



National Park Service Administratively Determined (AD) Hiring Guide

Hiring / approving official roster: An individual must be on the NPS Hiring/Approving Official roster maintained by the CPC prior to hiring AD personnel. To be added to the roster, send an email to christine_peters@nps.gov with the name(s) and contact info (office phone, fax #, NPS field unit or regional office) and a request to be added to the approving officials' list.

AD personnel may be hired:

- * to cope with a sudden and unexpected emergency caused by a fire, or extreme fire potential, flood, storm, or any other all-hazard emergency that threatens damage to federally protected property, has the potential to cause loss of life, serious injury, public health risk, or damage to natural or cultural resources unless brought under immediate control.
- * to provide emergency assistance to States under formalized agreements.
- * to meet mission assignments issued by the Federal Emergency Management Agency (FEMA).

Considerations before hiring:

- * AD hiring is purely temporary in duration and must be terminated when other employment methods can be initiated.
- * Ensure that the circumstances of hire meet the guidance found in Section D of the DOI AD Pay Plan (provide support to ongoing incident, pre-position resources, hire personnel during unusually dry periods or local very high fire danger, temporarily replace assigned fire resources, attend/instruct emergency training, carry out emergency stabilization work where there is immediate danger to loss of life or property, to hire casuals for prescribed fire projects authorized by congressional funding within the wildland fire operations account, etc.).
- * Ensure the conditions of hire meet the guidance found in Section E of the DOI AD Pay Plan.
- * AD employees hired under this plan must meet minimum physical fitness standards, security, and qualification requirements as established by agency policy. Hiring units shall use the Single Resource Casual Hire Information Form (PMS 934), per agency policy. In addition, casuals are required to complete agency-specific health and medical screening requirements for certain positions prior to being hired.
- * This authority cannot be used to circumvent other hiring authorities, such as temporary 1039 appointments or career seasonal appointments.
- * AD employees under this Pay Plan cannot supervise, hire, order, or recommend payments that in any way affect a company or contractor that the casual has ownership or employment with, or perform any other financial responsibilities to or for the company or contractor on an incident. If such working conditions exist on an incident or other workplace, the casual employee must immediately disclose any relationship with the company or contractor to the Agency Administrator, Incident Business Advisor, or Finance/Administration Section Chief for

immediate action.

- * Hiring units shall adhere to agency-specific policy on hiring relatives as casuals.
- * Insure AD pay rates are applied based on Section F (Position Classification) of DOI AD Pay Plan.
- * The agency administrator or designee has the final authority to accept or reject any person hired under this PayPlan.

Hiring unit responsibilities

- * Refer to the current DOI AD Pay Plan for the AD positions and the hourly pay levels.
- * All necessary forms can be found at https://www.nifc.gov/programs/cpc_forms.html

Before getting started, **AD employees will need to have their driver's license and SSN card or a current U.S. passport in order for the hiring official to complete the I-9.**

I-9: Needs to be completed every 3 years. This form stays on file at the hiring unit and is **not** sent to the CPC (this is a hiring document, not a payment document). If the employee brings in a passport as identification, use column A for the verifying documents on the I-9. If the employee brings in the driver's license and SSN card, complete columns B & C.

W-4: Should be updated and signed annually. **A copy of the W-4 is sent with the first OF-288 of the year to the CPC.** If the W-4 will be used for both state and federal taxes, the AD employee should write "State and Federal" on top of the W-4.

Electronic deposit form: Self-explanatory. **This needs to be sent to the CPC with the first OF-288 of the year.**

Single-resource casual hire form: Needs to be completed before each assignment/incident to ensure that casual employees understand the position they're hired into and the hourly rate they'll be paid. This form is a hiring document, so it remains on file at the hiring unit and is **not** sent to the CPC.

Conditional offer of FEHB form: This form is now mandatory and needs to be completed every year, even if the employee declines or is a federal or state retiree and declines. The casual will need to read, check one of the boxes, and sign. **This form needs to be sent to the CPC with the OF-288.**

Employee Common Identifier (ECI): We're no longer using SSNs on OF-288s, but are now using ECIs. The ECI is generated by the CPC in FPPS, and ECI request forms can be found at the CPC website: https://www.nifc.gov/programs/cpc_forms.html

Once the form is completed and either faxed or emailed (thru Bison Connect) to the CPC, they'll provide you with the ECI, which needs to be written on the OF-288 before it's sent to the CPC for payment.

Official batch memo: Needs to be attached to the OF-288s sent to the CPC.

OF-288: The AD employee will complete a CTR (crew time report) for each day worked, which is then signed by the incident supervisor. The CTRs are then given to the person who will be processing the time on an OF-288. Once the AD employee has completed the assignment, the OF-288 should be reviewed and signed, and the timekeeper should also sign. The OF-288 is then emailed to the Casual Payment Center with a batch memo. **If this is the first OF-288 of the year for the AD employee, then the NPS hiring unit will also need to attach a copy of the W-4, the electronic deposit form, and the signed conditional-offer-of-FEHB form.**

Processing timesheets by the CPC: In order to process AD payroll in FPPS, the CPC needs the following:

Cost center: 10-digit alpha/numeric (e.g., PPWOVPADD3)

Functional area: 15-digit alpha/numeric (e.g., PF200SP85.WW0000)

WBS: 14-digit work breakdown structure (e.g., PF.FSAZA1020.00.1)

AD training: AD employees are entitled to 80 hours of training per calendar year, though that 80 hours applies to all the federal fire agencies. For instance, if an AD employee worked for the BLM and was sent to training in February, then transferred to the NPS in April, any hours in training while with the BLM would count against the 80-hour annual cap.

Training for AD employees also includes attending IMT meetings, typically held each spring. The 80 hours' cap does **not** include hours in travel status.

AD training includes tuition, travel costs to and from, and hours in training and will be reimbursed through the current-fiscal-year AZA1 WBS. Please reference the national suppression incident spreadsheet for the full cost code. The spreadsheet can be found at https://docs.google.com/spreadsheets/d/1Qj43sRI8jBAIYFobfLZn_nX-fB7roCcxzdFtbN2oCWI/edit#gid=0

Although AD employees are guaranteed 8 hours paid each day while away from their home unit, the NPS has made the decision that, while in training or instructing status, AD employees will only be paid for actual hours in training/instructing mode. If an AD employee attends S-260 training that covers 20 hours over 3 days, the AD employee will only be reimbursed for the 4 hours on day 3, rather than the guaranteed 8 hours.

Reference the section on **AD employees & travel** for any questions specific to travel to and from training.

Hiring AD employees to instruct: AD employees are capped at 120 hours per calendar year for instructing. As with training, any hours in travel status to and from are not included in the 120-hour cap. The NPS does not guarantee 8 hours' paid for each day the AD employee is away from the hiring unit. As with the training hours, if an AD employee spends only 4 hours instructing on day 3, the NPS will only pay for the 4 hours of instructing.

Reference the section on **AD employees & travel** for any questions specific to travel to and from training.

