

## DOI Emergency Firefighter Payments OF-288 Audit Procedures

Hiring Unit Reviewing Official is responsible for auditing OF-288. Official shall ensure the OF-288 – Incident Time Reports submitted for payment to DOI Casual Payment Center (CPC) are AD/Casual Hires and that the OF-288 has been reviewed for the following:

- **Hired At:** Unit Identifier Code for the location hired at (e.g., ID-BOD for Boise District, AZ-NAA for Navajo Nation).
- **Employee Common Identifier (ECI):** Must be legible and accurate. If ECI was unknown and entered into e-ISuite as all 9s, cross out and enter correct ECI number. Do not use any part of the Social Security Number in the ECI block.
- **Name:** Legible, legal full name. No nicknames. Indicate Jr., Sr., I, II, III. Double check correct ECI when auditing for Jr., Sr. I, II, etc.
- **Columns A through D:** All columns with time require the following:
  - **Incident Name:** Enter Fire Name. Check Fire Name as assigned in Fire Code. If training or instructing write “Training” or “Instructor”/“Lead Instructor” with course number.
  - **Fire Code:** Enter Fire Code or Project Number.
  - **Position Code:** Enter Position Code (e.g., FFT2). If trainee, indicate with a T (e.g., FFT2-T).
    - ✓ **If Exception Position, include an attached description of duties (a requirement for payment), and on the OF-288(s) indicate the full Position Title and description matching the attached description of duties signed by the National Incident Business Lead (e.g., THSP Exception Position 3 Forestry Technician).**
  - **AD Class:** May be left blank, but if indicated must correspond to the Position Code listed in the AD Pay Plan. AD Class will automatically populate in FPPS.
  - **AD Rate:** (e.g., \$18.08) May be left blank. Rate will be populated based on current AD Pay Plan.
  - **Home/Hiring Unit Accounting Code:** may be indicated in block 15 or in Remarks. For example:
    - ✓ **BIA:** AAKK004401 AF2001010 999900 AF.SPG85Z0000.00000
    - ✓ **BLM:** LLIDB00440 LF2000000 HU0000 LFSPG85Z0000
    - ✓ **NPS:** PPIMIMRO2D PF200SP85 WW0000 PFFSG85Z024001
    - ✓ **FWS:** FF02R2B000 FFF2500000G85Z0
  - **Time:** Must include month, day, start and stop times, and total hours. Start and stop times must be in military time (2400 hrs.) and rounded to the nearest 15-minute increment.
  - **Commissary and Travel:** Completed for travel following the directions located in the CPC AD Travel Process (if M&IE is indicated on the OF-288).
  - **Remarks:** Annotate position change at the incident with effective date.
  - **Employee Signature:** Completed or noted “Unavailable for Signature” (casual’s signature not required to process payment).
  - **Time Officer Signature:** Completed with a Time Officer Signature (electronic signature accepted).

### It would be helpful for the CPC to receive batches in the following order:

Each individual’s paperwork scanned in order from 1<sup>st</sup> to last: OF-288(s) in work date order, W-4s, Direct Deposit form/EFT Waiver, State Tax forms, and FEHB Conditional Offer form.

Submit by email (if within DOI network to [casualpay@blm.gov](mailto:casualpay@blm.gov), or by overnight mail to the Casual Payment Center with the Approving Official Memo that certifies timesheets are correct and ready for payment (**Timesheets will not be processed without the Approving Official Memo**).

Thank You!

Please reference the *Interagency Incident Business Management Handbook* (Yellow Book), or your agency specific guidelines for further information.

