Approving Official Batch Memo

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Unit Batch Number\*: |  |

(Example: ID-B.O.D.-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: |  | \*E.F.T. OR E.F.T. Waiver | | | |  |  |  |  |  |
| Name of Casual | OF-288 |  | W-4 |  | E.F.T.\* | E.F.T. 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 |  |  |  |  |  |  |  |  |  |  |