Hiring relatives as AD employees: AD hiring officials have the responsibility of not only complying with the AD hiring authority, but also the responsibility of following DOI ethics rules and regulations. Per the DOI Ethics Guide ([DOI Ethics https://www.doi.gov/ethics](https://www.doi.gov/ethics)):

Giving Preferential Treatment to Relatives: *Nepotism, or showing favoritism on the basis of family relationships, is prohibited. The Department's policy on nepotism is based directly on the nepotism law in 5 U.S.C. § 3110. A public official may not appoint, employ, promote, advance, or advocate for the appointment, employment, promotion, or advancement of a relative in or to any civilian position in the agency in which the public official serves, or over which he or she exercises jurisdiction or control. This restriction encompasses all of DOI (in addition to all DOI bureaus). An individual appointed, employed, promoted, or advanced in violation of the nepotism law is not entitled to pay.*

In addition, the DOI AD Pay Plan states that: *E.24 -- Hiring units shall adhere to agency-specific policy on hiring relatives as casuals.* All NPS AD hiring units will abide by the DOI Ethics Guide if there is a question about hiring relatives. If an NPS hiring unit chooses to hire a family member as an AD employee, the AD employee will not be paid for any work that was done.

There may be circumstances that might require hiring a relative as an AD employee (e.g., the AD employee is fully qualified as a deputy IC2 and is on an Incident Management Team). In these cases, the AD employee should be hired remotely by another NPS field unit, and all paperwork (including OF-288s, signed batch memos, etc.) should flow through and be filed at the remote office. However, there must be a compelling reason or need to hire a relative as an AD employee. If such a need or reason exists, then approval needs to go through the national office before any hiring paperwork is completed.

Hiring seasonal employees as ADs: Reference the dual-signed WASO-VRP/HR guidance memo dated June, 2019 that is included below.

The Administratively Determined (AD) Pay Plan for Emergency Workers (Casuals) is a valuable hiring authority that is available to the National Park Service to rapidly bring on staff to respond to sudden and unexpected emergencies. In addition to wildfire response, use of the AD Pay Plan authority supports search and rescue operations, all-hazard incidents such as hurricanes and floods, and prescribed burns.

From time to time, individual supervisors have been found to have used the authority inappropriately. In an effort to ensure that the National Park Service retains the authority to continue to use the AD Pay Plan in the future, information on the AD Pay Plan authority and proper application of same within the NPS is provided in this memo.

The AD Pay Plan authority is to be applied wherever and whenever it becomes necessary to hire persons:

1. To cope with a sudden and unexpected emergency caused by a fire, or extreme fire potential, flood, storm, or any other all-hazard emergency that threatens damage to federally protected property, has the potential to cause loss of life, serious injury, public health risk, or damage to natural or cultural resources unless brought under immediate control.
2. To provide emergency assistance to States under formalized agreements.
3. To meet mission assignments issued by the Federal Emergency Management Agency (FEMA).

In addition to providing the circumstances when the AD Pay Plan authority can be utilized, the AD Pay Plan also communicates restrictions that supervisors must comply with. Specifically called out in this memo are two sections that have been previously utilized inappropriately in parks:

Section D.6 of the Authority, which states: To allow personnel to attend emergency incident training in preparation for emergency incident response, including all-hazard training. In most cases, this should not exceed a total of 80 hours per calendar year, regardless of hiring agency. **This authority cannot be used to circumvent other hiring authorities such as temporary 1039 appointments or career seasonal appointments.** The 80-hour limit includes required annual refresher courses. The 80-hour limit does not include travel hours.

Additionally, D.14 states: To hire casuals for prescribed fire projects for the purpose of reducing hazardous fuels. This does not include Mechanical or Chemical Reduction Projects. The term of hire is restricted to no greater than the period beginning 24 hours prior to planned ignition and extending through 24 hours after the perimeter is secured. **This Pay Plan is to be used to provide temporary support due to the unpredictable nature of prescribed fire activities and may not be used to circumvent normal hiring and contracting procedures.**

The National Park Service is prohibited from hiring individuals under the AD Pay Plan authority to complete annual training requirements, support prescribed burns, or for other activities such as step-up **after** that individual has been offered and/or has accepted a federal temporary/seasonal or career seasonal position and is going through the pre-employment clearance process.

It is a violation of this hiring authority to appoint temporary seasonal employees to the same or other positions using other hiring authorities within the service year; to extend employment beyond the "1039" hour limitation through the use of the AD pay plan authority; or to manipulate the AD hiring authority to bring employees into "pay status" before their official EOD date.

By policy, the NPS National Incident Business Office reviews hiring actions made using the AD Pay Plan authority. Parks or Programs inappropriately using the AD pay plan will be responsible for covering all labor and/or other costs associated with this action from their park base budget. Approval for future use of the AD pay plan authority may be revoked if the authority was used inappropriately to circumvent other hiring authority restrictions.

AD employees & travel: As hiring officials for NPS AD employees, it's critical that all travel and payroll documents are audited before submitting for processing/pay/reimbursement. Any travel reimbursement for AD employees must be managed under the Federal Travel Regulations. As with

regular federal employee travel, if an AD employee would prefer to drive a POV or rental vehicle, rather than book a flight and a rental car, to an incident or to training or to instruct, a comparison travel authorization must be completed and on file. POV mileage will only be reimbursed up to the cost of the airline flight. In the past, many NPS AD employees have chosen to drive to an incident, which has required an overnight stay in a hotel before reaching the incident. The comparison travel authorization should include all costs between driving and flying, e.g., hours paid while in travel status, per diem, and overnight lodging. The AD employee's incident supervisor or IC does not have the authority to determine mode of travel. If an AD employee states that his incident supervisor approved driving a POV to an incident, the comparison travel authorization still needs to be completed. Hiring officials also have the option to tell the AD employee that he/she will be booked on a flight, since it may be the most economically beneficial option for the government.

In addition, AD employees should only be traveling by POV or rental car to an assignment if it's within a reasonable driving distance (less than 6 hours). If it's more than 6 hours, then the AD employee will need to book an airline reservation, even if it that involves fees for additional bags. There will be very few exceptions (e.g., the Diablos traveling by crew bus to an incident), but, for the most part, this is a hard-and-fast rule for NPS. When AD employees are resource-ordered for an incident, they are not entitled to tell anyone how they will travel to and from the assignment. Hiring officials have the responsibility of traveling employees by the most economically advantageous mode.

Travel reimbursement: Under terms of the Casual Hire Travel Expense Reimbursement Waiver, casual employees may claim the following travel expenses on the OF-288 form:

- Privately Owned Vehicle (POV) mileage;
- Incidental expenses; and
- Maximum of 15 meals per emergency incident.

The CPC staff will validate, as accurate, the allowable per diem rate and mileage rate claim on each reimbursement form/request and process the OF-288 for payment. They will work with the hiring location to ensure the casual's pay on the OF-288 is not delayed pending travel reimbursement issues. When travel issues cannot be resolved (e.g. there are lodging or other receipts that need to be paid through CGE), the CPC will remove the travel claims from the OF-288 and process only the casual's payroll. Please reference the CPC Casual Travel Process and forms at https://www.nifc.gov/programs/cpc_procedures.html

AD employees & planned events: As stated in the preamble to the DOI AD Pay Plan, AD employees can only be hired

- to cope with a sudden and unexpected emergency caused by a fire, or extreme fire potential, flood, storm, or any other all-hazard emergency that threatens damage to federally protected property, has the potential to cause loss of life, serious injury, public health risk, or damage to natural or cultural resources unless brought under immediate control.
- to provide emergency assistance to States under formalized agreements.
- to meet mission assignments issued by the Federal Emergency Management Agency (FEMA).

Such hiring is of uncertain and purely temporary duration and must be terminated when other employment methods can be initiated. This plan does not provide the authority to hire individuals for out-of-country assignments.

