



National Park Service Administratively Determined (AD) Hiring Guide

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.
- * Ensure 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 [Casual Payment Center | National Interagency Fire Center \(nifc.gov\)](https://www.nifc.gov)

Employment Eligibility Verification (I-9): Complete every 3 years. The form requires physical examination of specific documents within three days of hire and must be completed by casual employee on the first day worked. Page three of the form provides a list of acceptable documents. Common acceptable documents are passports or state issued driver's license and social security card (SSN). For example, if the employee brings in their driver's license and social security card, complete columns B & C. The I-9 stays on file at the hiring unit and is **not** sent to the Casual Payment Center (CPC).

Employees Withholding Allowance Certificate (W-4): Updated, sign and submit annually. **A copy of the W-4 is sent with the first OF-288 of the year to CPC.** If Federal W-4 is utilized by a State, please notate "State & Federal" on the form.

State Tax Form: Update, sign and submit annually if required for withholding of state income taxes. **A copy of the state tax form is sent with the first OF-288 of the year to CPC.**

Direct Deposit Sign-Up Form (SF-1199A): Self-explanatory. **The form needs to be sent with the first OF-288 of the year to CPC.**

NWCG Single Resource Casual Hire Information form (PMS 934): Complete before each assignment/incident to ensure the casual employee understands the position they are hired into and the hourly rate they will be paid. The single resource casual employee shall give the incident a copy of the form along with their Crew Time Report (CTR). This form is a hiring document; a copy remains on file at the hiring unit and is **not** sent to the CPC.

Incident Behavior form (PMS 935-1): Complete before each assignment/incident so the casual employee has been notified of the expected behavior for all employees at the incident. This form is required for single resource and crew employees. This is a hiring document; a copy remains on file at the hiring unit and is not sent to CPC.

DOI Conditional Offer of Federal Employee Health Benefits form: Complete annually, 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. **The form needs to be sent with the first OF-288 of the year to CPC.**

Employee Common Identifier (ECI): Employee social security numbers are no longer used on Incident Time Reports (OF-288). Each employee is given a generated unique identifying number. The ECI is entered in FPPS by CPC. To request a number for a new casual, the ECI request form can be found at the CPC website:

[Casual Payment Center | National Interagency Fire Center \(nifc.gov\).](#)

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.

Approving Official Batch Memo: Every batch of casual payments is assigned a unit batch number by the hiring unit. It is recommended for hiring units to keep a log of batches processed to eliminate duplicate numbering. Any conversations with CPC regarding the batch contents will reference the unit batch number. Complete the batch memo manifest, notate forms attached, and sign by an authorized Approving Official. **The memo serves as a cover letter for the attached OF-288s sent to the CPC.**

Incident Time Report (OF-288): The casual employee records times worked on Crew Time Report (CTR) signed by the incident supervisor. The Incident Time Report is a summary of submitted CTRs. Completed OF-288s include Position Code, AD Class and AD Rate. Verify hours total in each column, accounting codes are complete, and remarks noted for changes on the record. The accounting code in box 15 must include Cost center: 10-digit alpha/numeric (e.g., PPWOVPADD3)

Functional area: 15-digit alpha/numeric (e.g., PF25050DS.WW0000)

WBS: 14-digit work breakdown structure (e.g., PF.FSAZA1D23.00.1)

The form shall be signed by the casual employee and incident TIME Unit Leader.

Casual Employee Responsibilities

- * Complete required forms, provide current identification documents and banking information.
- * Retain the Single Resource Casual Hire Information form, copy of the Incident Behavior form, and a copy of the AD Pay Plan.
- * Provide to the TIME Unit, CTRs and Single Resource Casual Hire Information form
- * Casual Crews will provide a complete manifest to the TIME Unit.
- * Review timesheets thoroughly before signing.

Processing Timesheets by the CPC

Sending payment documentation to the CPC

- * Hiring units 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 saves on shipping 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.
- * Payment Packet contents
 - Approving Batch Memo
 - Batch Manifest
 - Per Casual Employee:
 - OF-288
 - W-4 (First Payment)
 - State Tax form, if applicable (First Payment)
 - Direct Deposit Form (First Payment or Request to Change)
 - DOI Conditional Offer FEHB Form (First Payment)
 - Travel Worksheet, if applicable

However, please note that:

- * Any documents containing Personally Identifiable Information (PII) (SSNs, personal addresses, personal phone numbers, date of birth, 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 agency.
- * AS A REMINDER: DO NOT USE PERSONAL EMAIL ACCOUNTS TO EMAIL ANY FORMS CONTAINING PII TO THE CASUAL PAY CENTER (or anywhere else!).

