Date:	Unit Batch Number*:					
To:	(Example: ID-BOD-001) 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	t: Payment of Casual Hire, Incident Time Reports (OF-288)					
Numbe Numbe	ed are the forms necessary for processing casual hire payrolls as follows: <i>ar of OF-288s in Batch</i> : <i>ar of Casual Names submitted (attach list):</i> rews attach Crew Manifest)					
Incider	Intal Expenses: Pay \$5 a day for all casuals listed. Starting DateEnding DateDivide only if no other travel costs are incurred ***					
I have	verified, attached, or have on file the following:					
	OF-288s have been audited and are attached, including signatures of the casual (if available) and an <i>riginal</i> 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. V	V-4s and State withholding forms are complete and attached, or previously submitted.					
4. V	4. Verified Cost Accounting Data.					
5. C	Other (explain):					
If you l	have any questions, please contact at					
	roving official, I certify the attached travel reimbursement and OF-288s are accurate, appropriate, and or 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 <u>OR</u> EFT Waiver				
Name of Casual	OF-288	W-4	EFT*	EFT Waiver*	FEHB	Other
1						
2						
3						
4						
5						
6						
7		Щ	Щ	Ц	Ц	Ц
8		Щ	Ц	Щ	Ц	Щ
9		Ц	Ц	Щ	Ц	Щ
10		Ц	Ц	Ц	Ц	Ц
11		Ц	Ц	Ц	Ц	Ц
12		Ц	Ц	Ц	Ц	Ц
13		Ц	Ц	Ц	Ц	Ц
14		Ц	Ц	Ц	Ц	Ц
15		Ц	Ц	Ц	Ц	Ц
16		Ц	Щ	Щ	Ц	Ц
17		Ц	Щ	Щ	Ц	Ц
18		Щ	Щ	Щ	Ц	Ц
19		Щ	Щ	Щ	Ц	Щ
20		Ц	Щ	Щ	Ц	Ц
21		Ц	Щ	Щ	Ц	Ц
22		Ц	Щ	Щ	Щ	Щ
23		Щ	Щ	Щ	Ц	Ц
24		Щ	Ц	Щ	Ц	Ц
25						