

April 29, 2005

To: **Incident Business Practices Working Team**

From: **OF-288 Task Group**

Subject: **Progress Report**

The OF-288 Task Group was developed to review the OF-288, including the Conditions of Hire page, to determine if changes were necessary. The Task Group was to ensure modification of the OF-288 met all interagency standards and would be effectively utilized.

The OF-288 Task Group has met several times via conference call and once in person on April 20-21, 2005. A progress report was supplied to the IBPWT on January 18, 2005, which included a summary of feedback from the field re: suggested changes to the OF-288, along with short-term and long-term recommendations. IBPWT concurred with the report, making minor suggestions, and the task group continued forward with long-term modifications to the hard copy OF-288. Short-term modifications were completed to ITS by the ISuite group and are to be included in the May 2005 release.

The OF-288 Task Group met in Boise, ID on April 20-21, 2005 to complete manual modifications to the OF-288 based on feedback from the field and input from advising groups. Attached you will find:

- Proposed OF-288.
- Narrative of changes.
- Proposed changes to the Conditions of Hire page.
- Proposed replacement commissary authorization form.
- Proposed scannable OF-288 form. This scannable form is being pursued by the Forest Service Payment Center and is included for informational purposes only. It is NOT the recommendation of this task group that the scannable form replace the interagency OF-288 form.

Recommendations of the OF-288 Task Group include:

- Adoption of the attached OF-288 as a test form through NWCG Publication Management System (PMS).
- Removal of Conditions of Hire page and adoption as a separate form, to be completed yearly during the hiring process and retained at the hiring unit. The new form would replace the Incident Behavior Form (PMS-935).
- Removal of direction that Conditions of Hire page be used as commissary authorization, allowing Finance Section to develop their own means of authorizations. A suggested form has been developed that could be included in the Tool Kit Section of the IIBMH.

Per the OF-288 Task Group charter, deliverables included a progress report at the January 2005 IBPWT meeting and draft report and draft form at the May 2005 IBPWT

meeting. This draft report and attachments fulfills those deliverables. Most members of the task group agreed to additional work if necessary based on IBPWT decision of task group recommendations. Please advise as to any additional direction for this task group.

/s/ Sarah Fisher

OF-288 Task Group Lead

Task Group Members:

Shana Miller – BLM
Rachael Larson – BIA
Rebecca Thomas – NPS
Cindy Weakland – FWS
Betty Daniel – State of Florida
Sarah Fisher – FS, Task Group Lead
Rosie Morin – IBPWT Liaison

Advisors:

Mary Ann Szymoniak - ISuite
Debbie Campbell – FS Payment Center
Kristy Felty – BLM/FWS/BIA Payment Center

Emergency Incident Time Report

1. Social Security Number		2. Hired At (i.e., ID-BOF)		3. Type of Employment (<i>X one</i>) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input type="checkbox"/> State <input type="checkbox"/> Other:															
4. Name (<i>First, Middle, Last</i>)						11. Home/Hiring Unit Name													
5. Mailing Address						12. Home/Hiring Unit Phone Number													
6. City			7. State		8. Zip Code			13. Home/Hiring Unit FAX Number											
9. Emergency Contact Name				10. Emergency Contact Phone Number															
14. INCIDENT LOCATION IDENTIFICATION																			
Column A Header info same as B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>					Column B Header info same as A <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>					Column C Header info same as A <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/>					Column D Header info same as A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>				
1. Incident Name					1. Incident Name					1. Incident Name					1. Incident Name				
2. Incident Order Number <i>(i.e., ID-BOF-000906)</i>					2. Incident Order Number <i>(i.e., ID-BOF-000906)</i>					2. Incident Order Number <i>(i.e., ID-BOF-000906)</i>					2. Incident Order Number <i>(i.e., ID-BOF-000906)</i>				
3. Fire Code <i>(i.e., ACD2)</i>		4. Position Code <i>(i.e., FFT2)</i>			3. Fire Code <i>(i.e., ACD2)</i>		4. Position Code <i>(i.e., FFT2)</i>			3. Fire Code <i>(i.e., ACD2)</i>		4. Position Code <i>(i.e., FFT2)</i>			3. Fire Code <i>(i.e., ACD2)</i>		4. Position Code <i>(i.e., FFT2)</i>		
5. AD Class		6. AD Rate \$			5. AD Class		6. AD Rate \$			5. AD Class		6. AD Rate \$			5. AD Class		6. AD Rate \$		
7. Home/Hiring Unit Accounting Code					7. Home/Hiring Unit Accounting Code					7. Home/Hiring Unit Accounting Code					7. Home/Hiring Unit Accounting Code				
8. Date and Time a. Year:					8. Date and Time a. Year:					8. Date and Time a. Year:					8. Date and Time a. Year:				
Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.	Mo b.	Day c.	Start d.	Stop e.	Hours f.
9. Total Hours					9. Total Hours					9. Total Hours					9. Total Hours				
10. Gross Amount <i>(item 6 x item 9)</i>		\$			10. Gross Amount <i>(item 6 x item 9)</i>		\$			10. Gross Amount <i>(item 6 x item 9)</i>		\$			10. Gross Amount <i>(item 6 x item 9)</i>		\$		
15. Gross Earnings \$		17. Remarks										18. Payment Office Only							
16. Commissary Deductions \$																			
The signatures below certify the above items are correct and proper for payment.																			
19. Employee Signature						20. Date			21. Time Officer Signature						22. Date				