AD Employee Training

AD employees are entitled to 80 hours of training per calendar year regardless of agency worked at. For instance, if an AD employee worked for the BIA and was sent to training in February, then transferred to the NPS in April, any hours in training while with the BIA 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 [LINK HERE](#).

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 Employee 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 regardless of agency. 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.

AD employees with emergency medical technician (EMT) qualifications may be hired to support work capacity tests and training courses. Time worked shall be charged to the training code.

Hiring Relatives as AD Employees

AD hiring officials have the responsibility of complying with the AD hiring authority and 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: *Neotism, 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 requiring 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 AD Employees

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. **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 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 privately-owned vehicle (POV) or rental vehicle, rather than book a flight and a rental car, to an incident, training or instructing, 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 Incident Commander (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 [Casual Payment Center | National Interagency Fire Center \(nifc.gov\)](https://www.nifc.gov/Casual-Payment-Center)

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 Management Specialist.

AD Employees During a Government Shutdown

All questions regarding any type of hiring or bringing back employees to work during a government shutdown 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 shutdown could result in delays or denial of pay processing if not pre-approved to work.

Hiring Federal Employees as AD Employees

Temporary seasonal employees can be hired as AD employees who are in a non-pay status (intermittent or furloughed status) and they are responding to an emergency incident. Permanent federal employees cannot be hired as AD employees if they are in leave status (annual leave, comp time, etc.), as they would still be in pay status. In the past, Bureau of Reclamation (BOR) and United States Geological Survey (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. This is an inappropriate hiring practice. Mobilizing permanent federal employees, who do not work for Interior or Agriculture fire agencies, is implemented through an inter-agency agreement. The Office of Wildland Fire (OWF) has signed a

Statement of Intent with USGS allowing 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 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 [Agency Memos | National Interagency Fire Center \(nifc.gov\)](#). 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 position description 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:*

- 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.*
- 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).

Exception position #	Classification level	Pay rate (per hour)
1	AD-A	17.20
2	AD-B	18.88
3	AD-F	27.80
4	AD-I	37.56
5	AD-K	45.44

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 \$167 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. Casual boots are charged to PF.FSFBMFOXX.00.1 (the XX represents the fiscal year the boots was reimbursed) for suppression, severity/step-up, and emergency stabilization.

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 CAS system.

Physical exams are a **pre-employment requirement for wildland fire positions requiring arduous duty**. A qualified determination on a medical exam or self-certification is required prior to hiring. Casual employees who are in the CAS database and have a current exam or self-certification with a cleared status must provide proof of being cleared using the CHS qualification certificate. Qualification certificates are good for one year (365 days) from the date of the exam or self-certification for hiring purposes and for taking the work capacity test.

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 Acuity International (Formerly CHS).

You can find more information about the Medical Standards Program at https://www.nifc.gov/medical_standards/index.html and [Wildland Firefighter Medical Standards | U.S. Department of the Interior \(doi.gov\)](https://www.doi.gov/wildland-firefighter-medical-standards).

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 or 208-387-5760. Hours of operation are 8:00 am to 4:00 pm MST Monday through Friday.

File Retention

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
- DOI Emergency Firefighter Payments OF-288 Audit Procedures
- Batch memo w/travel costs template
- Casual Travel Reimbursement Process
- OF-288
- Direct Deposit form
- ECI Request Form

I-9 form
W-4 form
Single Resource Casual Hire Information
Incident Behavior form
Conditional Offer of FEHB form
Health Benefits for Casuals Hiring Unit Guidance
FEHB Fast Facts for Casuals
Statement of Intent for Incident Support – OWF-USGS
2022 NPS Implementation Guidance of Department of the Interior Wildland Firefighter Medical Standards Program

Please note that all hiring documents and forms can be found at [Casual Payment Center | National Interagency Fire Center \(nifc.gov\)](#)

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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 Acuity International (Formerly CHS).

