Hiring Unit Reviewing Official is responsible for auditing OF-288. Official shall ensure the OF-288—Incident Time Reports submitted for payment to DOI Casual Payment Center (CPC) are AD/Casual Hires and that the OF-288 has been reviewed for the following:

- **Hired At:** Unit Identifier Code for the location hired at (e.g., ID-BOD for Boise District, AZ-NAA for Navajo Nation).
- **Employee Common Identifier (ECI):** Must be legible and accurate. If ECI was unknown and entered into e-ISuite as all 9s, cross out and enter correct ECI number. Do not use any part of the Social Security Number in the ECI block.
- **Name:** Legible, legal full name. No nicknames. Indicate Jr., Sr., I, II, III. Double check correct ECI when auditing for Jr., Sr., I, II, etc.
- **Columns A through D:** All columns with time require the following:
  - **Incident Name:** Enter Fire Name. Check Fire Name as assigned in Fire Code. If training or instructing write “Training” or “Instructor”/“Lead Instructor” with course number.
  - **Fire Code:** Enter Fire Code or Project Number.
  - **Position Code:** Enter Position Code (e.g., FFT2). If trainee, indicate with a T (e.g., FFT2-T).
  - If Exception Position, include an attached description of duties (a requirement for payment), and on the OF-288(s) indicate the full Position Title and description matching the attached description of duties signed by the National Incident Business Lead (e.g., THSP Exception Position 3 Forestry Technician).
  - **AD Class:** May be left blank, but if indicated must correspond to the Position Code listed in the AD Pay Plan. AD Class will automatically populate in FPSS.
  - **AD Rate:** (e.g., $18.08) May be left blank. Rate will be populated based on current AD Pay Plan.
  - **Home/Hiring Unit Accounting Code:** may be indicated in block 15 or in Remarks. For example:
    - **BIA:** AAK0004401 AF2001010 999900 AF.SPG85Z0000.00000
    - **BLM:** LLIDB00440 LF2000000 HU0000 LFSPG85Z0000
    - **NPS:** PFIMRO2D PF200SP85 WW0000 PFSSG85Z024001
    - **FWS:** FFP202R20000 FFF2500000G85Z0
  - **Time:** Must include month, day, start and stop times, and total hours. Start and stop times must be in military time (2400 hrs.) and rounded to the nearest 15-minute increment.
  - **Commissary and Travel:** Completed for travel following the directions located in the CPC AD Travel Process (if M&E is indicated on the OF-288).
  - **Remarks:** Annotate position change at the incident with effective date.
  - **Employee Signature:** Completed or noted “Unavailable for Signature” (casual’s signature not required to process payment).
  - **Time Officer Signature:** Completed with a Time Officer Signature (electronic signature accepted).

It would be helpful for the CPC to receive batches in the following order:
Each individual’s paperwork scanned in order from 1st to last: OF-288(s) in work date order, W-4s, Direct Deposit form/EFT Waiver, State Tax forms, and FEHB Conditional Offer form.

Submit by email (if within DOI network to casualpay@blm.gov, or by overnight mail to the Casual Payment Center with the Approving Official Memo that certifies timesheets are correct and ready for payment (Timesheets will not be processed without the Approving Official Memo).

Thank You!

Please reference the **Interagency Incident Business Management Handbook** (Yellow Book), or your agency specific guidelines for further information.