To recap: AD employees can only be hired for emergency incidents (suppression, severity, step-up, or all-hazard {hurricanes, floods, mudslides, etc.}), for prescribed burns, or to attend training or provide instruction at a training class. AD employees cannot be hired for planned events (anniversary events for NPS units, POTUS visits, visits by international dignitaries, etc.). If there are any questions about the appropriateness of hiring AD employees for any incident or event, please contact the NPS incident business lead.

AD employees during a government shut-down: All questions regarding any type of hiring or bringing back employees to work during a government shut-down should be referred to the Solicitor's Office for a decision. NPS field units and regional offices should not assume that AD employees are the fallback when other employees are furloughed. Working AD employees during a government shut-down could result in delays or denial of pay processing if not pre-approved to work.

Hiring federal employees as AD employees: Federal employees can be hired as AD employees as long as they're in some type of non-pay status (seasonal employees in intermittent or furloughed status) and as long as they're responding to an emergency incident. Permanent federal employees cannot be hired as AD employees if they're in some type of leave status (annual leave, comp time, etc.), as they would still be in pay status. In the past, BOR and USGS employees have asked NPS hiring units to hire them as ADs to mobilize to an incident while they were in some type of leave status. However, this is an inappropriate hiring practice. Mobilizing federal employees who do not work for either an Interior or Agriculture fire agency would need to be done through an inter-agency agreement. The Office of Wildland Fire (OWF) has signed a Statement of Intent with U.S. Geological Survey (USGS) that would allow OWF to reimburse USGS for any costs incurred (payroll, travel, supplies) on a suppression incident. The Statement of Intent is included as an attachment to this document.

Minimum age requirements for hiring AD employees: Reference the NWCG Standards for Interagency Incident Business Management:

Hiring of 16- and 17-year-olds: In accordance with applicable state and federal laws, 16- and 17-year-old persons may be hired. Obtain incident agency policies (state or federal) for hiring regulations at the site <http://youthrules.dol.gov/>.

Job Corps and Youth Conservation Corps enrollees may be hired as casuals under the AD Pay Plan.

- Enrollees age 16 and 17 may be assigned to non-hazardous or non-arduous duties only, e.g., camp support.
- Enrollees age 18 and over may be assigned to all other incident duties at the appropriate AD pay rate.

Exception positions: There may be circumstances when a hiring unit needs to hire into a position that is not included on the Pay Plan position matrix (e.g., electrician, coroner, environmental health specialist, etc.). Exception position descriptions must be completed and approved **before** hiring AD employees into the positions. NPS exception position templates can be found at https://www.nifc.gov/programs/cpc_agencymemos.html. In addition, there are approved NPS exception position descriptions located at the same link, so before reinventing the wheel, check to see if there's already an approved p.d. in place. Reference the DOI AD Pay Plan:

Exception positions: *If there are no positions on the incident position matrix in the AD hiring plan that fit the scope of duties for a position needed and the extent of a current emergency necessitates unique skills, an exception position could be established at the AD-A, AD-B, AD-F, AD-I, or AD-K classification levels at the local unit by an appropriately delegated hiring official. For NPS field units, an exception position description form will need to be completed by a qualified hiring official, then approved at the national office before hiring anyone into the position. The exception position forms can be found on the CPC's website. The classifications below should be used as guidelines when determining at what level a new position may be established:*

- a. Exception Position 1 – Level AD-A. *Positions at this level require no specialized skills or training. The job requires the performance of simple routine, repetitive work tasks under close supervision or requires following oral or written specific step-by-step instructions.*
- b. Exception Position 2 – Level AD-B. *Positions at this level require minimal skills or training. Routine assignments are carried out independently. Oral or written assignments are given with general information on quality, quantity, and timeframe expectations.*
- c. Exception Position 3 – Level AD-F. *Positions at this level require skills acquired through specific job training or experience. Work is performed independently. The incumbent of the position is expected to interpret instructions, plan work, lead or supervise positions at the next lower level.*
- d. Exception Position 4 – Level AD-I. *Positions at this level require skills acquired through specific job training, technical education, or experience and require the ability to apply or use specialized, complicated techniques or equipment. The incumbent of this position is expected to instruct others in the requirements of the job, plan work, or supervise positions at the next lower level. This level requires independent judgment and decision making. Assignments are expected to be completed and problems resolved independently.*
- e. Exception Position 5 – Level AD-K. *Positions at this level require expert knowledge and very high skill level in applying a wide range of concepts, principles, and practices associated with professional or administrative work. Most often, the positions at this level are commensurate with knowledge gained from successful completion of Incident Command System (ICS) 400 level and above courses, qualifications at the Type 1 or 2 level, or "ologist" type positions (such as hydrologist) that require a higher level of education or certification. Incumbents of these positions may be required to supervise other professionals or a group of technical specialists (THSP).*

<i>Exception position #</i>	<i>Classification level</i>	<i>Pay rate (per hour)</i>
1	AD-A	15.44
2	AD-B	16.92
3	AD-F	24.92
4	AD-I	33.68
5	AD-K	40.72

For payment purposes, when completing the OF-288 (Incident Time Report), the Exception Position code will be recorded as a technical specialist (i.e., THSP-Exception Position 3, AD-F), with the actual position title (i.e., Biological Technician) documented in the remarks section. A trainee hired for an Exception Position will be paid at the next lower rate (i.e., THSP-Exception Position 3, Biological Technician/T, AD-E).

Boot stipends: AD employees who are red-carded in either a moderate or arduous incident position are entitled to the annual \$100 boot stipend. The DOI Casual Payment Center will automatically process the boot stipend for casual employees for their first qualifying assignment (suppression incident or prescribed burn project), so there's no need for the hiring unit to fill out additional forms or paperwork. The CPC will add the stipend to the casual employee's payment as a taxable reimbursable and track the payment to eliminate duplicate reimbursements. The boot stipend will be noted on the casual employee's Wage and Earnings Statement.

Medical standards: The medical standards apply only to arduous duty wildland firefighting positions as described in PMS 310-1. If an AD employee is currently serving in an arduous position, then he/she will be required to undergo a medical exam every 3 years, with self-certification in the years between as a condition of employment. The self-certification process will take place in the EAS system.

Light or moderate duty medical screening process: Effective 2/6/19, the medical screening process for light and moderate work capacity testing will be handled through Comprehensive Health Service Inc.

You can find more information about the Medical Standards Program at https://www.nifc.gov/medical_standards/index.html

Sending payment documentation to the CPC

- * Hiring units can now email batch memos, timesheets, and payment forms (W-4, direct deposit form, FEHB form) through BisonConnect (your government email account), which allows the employees to get paid within 1-3 days of emailing and also cuts down on FedEx charges.

- * Electronic signatures generated through a PIV card are accepted on the batch memos.
- * Once the CPC receives the emailed packet, a confirmation email verifying the documents were received will be sent to the hiring unit for tracking purposes.

However, please note that:

- * any documents containing PII (SSNs, personal addresses, personal phone #s, DOB, etc.) can be emailed to the DOI Casual Payment Center AS LONG AS the BisonConnect email system is being used to and from another DOI bureau. Do not use personal email accounts or any email outside of BisonConnect to send any PII information.
- * **AS A REMINDER: DO NOT USE PERSONAL EMAIL ACCOUNTS TO EMAIL ANY FORMS CONTAINING PII TO THE CASUAL PAY CENTER (or anywhere else!).**

Casual Pay Center contact information: The DOI Casual Payment Center is located at the National Interagency Fire Center in Boise, ID. Their website contains all relevant information pertaining to Casual Hires, and CPC employees are also available through email at CasualPay@blm.gov or by calling 877-471-2262. Hours of operation are 8:00 am to 4:00 pm MST Monday through Friday.