OF-288 Task Group – Form Change Summary
April 21, 2005

Area	Description of Change
Header Section	
Form Name	Changed reference from “firefighter” time report to “incident” time report. Removed reference to “OF-288” for now, pending dispensation of the form.
“Identification Number”	Removed this block. General consensus is that this block is not used. Payment centers do all referencing by SSN not ID #. ITS prints an ID # on the form but it is not searchable.
“Social Security Number”	No change
“Initial Employment”	Removed this block. General consensus is that the information is not necessary, not used for any purpose, and is rarely filled out.
“Type of Employment”	Changed “Federal” Gov’t Employee to “Regular” Gov’t Employee; added a checkbox for State; added a colon after “Other” to prompt written description if necessary.
“Transferred From”	Removed – general consensus that the information is not necessary, is not used for any purpose, and is rarely filled out.
“Hired At”	Added explanatory example “(i.e., I D-BOF)”
“Employee Has”	Removed this block. General consensus is that this box is not used to notate an employee who has quit or been discharged. All task group members felt they would provide additional follow-up documentation or comments in the remarks section under these circumstances.
“Entitled to Return Travel Time”	Removed – same as above.
“Entitled to Return Transportation”	Removed – same as above.
Employee Address Section	Changed “Street” address to “mailing” address. Moved the row for emergency contact name and phone to align with information for employee.
Accident Notification Section	Changed to provide name, phone, and fax number for hiring/home unit.
Incident & Time Section	
Column Titles	Added a checkbox to notate if the column header was the same as a previous column header to avoid duplicate entry.
“Fire Name”	Changed to “Incident Name”.
“Fire No.”	Changed to “Incident Order Number”.
“Unit Code”	Changed to “Fire Code”
“Fire Location” & “State”	Removed – this information can be determined by the incident order number.
“Firefighter Classification”	Changed to two blocks for “Position Code” to notate the need for the 4-letter identifier and “AD Class” to post the AD level.
“Rate”	Changed to “AD Rate”.
	Added a row for each column for “Accounting Code”.
“Inclusive Dates”	Removed
“Time Officer Signature” & “Date Signed”	Removed – Time Officer signature at the bottom of the document is sufficient.

Direction for posting hazard pay differential.	Removed – direction is provided in the I IBMH.
Accounting classification, object class, mileage, etc	Removed – accounting code will be posted above in column header information. Mileage and other travel information will be processed through a travel voucher.
Earnings Information	Removed the block for “Net Earning”. This figure is not accurate, as it does not take into consideration deductions for taxes.
Commissary Record	Removed section for listing commissary purchases. Consensus is that documentation is always attached, either through ITS or with a copy of the commissary sheet. Left a block for total commissary deductions.
Remarks	Increased the size to allow for more information.
Note	Changed to notate the signatures certify the information is correct and proper for payment. Removed the statement that they are proper for payment “from available appropriations”.
Privacy Act	Added statement that form is subject to Privacy Act statements per ...
Supporting Documentation	
Conditions of Hire Page	Removed from OF-288 and updated content. General consensus was that this should be required as separate form to be signed yearly at the initial time of hire and retained by the hiring unit. Under current circumstances, most AD hires never receive a hard copy OF-288 and are unaware of the Conditions of Hire page. This task group feels it is critical information that should be reviewed with the individual at the initial time of hire. The new form would replace the Incident Behavior Form.
Commissary Authorization	Removed from OF-288. General consensus was to allow Finance Sections to develop their own means of authorization. A proposed authorization form has been developed that could be included as a suggested form in the Tool Kit of the I IBMH.

OF-288 Conditions of Hire for Casuals (Rev. 3/834/05)

1. You have agreed to be hired by an agency of the U.S. Government as an emergency firefighter 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 are 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, at the discretion of your supervisor). Close living conditions in fire-incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly you hair, which must be maintained in such a way that a safety hat can be properly worn.
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.
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.
4. You will be paid at an hourly rate. The Officer-in-Charge hiring official will advise you of the salary rate for your position.
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.
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 A government official may decide whether the Government will provide return transportation or pay you for travel time back to where you were hired.
7. The cost of anything you buy from the commissary will be taken out of your check.
8. 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.
9. Report any damage to or loss of your personal property to your supervisor before you leave the fire-incident camp. The Government assumes no responsibility for loss of personal items not needed for firefighting the incident.
10. If you are injured or get sick, report to your work-supervisor immediately.

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.
12. ~~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). you cannot be employed or paid for firefighting. Inform your supervisor immediately.~~
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.~~
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. Income tax will be withheld from your check.~~
15. Possession of firearms, ~~intoxicating beverages~~ alcohol, 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.~~ will result in disciplinary action.
16. 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.
17. All forms of harassment, including sexual and racial harassment, will not be tolerated. Report any observed or perceived harassment to your supervisor.
18. Recognize and respect all private property.
- 16.19. THE GOVERNMENT IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

Commissary Authorization

Name (<i>First, Middle, Last</i>)			Finance Identification		
Mailing Address					
City	State	Zip Code			
Incident Name					
Resource Order #					