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

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Health Benefits for Casuals Hiring Unit Guidance
FEHB Fast Facts for Casuals
Statement of Intent for Incident Support – OWF-USGS

DOI CASUAL PAYMENT CENTER

CASUAL PAYMENT PROCESS

Documents to be Completed by Hiring Official

DOCUMENTS TO COMPLETED AND KEPT AT THE HIRING UNIT:

- Form I-9: the AD completes on the first day of hire. Hiring official verifies the documents within 3 days of hire. This form must be completed every 3 years or when a presented document has expired. The Form I-9 is *retained at the hiring unit*.
- Incident Behavior Form: *retained at the home unit*.
- Single Resource Hire Form: *retained at the home unit*.

DOCUMENTS TO BE COMPLETED BY HIRING UNIT AND SUBMITTED TO CPC:

- Form W-4: resubmit only when information changes, or yearly for Federal exempt status.
- State Tax Form: resubmit only when information changes, or yearly for State exempt status.
- If Federal W-4 is utilized by a State, please notate State & Federal on the form.
- Tribal Tax form: submitted to the CPC each calendar year for tax exemption status
- Direct Deposit Form or Electronic Funds Transfer (EFT) Waiver form EFT Waiver submitted every year for a Treasury check to be issued until a direct deposit account can be opened.
- Federal Employees Health Benefits (FEHB) Conditional Offer Form: completed each calendar year (*submitted to CPC*).

AT DISPATCH HIRING OFFICIAL WILL:

- Attach copy of the completed Single Resource Casual Hire Information Form (PMS 934 to the OF-288 for each individual hire.
- Casual Hire Crew or Mixed Crew: attach Crew Manifest (in place of the Single Resource Casual Hire Information Form) with an accurate listing of names, job title/position code. Attach to the OF-288.

HIRING UNIT PAYMENT RESPONSIBILITIES

- Ensure work time has been recorded as outlined in the NWCG Standards for Interagency Incident Business Management assuring the AD Title is included in all columns and agrees with the Pay Plan Matrix.
- Process partial payments every two weeks, indicating partial payments in the remarks section of the OF-288.
- Complete travel time home if away from home unit upon casual's return.
- E-ISuite timesheets: enter the Employee Common Identifier (ECI) if all 9s were printed on timesheet. If ECI number is unknown, contact CPC to request for individual or a report for hiring unit. Never use a social security number on an OF-288.
- Include travel comments on Approving Official Batch Memo, OF-288 or Travel Worksheet. If T&A is for suppression/preparedness (a non-planned incident) and there are no receipts, (e.g., M&IE). If receipts are included, (e.g., meals, gas, lodging) travel must be entered through ETS.

CASUAL PAYMENT CENTER (CPC)

- Maintains Federal W-4, State Tax, Tribal Exemption, and Direct Deposit/EFT Waiver Forms, FEHB Conditional Offer, Travel Worksheets and OF-288s in the casual's payment file.
- Maintain a copy of the Exception Position's description of duties documentation with the OF-288.
- Process payment to the casual within 5 business days of receipt.
- Notify hiring unit when there are questions on timesheets received.
- Notify hiring unit by email when payment has processed if requested on the Approving Official Memo.

National Interagency Fire Center
Casual Payment Center MS 270
3833 S Development Ave
Boise, ID 83705-5354
casualpay@blm.gov

Toll Free: (877) 471-2262
Fax: (208) 433-6405

Office hours: 8:00am – 4:00pm MT, Monday—Friday

<https://www.nifc.gov/programs/casual-payment-enter>

CASUAL/AD RESPONSIBILITIES

- Always indicate address where you receive mail on all forms submitted to CPC (e.g., W4, State Tax Forms, Direct Deposit, etc.). If forms are incomplete or filled out incorrectly, they will be returned to the casual/agency without updating their profile information. The Federal Personnel Payroll System (FPPS) will automatically default taxes to Single marital status and Zero allowances for Federal & State taxes if forms are completed incorrectly.
- Bank information provided will be used unless the CPC is notified of any changes.
- Always review timesheets thoroughly before signing.



