

HIRING OFFICIAL –PRESEASON

1. Complete DHS Form I-9 and make copies of documents verified. (Incomplete forms will be returned)
2. **Provide** casual:
 - Federal **W-4** for completion.
 - State Tax Withholding Form** (if Federal W-4 is utilized by the state, write State & Federal on the form.)
 - W-5** Earned Income Credit form (casuals option whether to complete).
 - Direct Deposit Information and **SF-1199a** Direct Deposit Form.
3. Submit the following to the Casual Pay Center **at the time of completion.**
 - Original DHS Form I-9 and copy of documents verified (i.e., Social Security Card, Drivers License)
 - Original Federal W-4 completed and signed
 - Original State Tax Form completed and signed

CASUAL

1. Complete and submit the Direct Deposit Form **SF-1199a** to your financial institution. The financial institution mails to the Casual Pay Center, Room 1114, 324 25th Street, Ogden, UT 84401.
2. Complete Federal **W-4, W-5 and State tax** forms. The **W-4** address will be used for the mailing of the W-2 forms. If forms are incomplete or filled out incorrectly, taxes will be withheld at the highest tax rate (marital status of single and zero exemptions) and the form will be returned to the casual. The “hired at” point (block 6 on the OF-288) determines the taxing state if no state tax form is completed, regardless where the casual resides.
3. Verify your check mailing address **and** Direct Deposit information is current **each time you go out on an incident.**

HIRING OFFICIAL - AT TIME OF DISPATCH

1. Complete forms outlined above under “Hiring Official – Preseason” if not previously completed or if changes need to be made **and submit immediately to the Casual Pay Center.**
2. Complete Casual Hire Information Form indicating whether the I-9 & W-4 forms had been previously submitted and attach to the OF-288 for overhead and support positions.
3. Initiate the Emergency Firefighter Time Report (OF-288) by completing the header information and specific incident information in column A. Enter name as displayed on the Social Security Card.
 - Hired At Block 6 – must be in the form of State-Unit, i.e., ID-BOF
 - AD rate and TITLE must be included in Section 20 (item 6) and must adhere to the provisions of the Pay Plan for Emergency Workers. If an “exception position” is used, a short statement of work must be attached.
 - Verify with casual that check mailing address or Direct Deposit information is current **each time the casual is sent to an incident.** This information remains in the casual payment system until changed.

INCIDENT FINANCE SECTION

1. Record work time as outlined in the Interagency Incident Business Management Handbook assuring AD rate and TITLE is included in all columns.
2. Process partial payments every two weeks, indicating partial payment on the OF-288.
3. If FS casual hire and return travel can reasonably be estimated submit original Single Resource Casual Hire Information Form or Crew Manifest and OF-288 to the Casual Pay Center with approving memo.
4. If other agency hired the casual or travel cannot be reasonably estimated, submit original Casual Hire Information Form and OF-288 to the hiring unit identified on the Casual Hire Information Form with applicable original forms if not previously submitted.
5. ISuite users: have casual enter SSN on the OF-288 and export ISuite data to the ISuite repository daily.

INCIDENT FSC OR HIRING UNIT APPROVING OFFICIAL

1. Audit OF-288 as outlined in attachment B, assure SSN is entered in block 1.
2. Complete approving memo (Attachment C) on Casual Pay Website and check that timesheets meet the provisions outlined in the Pay Plan for Emergency Workers.
3. **Overnight mail** FS hired casual’s original documents (indicate “Saturday” delivery) to: USDA, Forest Service, Incident Payment Center, 324 25th Street, Room 1114, Ogden UT 84401

Forest Service – Emergency Firefighter Payments OF-288 Audit Procedures

Approving Official (designated by unit) shall assure the OF-288 – Fire Time Reports submitted for payment to the Casual Pay Center are casual hires and that the OF-288 is reviewed for the following:

- Block 1: Name should match name on Social Security Card
- Block 2. Social Security Number: Legible and matches I-9 and W-4.
- Block 4. Type of Employment: Verify individual is a Forest Service hired Casual. DO NOT submit an OF-288 for State or Rural workers that will be paid by the State and billed back to the Forest Service. IMTs shall submit other agency hired casuals to their hiring unit.
- Block 6. Hired At: Unit Identifier Code for the location hired at, i.e., ID-BOF for Boise National Forest
- Block 10. Name: Legible and shown exactly as shown on the Social Security card.
- Block 11. Address: Legible check mailing address.
- Blocks 12 thru 14. City, State and Zip Code: Completed and legible
- Block 20. Fire Location Identification Columns A thru D: These are critical fields to review:

Column A	
1. Fire Name Spring Canyon Fire	
2. Fire No. OR-DEF-AZY2	3. Unit Code 0601
4. Fire Location DEF	5. State OR
6. Firefighter Classification FFT2(T) AD-A	7. Rate \$ 10.68

- # 2 Fire Number. Check Incident Order Number i.e., OR-DEF-AZY2. This is the key field for financial data Casual Payment System. It is essential this field is correct
- # 3 Unit Code: Unit Code of the incident unit , i.e., 0601 for Region 6, Deschutes NF
- # 4 Fire Location: Location the individual is working
- # 5 State: Enter State code (Example: OR)
- # 6 Firefighter Classification: Check AD class AND incident job title, i.e., AD-1 FFT2 (T)
- # 7 Rate: Ensure AD rate is consistent with title as outlined in the Pay Plan for Emergency Workers and Geographical Area Supplements.
- 12. Time Officer's Signature: Completed and legible. NOTE: Only one time officer signature is required on each OF-288.
- The column totals and mathematical computations do not need to be audited.
- Block 21. Section D Accounting Classification: Enter Job Code assigned to incident i.e., P4AZL3. You do not need to carry forward the rate, hours and totals unless there is more than one job code being charged.
- Block 25. Employee Signature: Completed
- Block 26. Time Officer Signature: Completed and legible – only one time officer signature is required on each OF-288.

Staple multiple time sheets for the same individual together with the earliest dates on top and same incident numbers. Transmit to the Casual Pay Center with letter from Approving Official memo.

Incident units should keep a copy of the Emergency Firefighter Time Report (OF-288) for their records.



**United States
Department of
Agriculture**

**Forest
Service**

Unit/Incident Name

Address

File Code: 6540
Route To:

Date:

Subject: Payment of Casual Hire, Emergency Firefighter Time Reports

To: Casual Pay Center (Mail via overnight mail – Saturday delivery)
324 25th St., Room 1114
Ogden, UT 84401

Enclosed are the forms necessary for processing casual hire payrolls as follows:

- Unique Unit "Batch Number" to track this payroll: _____
(ID-BOF-001)
- Number of OF-288's Mailed: _____
- List of Casual Names submitted (or attach list): _____
(For Crews attach Crew Manifest)

I have verified, attached, or have on file the following (mark the appropriate boxes):

- OF-288's have been audited, certified and attached, including signatures of the casual and the Time Officer.
- Original I-9's are completed and attached or have been previously submitted.
- Original W-4's for Federal withholding are complete and attached, or previously submitted.
- Original State withholding forms are complete, if required, and attached or previously submitted. If Federal W-4 is being used for State exemptions, "**the State name**" has been written on the W-4.
- Casual Hire Information Form is attached to original OF-288
- Other (explain): _____

If you have any questions, please contact _____, at phone number _____.

As approving official, I certify the enclosed OF-288's are accurate, appropriate, and legal for payment and meet the provisions of the Pay Plan for Emergency Workers.

NAME
Approving Officer
Enclosures

