

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)				
2. Employee Common Identifier										3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)				
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number				
Column A					Column B					Column C					Column D				
					Same as Column <input type="checkbox"/> A					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name				
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)	
12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate	
			\$					\$					\$					\$	
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
Year	16. Total Hours				Year	16. Total Hours				Year	16. Total Hours				Year	16. Total Hours			
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):				
18.Commissary and Travel										For Payment Center use only									
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement			18e. Deduction			18f. FireCode								
Total					\$		\$					20. Employee Signature							
19. Remarks										21. Time Officer Signature									

NOTE: The above items are correct and proper for payment from available appropriations.