DOI Emergency Firefighter Payments OF-288 Audit Procedures

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

- **Hired At:** Unit Identifier Code for the location hired at (e.g., ID-BOD for Boise District, AZ-NAA for Navajo Nation).
- **Employee Common Identifier (ECI):** Must be legible and accurate. If ECI was unknown and entered as all 9s into e-ISuite, cross out and enter correct ECI number. Do not use any part of the Social Security Number in the ECI block.
- **Name:** Legible, legal full name. No nicknames. Indicate Jr., Sr., I, II, III. Double check correct ECI when auditing for Jr., Sr. I, II, etc.
- **Columns A through D:** All columns with time require the following:
 - **Incident Name:** Enter Fire Name. Check Fire Name as assigned in Fire Code. If training or instructing write “Training” or “Instructor”/“Lead Instructor” with course number.
 - **Fire Code:** Enter Fire Code or Project Number.
 - **Position Code:** Enter Position Code (e.g., FFT2). If trainee, indicate with a T (e.g., FFT2-T).
 - ✓ **If Exception Position, include an attached description of duties (a requirement for payment), and on the OF-288(s) indicate the full Position Title and description matching the attached description of duties signed by the National Incident Business Lead (e.g., THSP Exception Position 3 Forestry Technician).**
 - **AD Class:** May be left blank, but if indicated must correspond to the Position Code listed in the AD Pay Plan. AD Class will automatically populate in FPPS.
 - **AD Rate:** (e.g., \$20.84) May be left blank. Rate will be populated based on current AD Pay Plan.
 - **Home/Hiring Unit Accounting Code:** may be indicated in block 15, or in Remarks. For example:
 - ✓ **BIA:** AAKK004401 AF2001010 999900 AF.SPG85Z0000.00000
 - ✓ **BLM:** LLIDB00440 LF2000000 HU0000 LFSPG85Z0000
 - ✓ **NPS:** PPIMIMRO2D PF200SP85 WW0000 PFFSG85Z022001
 - ✓ **FWS:** FF02R2B000 FFF2000000G85Z0
 - **Time:** Must include month, day, start and stop times, and total hours. Start and stop times must be in military time (2400 hrs.) and rounded to the nearest 15-minute increment.
 - **Commissary and Travel:** Completed for travel following the directions located in the Casual Hire Travel Process (if M&IE is indicated on the OF-288).
 - **Remarks:** Annotate position change at the incident with effective date.
 - **Employee Signature:** Completed or noted “Unavailable for Signature” (casual’s signature not required to process payment).
 - **Time Officer (Signature):** Completed with a Time Officer Signature (electronic signature accepted).

It would be helpful for the CPC to receive batches in the following order:

Each individual’s paperwork scanned in order from 1st to last: OF-288(s) in work date order, W-4s, Direct Deposit form/EFT Waiver, State Tax forms, and FEHB Conditional Offer form.

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

Thank You!

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



Approving Official Batch Memo

Date: _____

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

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

From: _____
Name Phone Number

Unit Address

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

Government Email address for batch confirmation

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

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

Number of OF-288s in Batch: _____
Number of Casual Names submitted (attach list): _____
(For Crews attach Crew Manifest)

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

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

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

.....
If you have any questions, please contact _____ at _____ .

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

Print Approving Official Name: _____

APPROVING OFFICIAL SIGNATURE: _____

Job Title: _____

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

Batch Number: _____

*EFT OR EFT
Waiver

Name of Casual

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

OF-288

W-4

EFT*

EFT Waiver*

FEHB

Other

	OF-288	W-4	EFT*	EFT Waiver*	FEHB	Other
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

DOI CASUAL HIRE TRAVEL PROCESS

CASUAL HIRE TRAVEL EXPENSE REIMBURSEMENT CLAIMED ON THE INCIDENT TIME REPORT (OF-288)

All temporary duty travel for casual hired employees will be governed and processed in accordance with the General Service Administration (GSA) Federal Travel Regulations, DOI TDY Travel Policy, and the Temporary Duty Travel policies of the Indian Affairs Manual:

- Federal Travel Regulations (FTR) Chapters 300–General and 301–Temporary Duty (TDY) Travel Allowances
- DOI Decision Memorandum for the Principal Deputy Assistant Secretary – Policy, Management and Budget (Waiver of E-Gove Travel Services [ETS] Requirements for Casual Hires
- Department of Interior Office of Wildland Fire (OWF) Travel Policy Memorandum 2016-04

Non-compliance with these regulations may result in a bill for collection issued to the casual employees.

