



INTERIOR WILDLAND FIRE

DOI Casual Payment Center | US Wildland Fire Service | A Service First Organization
3833 S Development Ave Boise, Id 83705-5354 | P: 877-471-2262 | F: 208-433-6405 | CasualPay@BLM.gov

Approving Official Batch Memo

Date: _____ Unit Batch Number: _____

From: _____

Name _____ Cost Center _____

Email _____ Functional Area _____

Phone _____ WBS _____

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 AD 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

OF-288

W-4

EFT*

EFT Waiver*

FEHB

Other

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

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