File retention: Please follow the NPS Records Disposition Schedule (NPS-19, Appendix B) for filing and maintaining payroll and travel documents. Currently, payroll records are retained on file for 3 years, then destroyed; travel documents are retained for 6 years, 3 months, then destroyed. All personnel/payroll forms (W-4, I-9, FEHB form, etc.) should be retained until either the casual employee terminates his/her employment or until the forms are replaced with updated copies in the file (e.g., annual W-4).

Exhibits included in this guidance

Casual Payment Center Casual Payment Process
 Batch memo template
 Batch memo w/travel costs template
 Casual Travel Reimbursement Process
 Sample OF-288
 Direct Deposit form
 ECI Request Form
 I-9 form
 2019 W-4 form
 Single Resource Casual Hire Information
 Conditional Offer of FEHB form
 Health Benefits for Casuals Hiring Unit Guidance
 FEHB Fact Sheet for Firefighters
 FEHB Fast Facts for Casuals
 Statement of Intent for Incident Support – OWF-USGS

Please note that all hiring documents and forms can be found at
https://www.nifc.gov/programs/programs_PaymentCenter.html

Casual Payment Center
A Service First Organization
Casual Payment Process

HIRING OFFICIAL

1. The Casual Payment Center will use the W-4 address for the payment and correspondence address. Please make sure the name and SSN that you verify for the I-9 is the same information on all forms. All names and SSN's are verified by the Social Security Administration monthly.
2. Provide the casual with state tax forms for completion (if the Federal W-4 is utilized for both State and Federal write "State & Federal" on the W-4).
3. Provide the casual with Direct Deposit Information, Direct Deposit Form, or EFT Waiver if qualified.
4. Document any M&IE and/or POV mileage entitlements for qualifying casuals on the Approving Official Batch Memo or the Travel Worksheet if applicable.
5. Follow the OF-288 Audit Procedures.

Submit in the following order to the Casual Payment Center:

- Approving Official Memo (with a list of casuals included)
- Audited OF-288 with the original Time Officer signature
- Travel Worksheet (if applicable)
- Federal W-4
- State Tax form (if applicable)
- Tribal Exemption form (if applicable)
- Direct Deposit Form or EFT Waiver
- FEHB Conditional Offer

To expedite payment please overnight documents to the Casual Payment Center:

NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER MS 270
3833 S DEVELOPMENT AVE. BOISE ID 83705-5354
PHONE: 877-471-2262 FAX: 208-433-6405

The following hiring documents are not retained at the CPC and will be returned to the Hiring Unit:

Originals of I-9s, Crew Time Reports, Incident Behavior Forms, and Single Resource Casual Hire Forms.

CASUAL

1. **The W-4 address will be the official mailing address.** If forms are incomplete or filled out incorrectly, they will be returned to the casual without updating their profile information.
2. The bank information that you provide is used for payment until you notify the CPC of payment destination changes.
3. Review timesheets thoroughly before signing.

CASUAL PAYMENT CENTER

1. Maintain Federal W-4, State Tax, Tribal Exemption, and Direct Deposit/EFT Waiver Forms, FEHB Conditional Offer, and Travel Worksheets in the casual's payment file.
2. Maintain a copy of the Exception Position's description of duties documentation with the OF-288.
3. Process payment to the casual within 5 business days of receipt.
4. Notify hiring unit when there are questions on timesheets received.
5. Notify hiring unit by email when payment has processed if requested on the Approving Official Memo.
6. Respond to all inquiries concerning casual payments, lost checks, unemployment/social security, employment verifications, W-2 requests, ECI requests, deceased casuals, and garnishments.

Feel free to call us with questions at the number listed above, or visit our website at
https://www.nifc.gov/programs/programs_PaymentCenter.html

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, Emergency Firefighter Time Reports

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)

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 26 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 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.

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.

**Casual Payment Center
Casual AD
Travel Reimbursement Process**

HIRING OFFICIAL

The Approving Official (AO) will determine which method of reimbursement is appropriate for casual employee travel expenses (through CGE or OF-288) and if appropriate, submit to the CPC for processing.

TRAVEL REIMBURSEMENT PROCESS

Under terms of the Casual Hire Travel Expense Reimbursement Waiver, casual employees may claim the following travel expenses on the OF-288 form:

- Privately Owned Vehicle (POV) mileage;
- Incidental expenses; and
- Maximum of 15 meals per emergency incident.

The CPC staff will validate, as accurate, the allowable per diem rate and mileage rate claim on each reimbursement form/request and process the OF-288 for payment. They will work with the hiring location to ensure the casual's pay on the OF-288 is not delayed pending travel reimbursement issues. When travel issues cannot be resolved, (e.g. there are lodging or other receipts that need to be paid through CGE), the CPC will remove the travel claims from the OF-288 and process only the casual's payroll.

HOW TO SUBMIT TRAVEL EXPENSE REIMBURSEMENTS

BATCH MEMO: As part of the batch approval process, the AO will certify that the OF-288s are accurate, appropriate, and legal for payment. An Incidental Expenses (IE) box has been added to the batch memo indicating all casuals submitted in the batch should be reimbursed for incidental expenses. Starting and Ending Dates should be completed by AO. The CPC will then add dates and totals to each OF-288 in the batch.

*****Please note IE reimbursement payments will be made to the corresponding fire code as indicated by date on the OF-288. For example, columns A & B have fire code J7PW, and column C has fire code J7LN, the IE reimbursement will be applied to the dates and fire code in columns A & B (J7PW) and the dates and fire code in column C (J7LN).***

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 expenses are incurred ******

Casual Payment Center
Casual AD
Travel Reimbursement Process

OF-288: Within Box 18. *Commissary and Travel* on the OF-288, incidental expenses can be indicated along with applicable dates and any POV reimbursement mileage. Ensure the applicable dates for IE are indicated on the first OF-288 only. It is not necessary to document travel reimbursements on each OF-288.

18. Commissary and Travel					
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)	18d. Reimbursement	18e. Deduction	18f. Firecode
8/12	8/24	Travel reimbursement \$516,			
Total			\$	\$	

TRAVEL WORKSHEET: A Travel Worksheet can be attached to either the Batch Memo (crew reimbursement) or an OF-288 (individual reimbursement). When listing crew names, only indicate ECI number if you have ADs with the same or similar last names, or common names.

