Approving Official Batch Memo

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| 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:

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| Name |  | Phone Number |
|       |  |
|       |  |
| Unit Address |  |

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

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| **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:

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

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| ***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):

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| --- | --- | --- | --- | --- |
| 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.

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| **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.

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| 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 |
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