CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION

OF-288 Sample (BIA, BLM, FWS AND NPS)

Social Security Number:
Ensure this is entered correctly in *Block 1* and legible. (Must match I-9 and W-4 forms)

Hired At:
Ensure this is entered in *Block 2* with Unit Identifier (example is BIA)

Type of Employment:
Ensure this is marked in *Block 3* as "Casual" and not any of the other choices

Casual Information:
Ensure name, mailing address, city, state, and zip are legible.
Blocks 4,6,8, 9 & 10 (Does not change the casual's permanent record profile at the CPC).

Incident Name and Fire Code:
Ensure Fire name, *Block 1* and fire code *Block 3 match*
(per Fire Code System)
Example Column A

Time Posting Columns:
♦Post hours in military time

♦Post time in 15 minute increments with a 2 hour minimum

♦If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001.
Example column A

Position Title & Rate:
Ensure to list AD Position Code, AD Class and AD Rate per AD Pay Plan in *Blocks 4,5 & 6.*

♦*Column C example for THSP positions (See Block 11)*

Home/Hiring Unit Cost Accounting Code:
Ensure organization, appropriate sub-activity and project numbers are accurate and Complete

Commissary:
Corresponds to date of transaction

Signature:
Ensure the **original** Time Officer signature is complete in *Block 17* and date is entered in *Block 18*
(If using a signature stamp, ink must be blue)

Emergency Incident Time Report

1. Social Security Number	2. Hired At (i.e., ID-BOF)	3. Type of Employment (X one)
123-45-6789	MT-FBA	☒ Casual ☐ Regular Gov't Employee ☐ State ☐ Other:

4. Name (First, Middle, Last)
5. Home/Hiring Unit Name
6. Mailing Address
7. Home/Hiring Unit Phone Number
8. City | 9. State | 10. Zip Code
11. Home/Hiring Unit FAX Number
12. Emergency Contact Name
13. Emergency Contact Phone Number
14. Emergency Contact Physical Address

	Example for BIA	Example for BLM	Example for FWS	Example for NPS
	Column A	Column B (Header info same as A ☐)	Column C (Header info same as A ☐ B ☐)	Column D (Header info same as A ☐ B ☐ C ☐)
1. Incident Name	Skate	Red Mtn	Eureka Palm	Owl Fire
2. Incident Order # / Resource Order # (i.e., ID-BOF-000906 / C-33)				
3. Fire Code (i.e., B2C5)	CN3R	C3ZE	CH8X	DV1B
4. Position Code (i.e., FFT2)	THSP	WHHR	CAMP	FFT2
5. AD Class	AD-C	AD-E	AD-A	AD C
6. AD Rate	$ $17.40	$ $21.04	$ $14.20	$ 17.40
7. Home/Hiring Unit Accounting Code	A15433 11 92310 CN3R	*See Cost Code Below	41570 9141 CH8X 2K	1573 E11 DV1B
8. Date and Time a. Year:	2011	2011	2011	2011

Mo b.	Day c.	Start d.	Stop e.	Hours f.
03	04	1000	1200	2
03	05	1200	2400	12
03	06	0001	0700	6
03	06	1215	1415	2

	Example for BIA	Example for BLM	Example for FWS	Example for NPS
9. Total Hours	22			
10. Gross Amount (Item 6 x Item 9)	$ 300.08	$	$	$

11. Remarks
Use this section for clarification of positions etc.
Ex.: Column A– Camp Crew Squad Boss

* LLIDB00400 LF20000SP HU0000 LFSPC3ZE0000

12. Payment Office Only

This section for use by the Casual Payment Center.

13. Commissary Record (Attach additional sheet if necessary)

a. Date	b. Item	c. Amount
03/04/11	Boots	$350
	Total Commissary Deductions	$ 350

14. Gross Earnings $

The signatures below certify the above items are correct and proper for payment.

15. Employee Signature	16. Date	17. Time Officer Signature	18. Date
Either signed or unavailable for signature		Tammy Timekeeper	05/07/11

PRIVACY ACT NOTICE: Section 6311 of Title 5 USC authorizes collection of this information. It is used to record and approve your time and attendance and determine your pay. Use of a SSN is authorized by EO 9397. Failure to provide the required information may result in delayed payment.