Print Traveler First and Last Names with Signatures and ECI Numbers	A. CANTON		L. EISNER		P. EDDY		S. FARLAND		JT LOMAN		
	K. MESSNER		BOB SMITH (12345)		C. THOMS		M. THURMAND		M. VALDEZ (123456)		
	C ULIBARRIE										
DATES of TRAVEL (From/To):		8/11-8/25/16		Start Location (city, state):		SLC, UT		End Location (city, state):		SLC, UT	
TYPE of TRAVEL:		<input checked="" type="checkbox"/> Mission (Fire)		<input type="checkbox"/> All-Hazard							
Date mm/dd/yy	Location (City/State)	Charge Code (for Fire only 4 digit fire code required)	*PER DIEM ALLOWANCE				POV MILEAGE				
			Meals NOT PROVIDED by the GOVERNMENT (mark "X")			Incidental Rate	Total Allowance	# Miles	Mileage Rate	Total	
Breakfast	Lunch	Dinner	(Limit of 15 meals per incident)								
8/11/16	Cascade, ID	J7PW				5.00	\$5.00				
8/12/16	Cascade, ID	J7PW				5.00	\$5.00				
8/13/16	Cascade, ID	J7PW				5.00	\$5.00				
8/14/16	Cascade, ID	J7PW				5.00	\$5.00				
8/15/16	Cascade, ID	J7PW				5.00	\$5.00				
8/16/16	Cascade, ID	J7PW				5.00	\$5.00				
8/17/16	Cascade, ID	J7PW				5.00	\$5.00				
8/18/16	Lewiston, ID	J7LN				5.00	\$5.00				
8/19/16	Lewiston, ID	J7LN				5.00	\$5.00				
8/20/16	Lewiston, ID	J7LN				5.00	\$5.00				
8/21/16	Lewiston, ID	J7LN				5.00	\$5.00				
8/22/16	Lewiston, ID	J7LN				5.00	\$5.00				
TOTAL							\$60.00		TOTAL	\$0.00	
I am certifying that all travel costs are true and correct, and meet the requirements of the Federal Travel Regulations. Approving Official signature: <u>John Timekeeper</u>										TOTAL TRAVEL \$ 60.00	
Comments:											

DIRECT DEPOSIT

OMB No. 1510-0007

Sign-Up Form

Standard Form 1199A

(Rev. Feb. 2005)

Prescribed by Treasury Department

Treasury Department Cir. 1076

DIRECTIONS

Please refer to the information on the reverse side before completing this form.

You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments.

NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
CASUAL PAYMENT CENTER MS 270
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
PHONE: 877-471-2262 FAX 208-433-6405

A. PERSON TO RECEIVE PAYMENT

NAME OF PERSON ENTITLED TO PAYMENT (last, first, middle initial)		
YOUR NAME (if different from above)		
YOUR ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
YOUR TELEPHONE NUMBER () -		
SOCIAL SECURITY NUMBER OR CLAIM NUMBER (of person entitled to payment)		

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> CIVIL SERVICE RETIREMENT
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> VA COMPENSATION OR PENSION
<input type="checkbox"/> RAILROAD RETIREMENT	<input type="checkbox"/> OTHER (specify) <u>Casual Pay</u>

C. BANK OR CREDIT UNION INFORMATION

TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
9-DIGIT ROUTING NUMBER (see sample check on reverse side)		
ACCOUNT NUMBER (see reverse side)		

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

SIGNATURE

DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE

DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel,

such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
		DATE _____
PAY TO THE ORDER OF _____		\$
		DOLLARS
MEMO _____		
⑆ 123456789 ⑆ 0123456789 ⑆		0001
Routing Number	Account Number	

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

**NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER**
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
PHONE: 877-471-2262 FAX: 208-433-6405
Email: casualpay@blm.gov

ECI REQUEST FORM

Please provide or create ECIs for the following individuals:

Hired At	Casual Name (First, Middle, Last)	ECI (CPC Use Only)	SSN

Please note: ECIs may be different in length. Although the ECI field allows up to 10-digits, they each have leading zeroes which are not required. Please indicate the piece of the ECI indicated above only when submitting OF-288s for casuals.

Requestor: _____

Please Fax To: _____

If fax number on Approving Official list is different than above, please sign:

Approving Official Signature: _____

Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		
H	Add lines A through G and enter the total here	H	_____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately </div>	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$7,000	0
5,001 - 9,500	1	7,001 - 13,000	1
9,501 - 19,500	2	13,001 - 27,500	2
19,501 - 35,000	3	27,501 - 32,000	3
35,001 - 40,000	4	32,001 - 40,000	4
40,001 - 46,000	5	40,001 - 60,000	5
46,001 - 55,000	6	60,001 - 75,000	6
55,001 - 60,000	7	75,001 - 85,000	7
60,001 - 70,000	8	85,001 - 95,000	8
70,001 - 75,000	9	95,001 - 100,000	9
75,001 - 85,000	10	100,001 - 110,000	10
85,001 - 95,000	11	110,001 - 115,000	11
95,001 - 125,000	12	115,001 - 125,000	12
125,001 - 155,000	13	125,001 - 135,000	13
155,001 - 165,000	14	135,001 - 145,000	14
165,001 - 175,000	15	145,001 - 160,000	15
175,001 - 180,000	16	160,001 - 180,000	16
180,001 - 195,000	17	180,001 and over	17
195,001 - 205,000	18		
205,001 and over	19		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
24,901 - 84,450	500	7,201 - 36,975	500
84,451 - 173,900	910	36,976 - 81,700	910
173,901 - 326,950	1,000	81,701 - 158,225	1,000
326,951 - 413,700	1,330	158,226 - 201,600	1,330
413,701 - 617,850	1,450	201,601 - 507,800	1,450
617,851 and over	1,540	507,801 and over	1,540

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Single Resource Casual Hire Information

CASUAL INFORMATION

Casual's name (print): _____ Phone #: _____ Start date: _____

Point-of-hire: City _____ State _____ ECI # _____

HIRING UNIT INFORMATION

Office name: _____ Hiring location (example: ID-BOF): _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Hiring official's name (print): _____ Phone #: _____

POSITION INFORMATION

Job title: _____ AD class: _____ AD rate: \$ _____ Request #: _____ Fire code: _____

Incident order # (example: ID-BOF-000423): _____ Incident location (city/state) _____

Hiring of emergency personnel may be made according to the provisions of the current *Administratively Determined Pay Plan for Emergency Workers* when any of the following conditions exist. Reference the Pay Plan for specific determinations.

- ☐ 1. To fight an ongoing fire.
- ☐ 2. Unusually dry period or fire danger is high to extreme.
- ☐ 3. Provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.
- ☐ 4. Place firefighters on standby for expected dispatch.
- ☐ 5. Temporarily replace members of fire suppression crews or fire management personnel who have been mobilized to incidents.
- ☐ 6. Attend emergency incident training. ☐ Trainee or ☐ Refresher and course title _____
- ☐ 7. Instruct emergency incident training when all other methods of hiring and contracting instructors have been exhausted.
- ☐ 8. Cope with floods, storms, or any other all-hazard emergency.
- ☐ 9. Carry out emergency stabilization work when there is an immediate danger of loss of life or property.
- ☐ 10. Following a natural emergency, develop plans and manage emergency stabilization efforts.
- ☐ 11. Meet FEMA mission assignments.
- ☐ 12. Provide public awareness for an emerging or projected incident, event, or situation.
- ☐ 13. DOI agencies only: For hazardous fuel reduction projects (excludes mechanical or chemical treatments).

TRAVEL/TRANSPORTATION/SUBSISTENCE

Travel for casual hires will be processed in accordance with Federal Travel Regulations, AD Pay Plan, and agency policy.

Casual is entitled to transportation to and from the incident: ☐ No ☐ Yes

Transportation method:

- ☐ Airline
- ☐ POV (mileage reimbursement authorized)
- ☐ Rental vehicle (must be on resource order). Rental provided by: ☐ Casual **or** ☐ Government.
- ☐ Other (such as bus, gov't vehicle, EERA): _____

Subsistence (check one):

- ☐ Casual will be subsisted by government. ☐ Casual will be self-subsisted.

