



NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
1249 SOUTH VINNELL WAY, SUITE 108 BOISE, ID 83709
PHONE: 877-471-2262 FAX: 208-947-3799

CPC DETAILER FORM

First Name: _____ MI: _____ Last: _____

Home Unit / Agency: _____ Contact Number: _____

FPPS log on: Yes No If yes; User ID: _____

My preference is to:

Observe 3 Day Assignment

FPPS input 5 Day Assignment

If FPPS input access is requested, your SSN is required to acquire a User ID.

SSN: _____

For Oversight Committee to Complete

Dates of Assignment: _____

Approved By: _____

Assignment Length: _____ 3 Day _____ 5 Day