PMS____ 10/2005

***Note: The agency specific column information has been separated for BIA, BLM, FWS & NPS to better outline agency specific example codes. Note: BLM has changed to the FBMS format.**

IMPORTANT— ENSURE ALL FIELDS ARE CORRECT AND LEGIBLE TO AVOID DELAY OF PAYMENT

CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION

Casual Payment Center OF-288 Old Form Sample
(BIA, BLM, FWS and NPS)

Social Security Number:
Ensure this is entered correctly in *Block 2. Must match I-9 & W-4 forms*

Hired At:
Ensure *Block 6* is entered with Unit Identifier

TYPE OF EMPLOYMENT:
Ensure *Block 4* is marked as "Casual" and not any of the other choices.

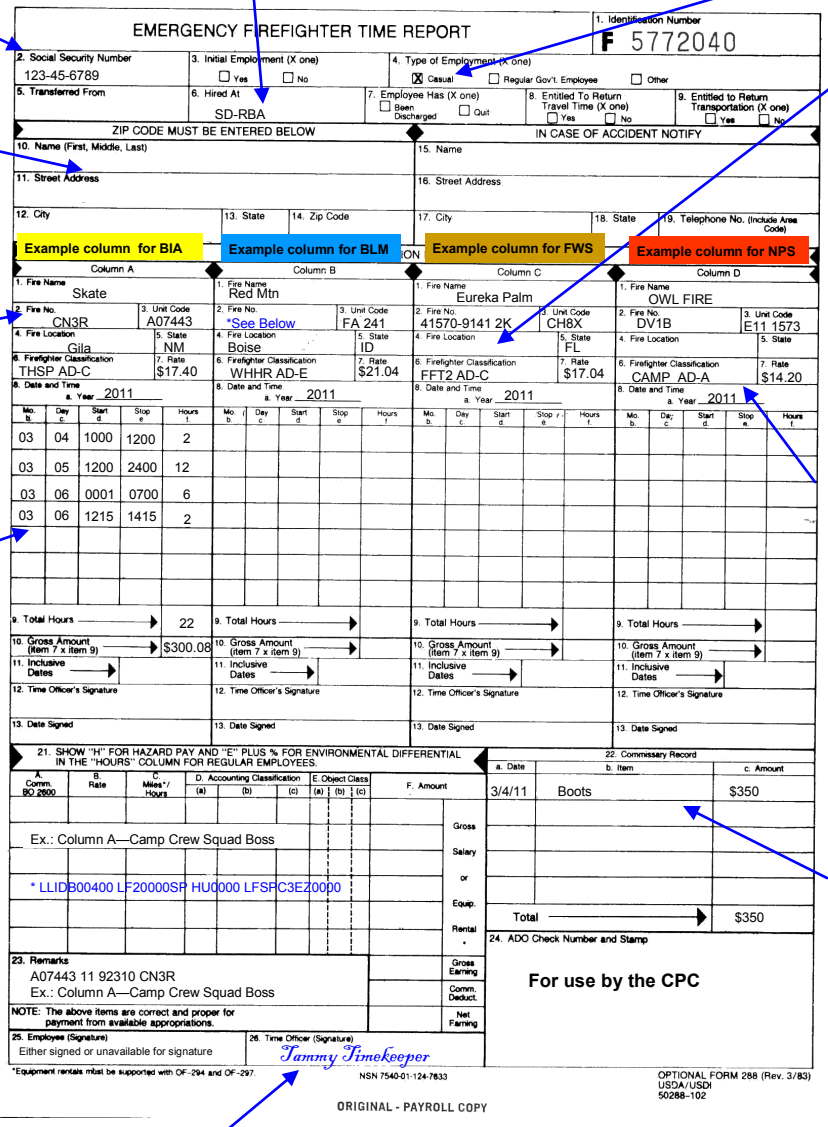
Casual Information:
Ensure name, mailing address, city, state, and zip is legible. *Blocks 10,11,12,13 & 14. (Does not change the casual's permanent Record profile at CPC)*

Fire name and fire code: Ensure fire name, *(block 1)* and Fire code *(block 2)* match (per Fire Code System)

TIME POSTING COLUMNS:
♦Post hours in military time

♦Post time in 15 minute increments with a 2 hour minimum.