TRAVEL REIMBURSEMENT METHODS

There are two methods for casual employees to claim allowed travel expenses; on the Incident Time Report, also called the OF-288, or the official electronic travel vouchering system.

TRAVEL REIMBURSEMENT PROCESS

Under the terms of OWF travel waiver, hiring units should process casual travel for incident assignments utilizing the OF-288 whenever possible (this process does not apply for travel associated with casuals attending training or Rx assignments). Only the following items should be reimbursed utilizing the OF-288:

- Privately Owned Vehicle (POV) Mileage
- Per Diem - M&IE, no receipts (limit 15 meals per incident)

The official electronic travel system (ETS) **must** be used for casual reimbursement under the following circumstances:

- Travel related lodging, baggage fees, parking, tolls, and laundry expenses
- Rental Car rented by Casual Employee
- All training and non-emergency related travel that can be planned and authorized in advance
- Any unusual or complex travel reimbursement claims (privately owned airplane mileage, RV rental space fees, extended duration, etc.)

A copy of the employee's OF-288 is required to be uploaded, with other documents and receipts, into the official electronic travel system for the period of travel.

Casual Employee Pay on the OF-288 will not be held for more than five business days at DOI Casual Pay Support Desk for pending travel reimbursement issues. When travel issues cannot be

resolved after initial contact, and one follow up by CPC; travel claims will be removed from the OF-288 and payment for work time will be processed. Home/hiring units will be notified in writing and travel will need to be claimed through one of the two systems when resolved by hiring unit.

When a casual has reimbursable expenses that are not approved for reimbursement on the OF-288 the entire travel reimbursement should be processed through the electronic travel system. Travel reimbursement *cannot* be split between the two systems; one or the other must be utilized for the complete trip or assignment.

RATES OF REIMBURSEMENT

Rates of reimbursement for per diem lodging and meals and incidental expenses (M&IE)] will correspond to the current rates posted on the GSA website at www.gsa.gov/perdiem. The location of the incident determines the maximum per diem reimbursement rate. Use the Standard Rate for Incident Camps located in unlisted counties. First and last day reimbursements will be made at 75% of the applicable M&IE rate and must be adjusted for meals furnished to the casual by the Government. The following table shows the calculation for 75% of the per diem rates, as well as examples of calculating first and last day when meals are provided.

2022 M&IE Breakdown - STANDARD CONUS RATES

M&IE Total	\$59.00	\$64.00	\$69.00	\$74.00	\$79.00
Breakfast	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
Lunch	\$15.00	\$16.00	\$17.00	\$18.00	\$20.00
Dinner	\$26.00	\$29.00	\$31.00	\$34.00	\$36.00
Incidentals	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00
75% M&IE Total (first and last day)	\$44.25	\$48.00	\$51.75	\$55.50	\$59.25

EXAMPLES

First Day - less dinner provided

M&IE Total	\$44.25	\$48.00	\$51.75	\$55.50	\$59.25
Dinner	\$26.00	\$29.00	\$31.00	\$34.00	\$36.00
REVISED PER DIEM	\$18.25	\$19.00	\$20.75	\$21.50	\$23.25

Last Day - less breakfast provided

M&IE Total	\$44.25	\$48.00	\$51.75	\$55.50	\$59.25
Breakfast	\$13.00	\$14.00	\$16.00	\$17.00	\$18.00
REVISED PER DIEM	\$31.25	\$34.00	\$35.75	\$38.50	\$41.25

*****NOTE: Revised per diem rates in tables above INCLUDE the \$5.00 incidental rate.**

- Rates of reimbursement for POV mileage must correspond to the current posted GSA rate at <https://www.gsa.gov/travel/plan-book/transportation-airfare-rates-pov-rates/privately-owned-vehicle-pov-mileage-reimbursement-rates> . Mileage rates (2022) are \$0.585 (subject to change January 1st of each year).
- Rates of reimbursement for M&IE will correspond to the current rates posted on the GSA website at www.gsa.gov/perdiem. The location of the incident determines the maximum per diem reimbursement rate. First and last day reimbursements will be made at 75% of the applicable M&IE rate and all days must be adjusted for meals furnished to the casual by the Government. (See the above tables for examples calculating first and last day when meals are provided.)
- When meals are available at government expense, such as from a caterer, they must be deducted whether consumed or not including first and last days at 75%.

