
<b>CONDITIONS OF HIRE</b>											
<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. Possession or any evidence of usage constitutes grounds for immediate discharge.</p> <p>16. THE GOVERNMENT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.</p>											
<b>KEEP THIS COPY UNTIL YOU ARE PAID</b>											

COPY 3 - EMPLOYEE COPY

OPTIONAL FORM 288 (Rev. 3/83)  
USDA/USFS

13.6 - Exhibit 12

EMPLOYMENT ELIGIBILITY VERIFICATION, FORM I-9

U.S. Department of Justice  
Immigration and Naturalization Service

OMB No. 1115-0136  
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: <u>Chavez Jr.</u>	First: <u>Jorge</u>	Middle Initial: <u>L.</u>	Maiden Name: <u>N/A</u>
Address (Street Name and Number): <u>101 S. Main Street</u>		City: <u>Nampa</u>	State: <u>ID</u>
Zip Code: <u>83651</u>		Date of Birth (month/day/year): <u>06/11/72</u>	Social Security #: <u>555-22-3333</u>

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 in the U.S. (Alien # or Admission #)

Employee's Signature: Jorge P. Chavez Jr. Date (month/day/year): 08/01/xx

Preparer 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/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: _____		<u>Idaho Drivers License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u># 049261</u>		<u>555-22-3333</u>
Document #: _____		<u>06/11/98 Expiration</u>		_____
Expiration Date (if any): ____/____/____				_____
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: <u>Barbara Sulte</u>	Print Name: <u>Barbara Sulte</u>	Title: <u>Personnel Clerk</u>
Business or Organization Name: <u>USFS</u>	Address (Street Name and Number, City, State, Zip Code): <u>323 Hwy 5 Grangeville ID 83702</u>	Date (month/day/year): <u>08/01/xx</u>

**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): \_\_\_\_\_

Form I-9 (Rev. 11-21-91) N

13.6 - Exhibit 12 - 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, sex, height, eye color, and address		1. U.S. social security card issued by the Social Security Administration ( <i>other than a card stating it is not valid for employment</i> )
2. Certificate of U.S. Citizenship ( <i>INS Form N-560 or N-561</i> )		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, sex, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State ( <i>Form FS-545 or Form DS-1350</i> )
3. Certificate of Naturalization ( <i>INS Form N-550 or N-570</i> )		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>I-551</i> stamp or attached <i>INS Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card with photograph ( <i>INS Form I-151 or I-551</i> )		5. U.S. Military card or draft record		5. U.S. Citizen ID Card ( <i>INS Form I-197</i> )
6. Unexpired Temporary Resident Card ( <i>INS Form I-688</i> )		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States ( <i>INS Form I-179</i> )
7. Unexpired Employment Authorization Card ( <i>INS Form I-688A</i> )		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS ( <i>other than those listed under List A</i> )
8. Unexpired Reentry Permit ( <i>INS Form I-327</i> )		8. Native American tribal document		
9. Unexpired Refugee Travel Document ( <i>INS Form I-571</i> )		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph ( <i>INS Form I-688B</i> )		For persons under age 18 who are unable to present a document listed above:		
		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 12 - Continued

EMPLOYMENT ELIGIBILITY VERIFICATION, FORM I-9

U.S. Department of Justice  
Immigration and Naturalization Service

OMB No. 1115-0136  
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. Employers 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 INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.**

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 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 Naturalization Service, the Department of Labor, and the 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 both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20538, and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

13.6 - Exhibit 13

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.
  - 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.

13.6 - Exhibit 13 -Continued

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

- I. Time posted chronologically. Verify time posted against Crew Time Report, SF-261.
  - J. Columns totaled (hours only), inclusive dates indicated and columns signed.
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.

13.6 - Exhibit 13 -Continued

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

- 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)?
  - G. Some crews/individuals will also have equipment under hire (saws, vehicles, etc.) Have Emergency Equipment Shift Tickets, OF-297, been received and posted onto Emergency Equipment Use Invoice, OF-286? Has a final Vehicle/Heavy Equipment Inspection Checklist, OF-296, been completed?
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 of the OF-288. The file copy is retained for the Incident Finance Package (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 14

SINGLE RESOURCE CASUAL HIRE INFORMATION FORM, PMS

934

**Single Resource Casual Hire Information Form**

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**HIRING UNIT INFORMATION**

Office Name: \_\_\_\_\_ Unit ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Example: ID-BOF  
Hiring Official Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Print

---

**CASUAL INFORMATION**

Casual's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Start Date \_\_\_\_\_  
Print

---

**POSITION INFORMATION**

Job Title: \_\_\_\_\_ AD Class: \_\_\_\_\_ AD Rate: \$ \_\_\_\_\_  
Incident Order #: \_\_\_\_\_ Accounting 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:**

- 1. To fight a going fire.
- 2. Unusually dry period or fire danger is high to extreme.
- 3. To provide support to ongoing incident.
- 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 fire rehabilitation work when there is an immediate danger of loss of life or property.
- 10. Transition period following a natural emergency (not to exceed 90 days).
- 11. 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:

Hiring Official:

- 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

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

**Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records**  
Return original of this form and original OF-288 to the hiring unit.

PMS 934 (August 2003)

13.6 - Exhibit 15

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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

13.6 - Exhibit 15 – Continued

INCIDENT BEHAVIOR FORM – SPANISH, PMS 935-2

**Comportamiento Incidental**

Responsabilidades Comunes  
Voluntarios y Recursos Individuales de Empleo Casual

**Comportamiento inapropiado:**

Es extremadamente importante que comportamientos inapropiados sean reconocidos y tratados con prontitud. Comportamientos inapropiados son todo tipo de acoso incluyendo acoso sexual y racial y no debe ser tolerado. Cuando usted observe o escuche de este comportamiento usted debe:

- Informar y educar a dependientes de sus derechos y responsabilidades.
  - Dile al acosador que pare su conducta ofensiva.
- Proveer apoyo a la victima.
- Desarrollar medidas correctas y apropiadas
- Reportar el incidente a su supervisor y el supervisor del individuo, si el comportamiento continua. Una accion de disciplina puede ser necesario.
- Desarrolla medidas correctives apropiadas.
- Documente comportamientos inapropiados y reportelos a la agencia del hogar del empleado.
- Mientras trabaja en o alrededor de propiedad privada, reconosca y respete toda propiedad privada.

**Drogas y Alcohol:**

- Drogas ilegales de drogas y alcohol no son permitidas en el incidente. Posesion o uso de estas substancias resultara in una accion de disciplina.
- Durante el periodo de descanso del incidente, cada persona es responsable por su conducta apropiada y manejo de aptitud para sus obligaciones. Abuso de drogas y alcohol que resulte en incompetencia para sus obigaciones normalmente resulta en una accion de disciplina.
- Sea un modelo positivo. No se envuelva con el abuso de drogas y alcohol.
- Reporte a su supervisor cualquier abuso de drogas y alcohol que observe.

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

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha