

Approving Official Batch Memo

Date: \_\_\_\_\_

Unit Batch Number\*: \_\_\_\_\_  
(Example: ID-BOD-001)

To: Casual Payment Center MS 270  
3833 S Development Ave  
Boise, ID 83705-5354  
(Please overnight mail / Call Casual Payment Center for Saturday delivery)

From: \_\_\_\_\_  
Name Phone Number  
\_\_\_\_\_  
\_\_\_\_\_  
Unit Address

Check here if you would like a confirmation of processed batch sent to you.

\_\_\_\_\_  
**Government Email address for batch confirmation**

Subject: Payment of Casual Hire, Incident Time Reports (OF-288)

Attached are the forms necessary for processing casual hire payrolls as follows:

Number of OF-288s in Batch: \_\_\_\_\_

Number of Casual Names submitted (attach list): \_\_\_\_\_

(For Crews attach Crew Manifest)

**Incidental Expenses: Pay \$5 a day for all casuals listed. Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_.**  
**\*\*\* Provide only if no other travel costs are incurred \*\*\***

I have verified, attached, or have on file the following:

1. OF-288s have been audited and are attached, including signatures of the casual (if available) and an **original** Time Officer signature on line 21 of the OF-288.
2. I-9s are completed and on file at the hiring unit, (the CPC will return any I-9s to the hiring unit).
3. W-4s and State withholding forms are complete and attached, or previously submitted.
4. Verified Cost Accounting Data.
5. Other (explain): \_\_\_\_\_

.....  
If you have any questions, please contact \_\_\_\_\_ at \_\_\_\_\_ .

As approving official, I certify the attached travel reimbursement and OF-288s are accurate, appropriate, and legal for payment and meet the provisions of the Department of the Interior Pay Plan for Emergency Workers.

**Print Approving Official Name:** \_\_\_\_\_

APPROVING OFFICIAL SIGNATURE: \_\_\_\_\_

Job Title: \_\_\_\_\_

\*A unique batch number should be assigned to each payroll submitted. Please reference the applicable batch number when contacting the Casual Payment Center with questions.

Batch Number: \_\_\_\_\_

\*EFT OR EFT  
Waiver

# Name of Casual

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

OF-288

W-4

EFT\*

EFT Waiver\*

FEHB

Other

	OF-288	W-4	EFT*	EFT Waiver*	FEHB	Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
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