Lodging will be reimbursed at actual expenditure rates, not to exceed current GSA rates, and must be accompanied by a receipt.

PROCEDURES

The type of expenses incurred will determine how the employee will be reimbursed for travel costs. If the casual has only travel expenses not requiring a receipt, it is mandatory for the reimbursement to be made through the OF-288. Hiring Officials/Units should process travel reimbursement requests on the OF-288 whenever possible. Hiring Officials/Units will process travel expenses that require a receipt (e.g., lodging, gas, etc.) through ETS. All receipts must be attached to the casual's OF-288 and submitted to and processed by the hiring unit.

PROCESSING TRAVEL WHEN NO RECEIPTS ARE REQUIRED

When a casual incurs only M&IE and/or POV mileage the travel will be processed by the Hiring Unit. Reimbursement will be included with the payment of the OF-288 for Time and Attendance (T&A).

Casuals away from point of hire, will document daily POV mileage on the Crew Time Report (CTR). Reimbursable miles driven during the assignment should be posted to appropriate calendar dates. Return mileage will be posted to the last date of the assignment at the same number of miles as arrival unless the casual is reassigned to a different incident. The return mileage will be documented on the casual's final CTR. If necessary, miles can be determined using Google Maps or other mapping software.

Incidental expense allowances, separate from meals, may be posted as an individual entry for each calendar day, or as a lump sum combination of days. Incidental expense included in the M&IE total allowance do not need to be posted as a separate entry.

When ETS is not used to record time and adjustments for a casual, the hard copy form OF-288 (Box 18. Commissary and Travel section), the Approving Official Batch Memo, or Travel Worksheet should be completed to include reimbursement for these expenses. Go to <https://www.nifc.gov/programs/casual-payment-center/cfc-forms> for DOI Casual Pay forms.

Upon return or completion of assignment, hiring units will be responsible for processing travel for casuals using the electronic travel system or the OF-288. Hiring Units will continue to submit all original OF-288s to DOI CPC.

OF-288

In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel						17. Total Hours (all columns):	75.00
18. Commissary and Travel						For Payment Center use only	
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)	18d. Reimbursement	18e. Deduction	18f. Firecode		
5/28 - 6/1		Incidentals \$5					
5/28		POV Mileage 90 miles					
6/1		POV Mileage 90 miles					
Total			\$	\$			
19. Remarks AAHH574430 All Columns						20. Employee Signature Unavailable for Signature	
						21. Time Officer Signature <i>Sandra Timekeeper</i>	
Department of the Interior Department of Agriculture (U.S. Forest Service)						NSN 7540-01-124-7633 OPTIONAL FORM 288 (REV. 10/2015)	

1. Indicate in Box 18 Commissary and Travel - Incidentals with range of dates and POV mileage.

APPROVING OFFICIAL BATCH MEMO

Subject: Payment of Casual Hire, Incident Time Reports (OF-288)
Attached are the forms necessary for processing casual hire payrolls as follows: <i>Number of OF-288s in Batch:</i> <u>6</u> <i>Number of Casual Names submitted (attach list):</i> <u>4</u> (For Crews attach Crew Manifest)
Incidental Expenses: Pay \$5 a day for all casuals listed. Starting Date <u>6/1/XX</u> Ending Date <u>6/13/XX</u> *** Provide only if no other travel costs are incurred *** **use dates on OF-288s for Compte & Lange

1. Starting and ending dates for reimbursement can be completed by Approving Official on the Batch Memo. If there are casuals who joined the crew late or departed early, indicate those individuals by name and instruct to use specific dates on their OF-288s.
2. CPC will add dates and totals to each OF-288 based on the fire codes used for specific dates.

If for any reason the original OF-288 was sent to the CPC for salary payment without travel indications, the casual's copy of the original timesheet will be used to prepare a supplemental for travel reimbursement on the OF-288. On the copy write "Travel Reimbursement Only" across the top and add travel reimbursement notations as outlined above. Hiring Unit will sign off as the Time Officer if travel reimbursement was not included by the Hiring Unit on the *original* OF-288.