♦If shift passes through midnight from one day to the next, be sure to show ending time at 2400 and starting time on next day at 0001. *Example Column A Line 2.*


EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F 5772040

2. Social Security Number: 123-45-6789 | 3. Initial Employment (X one): ☐ Yes ☐ No | 4. Type of Employment (X one): ☒ Casual ☐ Regular Gov't. Employee ☐ Other

5. Transferred From | 6. Hired At: SD-RBA | 7. Employee Has (X one): ☐ Been Discharged ☐ Quit | 8. Entitled To Return Travel Time (X one): ☐ Yes ☐ No | 9. Entitled to Return Transportation (X one): ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW | IN CASE OF ACCIDENT NOTIFY

10. Name (First, Middle, Last) | 15. Name

11. Street Address | 16. Street Address

12. City | 13. State | 14. Zip Code | 17. City | 18. State | 19. Telephone No. (Include Area Code)

Example column for BIA | Example column for BLM | Example column for FWS | Example column for NPS

	Column A	Column B	Column C	Column D
1. Fire Name	Skate	Red Mtn	Eureka Palm	OWL FIRE
2. Fire No.	CN3R	*See Below	41570-9141 2K	DV1B
3. Unit Code	A07443	FA 241	CH8X	E11 1573
4. Fire Location	Gila	Boise		
5. State	NM	ID	FL	
6. Firefighter Classification	THSP AD-C	WHHR AD-E	FFT2 AD-C	CAMP AD-A
7. Rate	$17.40	$21.04	$17.04	$14.20
8. Date and Time a. Year	2011	2011	2011	2011

Mo. b.	Day c.	Start d.	Stop e.	Hours f.
03	04	1000	1200	2
03	05	1200	2400	12
03	06	0001	0700	6
03	06	1215	1415	2

9. Total Hours: 22 | 10. Gross Amount (Item 7 x Item 9): $300.08 | 11. Inclusive Dates | 12. Time Officer's Signature | 13. Date Signed

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. SO 2600	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount
Ex.: Column A—Camp Crew Squad Boss									
* LLIDB00400 LF20000SP HU0000 LFSPC3EZ0000									

Gross Salary or Equip. Rental *

22. Commissary Record

a. Date	b. Item	c. Amount
3/4/11	Boots	$350
Total		$350

24. ADO Check Number and Stamp

For use by the CPC

23. Remarks: A07443 11 92310 CN3R Ex.: Column A—Camp Crew Squad Boss

NOTE: The above items are correct and proper for payment from available appropriations.

Gross Earning | Comm. Deduct. | Net Earning

25. Employee (Signature) Either signed or unavailable for signature

26. Time Officer (Signature) Tammy Timekeeper

*Equipment rentals must be supported with OF-294 and OF-297

NSN 7540-01-124-7633 | OPTIONAL FORM 288 (Rev. 3/83) USDA/USDI 50288-102

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Fire Number:
Enter incident order number or cost accounting data Cost accounting data may be shown at the top of each column or in *Block 2* of each column, or in *Block 21* or *Block 23*

FIREFIGHTER CLASSIFICATION & RATE:
Ensure to list AD Position Code, AD Class & AD Rate in *Blocks 6 & 7* per the AD Pay Plan.

♦Column A example for THSP Position *(See block 21 and 23)*

♦*If exception position, a copy of duties is required for payment.*

Commissary:
Corresponds to the date of transaction

SIGNATURES:
Ensure the **original** Time Officer signature is complete in *Block 26.* (or signature stamp in blue ink) Employee signature (casual) either signed or unavailable for signature in *Block 25*

*** Note: The agency specific column has been separated for each agency, BIA, BLM, FWS and NPS to better outline agency specific example codes. Note: BLM has changed to the FBMS format.**

IMPORTANT — ENSURE ALL FIELDS ARE CORRECT AND LEGIBLE TO AVOID DELAY OF PAYMENT