Provide estimate for M&IE and POV mileage reimbursement. Find current rates at <http://www.gsa.gov/portal/category/100000>. \$ _____

EMPLOYMENT FORMS

Completed by:

Agency

New

On File

- ☐ ☐ I-9, Employment Eligibility Verification.
- ☐ ☐ OF-288, Incident Time Report (complete blocks #1 through #16 and Column A, including travel start time).
- ☐ ☐ State/federal government-issued photo ID verified and in casual's possession (required for all positions).
- ☐ ☐ Incident qualification card (if required for position) verified and in casual's possession.
- ☐ ☐ State-required certification verified, if required for position (e.g., CDL, driver's license, EMT certificate).

Casual ☐ Federal W-4 ☐ State tax (if applicable) ☐ Incident Behavior ☐ Direct Deposit

I understand that I am being hired under the terms and conditions of the *Administratively Determined Pay Plan for Emergency Workers*.

Casual's signature (required) _____ Date _____

Hiring official's signature (required) _____ Date _____

Distribution: Follow agency hiring procedures.

NON-DISCRIMINATION POLICY STATEMENT: The U.S. Government prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs).

PMS 934 (February 2015)



NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
CASUAL PAYMENT CENTER MS 270
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
PHONE: 877-471-2262 FAX: 208-433-6405



Conditional Offer of Federal Employee Health Benefits Form

Check one: ☐ BIA ☐ BLM ☐ FWS ☐ NPS

NAME: _____

ECI: _____

PHONE: _____

E-MAIL: _____

As an Administratively Determined Emergency Worker (AD/Casual), you will be eligible for Federal Employee Health Benefits (FEHB) when you work 130 hours per month for 90 consecutive days. This coverage includes a 31 day extension of FEHB following employment termination.

More information about the FEHB program is available on the OPM website: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2017/>.

As an AD/Casual, I understand that if I work 130 hours per month for 90 days, I am eligible for FEHB coverage.

☐ I elect FEHB upon meeting the above eligibility criteria.

☐ I decline coverage in a Federal Employee Health Benefits plan.

*****I understand if at any time I choose to receive more information, I can contact the Casual Payment Center.***

By signing below, I attest I am the person named above and I have read and understand the information presented.

SIGNATURE: _____ DATE: _____

Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.

Revised 12/2016

HEALTH BENEFITS FOR CASUALS HIRING UNIT GUIDANCE

To further the goal of providing affordable health insurance to federal employees, the United States Office of Personnel Management (OPM) has issued a final rule modifying coverage under the Federal Employees Health Benefits (FEHB) Program to include certain temporary, seasonal, and intermittent employees who are identified as full-time employees. This regulation makes FEHB coverage available to eligible casuals.

Hiring Unit: Each year the hiring official will include and require each casual to complete the Conditional Offer of Federal Employee Health Benefits Form at the time of hire, providing notification of the government's intent to offer coverage. The casual will complete the form indicating whether they wish to enroll or decline the offer. If the casual elects to enroll, the casual will be contacted when eligible and provided with documentation to enroll. If the casual elects to decline coverage, their declination will be recorded and no further contact will be made. *The Conditional Offer of Federal Employee Health Benefits Form will be submitted to the Casual Payment Center (CPC) for processing.*

Eligibility: Casuals become eligible for benefits once the casual has worked 130 hours per month for 90 consecutive days.

The CPC will contact the casual directly via phone call/email/letter notifying them of eligibility and coverage options.

To enroll the casual, the Health Benefits Election Form (SF-2809) will be completed and sent to the CPC. If the casual is eligible and fails to return the SF-2809 within 60 days of eligibility, the choice will be recorded as a declination of enrollment. Premiums will be based on coverage options chosen and will vary by plan; however, generally the casual would pay approximately 30% and the agency approximately 70%.

Coverage: Initially, the casual will have coverage for 28 days (2 federal pay periods) beginning on the first day of the following pay period after the CPC receives a completed Health Benefits Election Form (SF-2809).

- After 28 days, coverage ends and will automatically switch over to the free 31-day extension of coverage, unless
 - ✓ The casual has been ordered to a new assignment and has contacted the CPC to continue health benefits, or
 - ✓ The casual elects to cancel coverage by completing Part F-Cancellation of FEHB of the SF-2809. This form should be submitted to the CPC.
- When casual employment ends and during the 31-day extension, the casual may choose to contact their health plan and convert the insurance plan to an individual contract, or
 - ✓ The casual can enroll in **Temporary Continuation of Coverage (TCC) to continue the coverage through an FEHB plan.** TCC is available to eligible former employees for up to 18 months following the end of employment. The casual is then responsible for the full premium amount (government and enrollee share) plus a 2% administrative fee.
- If the casual works any time after health benefits have been terminated within the calendar year, the casual can re-enroll by submitting a new Health Benefits Election Form (SF-2809) to the CPC.

HEALTH BENEFITS FOR CASUALS HIRING UNIT GUIDANCE

Payment Premiums: Premiums will be based on coverage options chosen and will vary by plan; however, generally the casual would pay approximately 30% and the agency approximately 70%.

The Federal Personnel Payroll System (FPPS) will automatically calculate and deduct the premium from the casual's first time and attendance payment each month. When there is not a pending payment, a bill for collection will be created and mailed to the casual. The casual will forward the payment to IBC for processing of the bill for collection.

References

<https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2016/>

https://www.nifc.gov/programs/programs_PaymentCenter.html

Federal Employees Health Benefits (FEHB) Program

Fact Sheet for Fire fighters

- The FEHB Program has a variety of health plans to choose from including Fee-For-Service plans, Health Maintenance Organizations (HMO) with comprehensive coverage, or Consumer Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles and health savings/reimbursement accounts.
- There are no waiting periods and no preexisting condition limitations.
- Enrollment changes can only be made during Open Season or if you experience a qualifying life event.
- There are separate and/or different provider networks for each plan.
- Using health plan network providers will reduce your out-of pocket costs.
- All nationwide FEHB plans offer international coverage.

How do I sign up for coverage?

You should immediately contact your personnel office if you want to enroll in an FEHB plan. You will use a health benefits election form to enroll (Standard Form 2809). A screen fillable version is available at http://www.opm.gov/Forms/pdf_fill/SF2809.pdf. OPM has a website at: www.opm.gov/insure/health with information about available health plans.

When does this coverage begin?

The FEHB regulation is effective July 17, 2012. Your personnel office has the authority to make your enrollment effective on that date unless you request that your enrollment take effect at the beginning of the next pay period after you submit your enrollment form.

How do I pay for coverage?

Your share of the health plan premium will be deducted from your pay.

What enrollment types are available?

- Self Only, which covers only the enrollee;
- Self and Family, which covers the enrollee and all eligible family members.

Which family members are eligible?

Family members covered under your Self and Family enrollment are:

- Your spouse (including a valid common law marriage); and
- Children under age 26, including legally adopted children, recognized natural children and [stepchildren](#) (including children of same-sex domestic partners in certain states).
- Foster children are included if they meet certain requirements. A child age 26 or over that is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member. In determining whether the child is a covered family member, your personnel office will look at the child's relationship to you as an enrollee.

What does the government contribute toward my health plan premiums while I'm employed?

The government contribution to premiums is about 72%, on average, of the overall plan premiums; but it cannot exceed 75% of the premiums for an individual plan. You are responsible for paying the balance.

What happens to your FEHB coverage if you're eligible to go on leave without pay?