TRAVEL WORKSHEET - CREW

Print Traveler First and Last Names with Signatures and ECI Numbers		CANTON, ANDREW	EISNER, LEON	EDDY, PAUL	The first & last day of travel are always calculated at 3/4 rate (includes \$5 incidental expenses) minus the cost of any meals provided: $\$48 - \$29 = \$19$ total allowance for 1st day.				
		SMITH, TED (12345)	MESSNER, KATE	THOMAS, CARL					
		THURMAN, MARK	VALDEZ, ED (23456)						
Dates of Travel (From/To):		8/11-8/22	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 FireCode required)	*PER DIEM ALLOWANCE			POV MILEAGE			
			Meals NOT PROVIDED by the GOVERNMENT (mark "X")			Incidental Rate	Total Allowance	# Miles	Mileage Rate
Breakfast	Lunch	Dinner	(Limit of 15 meals per incident)						
8/11/22	CASCADE, ID	J7PW	X	X		5.00	\$19.00		
8/12/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/13/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/14/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/15/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/16/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/17/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/18/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/19/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/20/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/21/22	CASCADE, ID	J7PW				5.00	\$5.00		
8/22/22	CASCADE, ID	J7PW		X	X	5.00	\$34.00		
TOTAL						\$103.00		TOTAL	\$0.00
I am certifying that all travel costs are true and correct, and meet the requirements of the Federal Travel Regulations.								TOTAL TRAVEL \$ 103.00	
Approving Official signature: <u>Johnathon Steelhouse</u>									
Comments:									

8/12 - 8/21
All meals provided at incident; only incidental Expenses of \$5 reimbursed.

Last day 8/22 breakfast provided; 3/4 rate (includes \$5 incidental expense) $\$48 - \$13 = \$34$.

List dates to be reimbursed for M&IE, city/state of where the night was spent, and 4-digit fire code.

TRAVEL WORKSHEET - SINGLE RESOURCE

Print Traveler First and Last Names with Signatures and ECI Numbers		SMOKEY BEAR (12345)			Per Diem rate = \$64 a day First & Last day + 3/4 rate: \$48 Meal Breakdown: Breakfast: \$14 Lunch: \$16 Dinner: \$29 Incidentals: \$5					
Dates of Travel (From/To):		8/11-8/22	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 FireCode 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)							
8/11/22	CASCADE, ID	J7PW	X	X		5.00	\$19.00	267	0.585	\$156.20
8/12/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/13/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/14/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/15/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/16/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/17/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/18/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/19/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/20/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/21/22	CASCADE, ID	J7PW				5.00	\$5.00			
8/22/22	CASCADE, ID	J7PW		X	X	5.00	\$34.00	267	0.585	\$156.20
TOTAL						\$103.00		TOTAL	\$312.40	
I am certifying that all travel costs are true and correct, and meet the requirements of the Federal Travel Regulations.								TOTAL TRAVEL \$ 415.40		
Approving Official signature: <u>Johnathon Steelhouse</u>										
Comments:										

Ensure POV mileage is indicated at reimbursement rate of .585 per mile.

List dates to be reimbursed for M&IE, city/state of where the night was spent, and 4-digit fire code.

INCIDENT TIME REPORT						1. Hired At (e.g., ID-BOF)			
2. Employee Common Identifier				3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other			4. Hiring Unit Name (e.g., Ranger District)		
5. Name (First, Middle, Last)						6. Hiring Unit Phone Number		7. Hiring Unit Fax Number	

Column A					Column B					Column C					Column D				
Same as Column					Same as Column <input type="checkbox"/> A					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name				
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate	
			\$					\$					\$					\$	
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours		

In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel 17. Total Hours (all columns):

18. Commissary and Travel						For Payment Center use only						
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement	18e. Deduction	18f. FireCode					
Total				\$	\$				20. Employee Signature			
19. Remarks						21. Time Officer Signature						

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

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 _____	\$ <input type="text"/>	
		DOLLARS
MEMO _____		
<input type="text" value="123456789"/>	<input type="text" value="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 casualls.

