**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:

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| --- | --- | --- | --- |
| **Hired At** | **Casual Name (First, Middle, Last)** | **ECI** (CPC Use Only) | **SSN** |
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*Please note: ECIs may be different in length. Although the ECI field allows up to 10-digits, they each have leading zeroes which are not required. Please indicate the piece of the ECI indicated above only when submitting OF-288s for casuals.*

Requestor: ­­­­­­­­­­­­­­­­

Email to: ­­­­­­­­­­­­­

Fax to:­­­­­­­­­­­­­­­­­­­­­­

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

Approving Official Signature: ­­­­­­­­

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*Revised 02/2022*