You can continue to be enrolled in your FEHB plan as long as you pay your premiums directly to your personnel office. You also have the option of incurring a debt to the government to be repaid upon your return to work. You always have the option to terminate the enrollment.

What happens after your employment ends?

When your employment ends, you have a 31-day extension of coverage under the plan. During that period, you can contact your health plan and convert your insurance plan to an individual contract with your health plan. Or, you can enroll in **Temporary Continuation of Coverage (TCC)** to continue your coverage through a FEHB plan. TCC is available to eligible former employees for up to 18 months following the end of employment.

What happens if I am employed as a temporary fire fighter again?

If you were terminated and then employed as a temporary employee again, you will be eligible to re-enroll as a federal employee and receive the government contribution to your premium while you are employed.

What is Temporary Continuation of Coverage (TCC)?

TCC is a continuation of coverage program that allows you to enroll in a FEHB plan if your employment ends. You can choose among the same plans that you had as an employee, but you pay the full premium (government and enrollee share) plus a 2 percent administrative fee. You should contact your personnel office for information on how to enroll in TCC.

Can I get TCC in subsequent years, too, i.e., at the end of each fire season?

Yes. Each time your employment ends with the federal government, your FEHB coverage will end after a free 31-day extension of coverage. You will then again be eligible for TCC for up to 18 months.

How much does TCC cost?

Under TCC, you pay the total monthly premium, that is, the enrollee and the Government shares, plus a 2 percent administrative charge.

Who is eligible to enroll in TCC?

Former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct.

When can I enroll in TCC?

Individuals eligible for TCC generally must enroll within 60 days after the termination of employment, or after receiving notice of eligibility, whichever is later.

What should I consider in making my decision to participate in TCC?

- In the case of a former employee, TCC ends on the date that is 18 months after the date of separation.
- A TCC enrollee may cancel the enrollment at any time. However, once the cancellation takes effect, the enrollee cannot reenroll – the TCC cancellation is final.

How do I get more information about the FEHB program?

Visit FEHB online at www.opm.gov/insure/health.

FEHB FAST FACTS FOR CASUALS

What is the FEHB Program?

The Federal Employees Benefit Program (FEHB) provides comprehensive health insurance. Casual employees can choose from fee-for-service (FFS) plans, health maintenance Organizations (HMOs), consumer-driven health plans (CDHPs) or high deductible health plans (HDHPs). For more information on the types of plans under FEHB, reference www.opm.gov/insure/health/planinfo/types.asp.

What are some important things I should know?

- There are no waiting periods or pre-existing condition limitations.
- Each plan contracts with doctors and hospitals (known as a provider network). Your doctor may participate in one or more provider networks.
- You will reduce your out-of-pocket costs by visiting doctors and hospitals that contract with your plan. Visit your plan's website to determine which providers participate in the plan's network.

How do I enroll?

Once you have qualified for benefits by having worked 130 hours per month for 90 consecutive days, you must complete the Health Benefits Election Form (SF-2809). Contact the CPC for details. You will have 60 days from the date of eligibility to enroll.

Do I have to decide right away?

If you elected to receive coverage and become eligible, the Casual Payment Center (CPC) will contact you and provide the Health Benefits Election Form (SF-2809) to enroll. Benefits will become effective once you have worked 130 hours per month for 90 consecutive days. If you the employee, fails to return the SF-2809 within 60 days of eligibility, the choice will be recorded as a declination of enrollment.

How long do I have Health Benefits?

Initially you will have coverage for 28 days (2 federal pay periods) beginning on the first day of the following pay period after the CPC receives a completed Health Benefits Election Form (SF-2809). If you are still working or have been ordered for a new assignment you will be responsible for contacting the CPC before day 28 to continue health benefits. If you have not contacted the CPC before day 28, your coverage will switch over to your free 31-day extension of coverage. After the 31-day extension of coverage your health benefits will end. If you work at any time after your health benefits have terminated within the calendar year, you can reenroll by submitting a new Health Benefits Election Form (SF-2809) to the CPC.

How much do I pay?

What you pay is based on the plan and option you choose. Generally, premiums are shared by you and your Federal agency during your time of hire. Premiums vary by plan, but generally you pay approximately 30% and your agency pays approximately 70%.

Casuals can discuss health insurance premiums with the Casual Payment Center or find more information on the OPM website at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2016/>.

FEHB FAST FACTS FOR CASUALS

How do I pay for coverage?

Your share of the health plan premium will be deducted from your casual payment. When there is no payment in process, you will receive a bill for collection and a debt will be set up in the payroll system. You will be required to make payment for your portion of the premium.

Do I have to pay for my coverage with pre-tax dollars?

Your share of the health plan premium will be paid with pre-tax dollars unless you complete a Federal Employees Health Benefits Program (FEHB) Premium conversion Waiver/Election Form.

What enrollment types are available?

The OPM website at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2016/> will provide more detailed information based on your local coverage options.

What happens after my employment ends?

When your 28 days of coverage or employment ends, you have a 31-day extension of coverage under the plan. During that period, you can contact your health plan company and convert the insurance plan to an individual contract, or you can enroll in **Temporary Continuation of Coverage (TCC) to continue the coverage through a FEHB plan**. TCC is available to eligible former employees for up to 18 months following the end of employment. You are then responsible for the full premium amount (government and enrollee share) plus a 2% administrative fee.

Where can I go for more details or additional information?

- Casual Payment Center
- OPM website at: www.opm.gov/insure/health

Can I cancel the coverage once I have enrolled?

Yes, employees may elect to cancel coverage at any time by completing Part F—Cancellation of FEHB of the SF-2809. The form should be submitted to the CPC.

STATEMENT OF INTENT
between:
U.S. Department of the Interior
Office of Wildland Fire and
U.S. Geological Survey
concerning:
Incident Response Support

This is a general agreement between the Office of Wildland Fire (OWF) and the U.S. Geological Survey (USGS) for the level of support and collaboration between these parties in support of incident response for the Department of the Interior (DOI) Wildland Fire Management (WFM) program.

I. Introduction and Purpose

The DOI's WFM program is composed of OWF and four bureaus with wildland fire management responsibilities – the Bureau of Indian Affairs (BIA), Bureau of Land Management (BLM), the Fish and Wildlife Service (FWS), and the National Park Service (NPS). However, other bureaus and agencies play an integral role in supporting the WFM program, and collaboration is essential in providing a unified and coordinated response to managing wildland fire.

This documents the terms and provisions required for OWF to coordinate with USGS since it is not funded under the WFM program and a mechanism for funding is needed when these entities provide personnel and other support during wildland fire incidents. This agreement promotes the framework of collaboration and partnership under the Service First authority (as provided by the Consolidated Appropriations Act, 2014, Public Law 113-76) and supports the objectives of improved customer service, increased operational efficiency, and enhanced stewardship of federal lands and resources.

II. Scope and Duration of Agreement

The parties acknowledge that this document is only applicable for incident response support under the Suppression and Emergency Stabilization (ES) program activities.

The effective date of this document will commence upon the date of the final signature, and will remain in effect for five fiscal years, or as otherwise agreed and modified. Any party may initiate a modification to this document to incorporate any changes that are mutually agreed to by the participants. Such modifications shall be in writing and shall be comprehensive in the relevant details of the modification. The modification will take effect once documented and signed by the authorized signatories of each party.