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 10/31/2022

► **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
QR Code - Section 1 Do Not Write In This Space	

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

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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
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
--	---------------------------	---

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
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: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,600	3,760	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

NWCG 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): _____
Hiring Official's Name (print): _____ Phone #: _____

POSITION INFORMATION

Job Title: _____ AD Class: _____ AD Rate: \$ _____ Request #: _____ FireCode: _____
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. 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. 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: POV - TDY (higher rate) or POV - Agency Vehicle Available (lower rate)
- Rental Vehicle (must be on resource order): Rental provided by: Casual **or** Government
- Other (such as bus, gov't vehicle, EERA): _____

Subsistence:

If Casual Is Subsisted by the Government, Those Expenses Shall Not Be Claimed on a Travel Voucher.

HIRING DOCUMENTS

Completed by:

Agency

- I-9, Employment Eligibility Verification (valid for 3 years)
- 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, PMS 935-1 Direct Deposit Conditional Offer of FEHB

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).*

Incident Behavior

Common Responsibilities Volunteers and Single Resource Casual Hires

Inappropriate Behavior:

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment.

Harassment in any form will not be tolerated. When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities.
 - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

Drugs and Alcohol:

- Non-prescription unlawful drugs and alcohol are not permitted at the incident.
- Use of medical marijuana on incidents is prohibited.
- Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

Signature

Date



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: _____

SSN/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/>.

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.

HEALTH BENEFITS FOR DOI 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 the FEHB Fast Facts for Casuals 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 elect 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 must 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 by email and letter notifying them of eligibility and coverage options.

To enroll, the casual must complete the Health Benefits Election Form (SF-2809) and send it 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 the coverage option chosen and vary by plan, but generally the casual would pay approximately 30% and the agency approximately 70%.

Coverage

Initially the casual will have coverage for 28 days (2 casual pay periods) beginning on the first day of the following casual 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 a 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
 - ✓ There is a Qualifying Life Event (QLE) that is applicable (reference Table of Permissible Changes in Enrollment on pages 7 through 14 of the SF-2809) and the casual elects to cancel coverage by completing Parts D and F the SF-2809. This form must 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 a 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 reenroll by submitting a new Health Benefits Election Form (SF-2809) to the CPC.

Payment Premiums

Premiums will be based on the coverage option chosen and vary by plan, but generally the casual would pay approximately 30% and the agency approximately 70%. Premiums for the free 31-day extension are paid for by the health insurance company.

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:

Healthcare: [Plan Information - OPM.gov](https://www.opm.gov/healthcare/)

<https://www.nifc.gov/programs/casual-payment-center>

FEHB FAST FACTS FOR CASUALS

What is the FEHB Program?

The Federal Employees Health Benefits 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 is no waiting period 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 Casual Payment Center (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 by indicating "***I elect...***" on the FEHB Conditional Offer form during sign-up, and become eligible, the CPC will contact you and provide the Health Benefits Election Form (SF-2809) to enroll. You will become eligible 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 casual 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 to 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. 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/>.

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/> 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 at: 877-471-2262 – or – <https://www.nifc.gov/programs/casual-payment-center/procedures>
- OPM website at: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/>

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.nwccg.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.



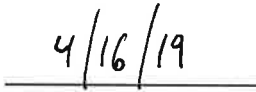
Director, Office of Wildland Fire



Date



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



Date

INCIDENT EXPENDITURE REPORT

(Non-Wildland Fire Bureaus)

Expenditure report must be submitted via designated Bureau Incident Lead to the Office of Wildland Fire no greater than 14 days upon paid travel voucher.

Employee Name: Bugs Bunny

Bureau: USGS

Bureau Lead: Betty Boop

Home Unit Lead: Wile E. Coyote

Home Unit Lead Phone: (xxx) xxx-xxxx

Incident Name: Pioneer

Date(s): May 10 - 26, 2018

Major BOC	Category	Expenditure Total(s):
11/12	Payroll (includes Base salary, Overtime and Premium Pay)	\$2,356.47
21	Travel Voucher - TOTAL Paid Amount (including Centrally Billed Items)	\$1,450.00
26	Supplies/Materials not reimbursed via Travel Voucher - include brief description:	
TOTAL		\$ 3,806.47

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.