III. Terms and Provisions

The parties acknowledge the following terms and provisions effective under this document:

- a. To minimize administrative challenges and enhance efficiency, USGS will provide a single point-of-contact ("Bureau Incident Lead") who will serve as the liaison between USGS and OWF. Upon designation of the Bureau Incident Lead, USGS employees are requested to contact the Bureau Incident Lead for all questions and procedures related to incident response. Only the Bureau Incident Lead will be in direct contact with OWF on all coordination issues, including matters related to incident business management, funding, reporting, and all other issues.

- b. A National Reimbursable Service Agreement (RSA) will be executed annually between OWF and USGS as the method of funding transfer for Suppression and ES support provided by USGS personnel. OWF will work with USGS to establish (or modify) the RSA on or about April 1 of each year. At that time, OWF and the Bureau Incident Lead will determine if there are enough remaining funds for a given fire season or if an increase in funding is required based on estimates of current or forecasted fire activity and the expected level of support USGS will provide.
- c. Under the National RSA, USGS will document their expenses in the Incident Expenditure Reporting templates (Attachment B) and will be reimbursed for the following:
 - a. Payment of BASE 8 hours along with related overtime, hazard differential, and other differentials relevant to fire incident response.
 - b. Travel costs directly associated with incident response as outlined in the Federal Travel Regulations and as directed/documented on the Resource Order.
 - c. Payment of "overhead" costs at an agreed rate no greater than 7% of the total amount agreed upon in the RSA. USGS use of the funding provided for overhead is limited to expenditures that contribute to fire incident response, such as the purchase of personal protection equipment (PPE), medical exams, training, and other supplies as required for ordered personnel and that are needed to effectively support the incident. Boot stipends are for positions that are considered moderate or arduous duty only. Overhead expenditure reporting will be required to OWF at end of each fire season using the Incident Expenditure Report template.

IV. Reimbursement Guidelines and Procedures

1. The Bureau Incident Lead will be named and designated in the National RSA. The Bureau Incident Lead is responsible for coordinating with their field offices to collect and provide the following required documentation to OWF:

- a. ***A legible scanned copy of the Resource Order as generated from the Resource Ordering and Status System (ROSS).***

This is necessary for documenting the number of employees deployed. It is also a tool for estimating costs through fiscal year end and for other financial purposes. OWF will review each Resource Order to ensure that the proper Fire Code (or P-Code) is indicated. OWF will work with the Bureau Incident Lead to resolve any issues. Employees cannot exceed the number of days they have been ordered on an assignment **without** a formal extension, which would generate another Resource Order that must also be provided to OWF. It is up to the Bureau/employee to comply with incident guidelines at all times.

- b. ***An Incident Time Report (Form OF-288) or a Crew Time Report, which documents or confirms approved payable time for employees assigned to an incident.***

A copy must be provided to the Bureau timekeeper as supporting documentation for payroll input (if the employee is unable to access or enter their timesheets) and supports time certification/validation as well. Copies of timesheets should be attached to the Resource Order and kept on file at the home unit in the event of an

audit. OWF will require monthly expenditure reporting, by employee, by incident in support of reimbursement. Along these same lines, Incident Expenditure Reporting templates (Attachment B) are required to be provided to OWF as directed.

2. Managing the National RSA is USGS's responsibility. OWF will reimburse to a single reimbursable account for USGS. USGS must be able to provide and identify costs associated with each Resource Order. USGS will need to establish their own lines of accounting in their respective timekeeping systems. Travel and other approved expenses will also need to be charged to the reimbursable account, which will be reimbursed through the Intragovernmental Payment and Collection (IPAC) system.

IPAC reimbursements are processed quarterly and approval is contingent on complete and timely receipt of the required documentation; it is imperative that USGS provide all requested supporting documentation to support IPAC reimbursements.

3. Reimbursement is only applicable for Suppression and ES response, including cache and other ground support operations as designated on a Resource Order.

Reimbursement for all other emergency declarations are outside the scope of this document.

4. The Bureau Incident Lead is responsible for ensuring that all USGS personnel assigned to fire Incident response are in compliance with fire incident qualifications requirements. This includes all matters related to the Incident Qualification Card (otherwise known as a "Red Card") and the Incident Qualifications and Certification System (IQCS).

V. Principal Contacts

Changes to the Points of Contact identified below may be made by written notification to each of the parties.

Office of Wildland Fire	U.S. Geological Survey
Name: Amy Kishpaugh	Name: Anna Stull
Title: Incident Business Lead	Title: Bureau Incident Lead
Address: 300 E. Mallard Drive, Suite 170 Boise, ID 83706	Address: 1711 Illinois St. P.O. Box 25046 Golden, CO 80401 Denver, CO 80225
Phone: (208) 334-6195	Phone: (303) 273-8415
Email: amy_kishpaugh@ios.doi.gov	Email: astull@usgs.gov

VI. Appendix

A. Reference Materials

- The National Wildfire Coordinating Group: Standards for Interagency Incident Business Management (also known as the "Yellow Book") - <https://www.nwcg.gov/sites/default/files/publications/pms902.pdf>

- Interagency Standards for Fire and Fire Aviation Operations (also known as the "Red Book") - https://www.nifc.gov/policies/pol_ref_redbook.html
- National Interagency Mobilization Guide - <https://www.nifc.gov/nicc/mobguide/index.html>
- National Interagency Fire Center's Reference Materials and Guides - https://www.nifc.gov/policies/pol_referenceGuides.html
- Emergency Support Function (ESF) 4 MOU - https://www.nifc.gov/policies/policies_documents/ESF4MOU-DOI-FS.pdf

B. Attachments

- a. Incident Expenditure Report template (Attachment A)

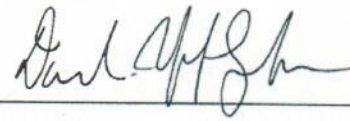
By signature below, the Bureaus certify that the representatives listed in this document are authorized to act for matters related to this document.



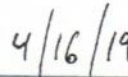
Director, Office of Wildland Fire



Date



Associate Director for Natural Hazards,
U.S. Geological Survey



Date

(Non-Wildland Fire Bureaus)

Date(s): May 10 - 26, 2018

IPAC Approval Date

OVERHEAD EXPENDITURE REPORT

(Non-Wildland Fire Bureaus)

Recently concluded or current FY expenditure reporting must be submitted via designated Bureau Incident Lead to the Office of Wildland Fire no later than October 15.

Bureau: USGS

FY Overhead Expenditures: 2018

Overhead Cap (2018-2022): TBD

Bureau Lead: Betty Boop

Description: Overhead expenditures, including PPE, Training or Tuition, etc.

Approx. Purchase Date(s): May 2018

Major BOC	Category - Personal Protection Equipment	Expenditure Total(s):
26	Approved NoMex - Pants/ Shirt	\$0.00
	Gloves, Hard hat	\$0.00
	Day Pack, Red Bag	\$0.00
	*Wildland Fire Boot Stipend - \$100.00 for Arduous/Moderate classified positions ONLY	\$0.00
	Misc - approved supplies	\$0.00
Major BOC	Category - Training/Tuition	Expenditure Total(s):
25	Required Fire Refresher Course (NIMS Wildland Fire training)	\$0.00
	Course Name:	
	Employee:	
	Course Name:	
	Employee:	
	GRAND TOTAL	\$

*The boot stipend is considered a "benefit", OWF Policy Memorandum 2011-2 (October 14, 2011). Reimbursement is to be processed through Payroll Operations Division. AD hire boot stipend is reimbursed through Casual Payment Center process.