

INSTRUCTIONS FOR COMPLETION OF EMERGENCY FIREFIGHTER TIME REPORT, OF-288, FOR REGULAR GOVERNMENT EMPLOYEES

1. Emergency Time Report Number. Pre-printed number. Used for commissary. Do not delete or cross out this number.
2. Social Security Number. Leave blank.
3. Initial Employment. Leave blank.
4. Type of Employee. Check block for "Regular Gov't Employee".
- 5-9. Leave blank.
10. Name. Enter regular government employee's name. Do not use nicknames.
- 11-14. Street Address. Enter the employee's home unit name and mailing address, e.g., Forest, District, BLM, or state office.
- 15-19. Accident Notification. Enter name, address, and telephone number of person to be notified in case of an accident.
20. Fire Location Identification.
 - Column A, 1.** Fire Name. Enter incident name.
 - Column A, 2.** Fire No. Enter incident order number, e.g., MT-LNF-000016 or ID-BOD-000042. Do not use "P" number.
 - Column A, 3.** Unit Code. (Organization code) Leave blank.
 - Column A, 4.** Fire Location. Enter incident agency's three letter unit identifier for the specific location of the work assignment.
 - Column A, 5.** State Code. Enter alphabetical code for state in which the employee was on-shift.
 - Column A, 6.** Firefighter Classification. Enter the NWCG approved position code, e.g., PTRC, FFT2, CREP. If the position code is THSP, specify instead the incident job title of the position to which the individual is assigned, e.g., Camp Crew Boss, Voucher Examiner. Each time an individual changes a job, close out that column, start a new column for the new job, and enter the new position code or job title if necessary.
 - Column A, 7.** Rate. Enter "GS" for general schedule employees or "WG", "WL", or "WS" for federal wage system employees.
 - Column A, 8a.** Year. Enter the calendar year.
 - Column A, 8b-8c.** Month/Day. Enter month and day on-shift. (Example: February 1 is 2/1). Enter dates consecutively from row to row and column to column. One exception is the posting of continuation of pay or posting of time when assigned to a complex with multiple incidents. In Remarks enter reason for breaks in dates.
 - Column A, 8d-8e.** Start/Stop. Enter military clock time for each period of on-shift time.
 - Column A, 8f.** Hours. Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between d. and e. When applicable, **enter "T" for travel status; "H" for hazardous duty; or "E" for environmental differential.** Compensable travel time to and from the related waiting time should be recorded on separate lines from other compensable time, such as on-shift time. When compensable time (work, travel, ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter a separate line on the OF-288,

noting "Guarantee" in the Start/Stop column and leaves the Hours column blank. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply to the first and last day of assignment if these days fall on the individual's regularly scheduled day off.

Day(s) Off. No specific clock hours are to be entered. "Day Off" is entered after the date, with the Hours column left blank. If an employee is sick on the incident, record "Day Off" with the Hours column left blank and a notation in the remarks section for sick leave.

Column A, 9. Total Hours. Add column and enter total hours.

Column A, 10. Gross Amount. Leave blank.

Column A, 11. Inclusive Dates. Enter dates covered in the month/day column. For example, enter 9/4-9/7 for September 4 through September 7.

Column A, 12. Time Officer's Signature. The OF-288 should be signed by the Time Unit Leader or other authorized official. A Personnel Time Recorder will usually sign this block verifying that posting is accurate and complete for each column.

Column A, 13. Date Signed.

21. Leave entire section blank. Home units may utilize this space to record agency-specific cost accounting data.

22. Commissary Record. Itemize all commissary purchases here. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, but this form should not be attached to the OF-288. Enter total amount of commissary purchases.

23. Remarks. Indicate environmental differential/hazard information, job title changes, etc.

24. ADO Check Number and Stamp. Leave blank.

25. Employee Signature. Self-explanatory. All regular government employees are required to sign the OF-288 in other than black ink.

26. Time Officer's Signature. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.

INSTRUCTIONS FOR COMPLETION OF EMERGENCY FIREFIGHTER TIME REPORT, OF-288, FOR CASUALS

Items that are bolded and italicized are mandatory fields for payment processing.

1. Emergency Time Report Number. Preprinted number. Used for commissary. Do not delete or cross out this number.
2. Social Security Number. Enter individual's nine-digit SSN or Individual Taxpayer Identification Number (ITIN) (If using electronic time recording system, Time Unit ensures SSN is handwritten on payment copy of the OF-288.)
3. Initial Employment. Check "Yes" if individual is being hired for the first time this calendar year.
4. Type of Employee. Check "Casual".
5. Transferred From. If the casual was transferred from another incident, enter incident name and check current OF-288 against any earlier one to prevent overlapping time and duplicate payments.
6. Hired At. Enter state abbreviation and hiring agency's three-letter unit identifier, e.g., AK-GAD, CA-ENF, ID-BOD.
7. Employee Has. Check box at time of release if casual has been discharged or quit.
8. Entitled To Return Travel Time. Check "Yes" or "No" at the time of release.
9. Entitled to Return Transportation. Check "Yes" or "No" at the time of release.
10. Name. Enter casual's name, exactly as shown on identification. Do not use nicknames.
- 11-14 Street Address. Show casual's permanent mailing address, including city, state, and zip code. This is where the pay and tax information will be mailed.
- 15-19 Accident Notification. Enter name, address, and telephone number of person to be notified in case of an accident.
20. Fire Location Identification.
 - Column A, 1.** Fire Name. Enter incident name.
 - Column A, 2.** Fire No. Enter incident order number (e.g., MT-LNF-00016). Do not use "P" number.
 - Column A, 3.** Unit Code. Leave blank.
 - Column A, 4.** Fire Location. Enter incident agency's three letter unit identifier for the specific location of the work assignment.
 - Column A, 5.** State Code. Enter alphabetical code for state in which the casual was on-shift.
 - Column A, 6.** Firefighter Classification. Enter the NWCG approved position code, e.g., PTRC, FFT2, CREP. If the position code is THSP, specify instead the incident job title of the position to which the individual is assigned, e.g., Camp Crew Boss, Laborer.
 - Column A, 7.** Rate. Enter AD-A through AD-M and hourly pay rate.
 - Column A, 8a.** Year. Enter calendar year.
 - Column A, 8b-8c.** Month/Day. Enter month and day on-shift. (Example: February 1 is 2/1). Enter dates consecutively from row to row and from column to column. One exception is the posting of continuation of pay or posting of time when assigned to a complex with multiple incidents. In Remarks enter reason for breaks in dates.

Column A, 8d-8e. Start/Stop. Enter military clock time for each period of on-shift time.

Column A, 8f. Hours. Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between d. and e. **For hours in travel status, enter a "T" in the Hours column.** Compensable travel time to and from the point of hire and related waiting time is recorded on separate lines from other compensable time, such as on-shift time. Do not use a separate column when reporting travel time. When compensable time (work, travel, ordered standby) in a calendar day totals less than eight hours, the Personnel Time Recorder shall enter a separate line on the OF-288 noting "guarantee" after the month/day and posting the necessary additional hours to the Hours column. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply on the first and last day.

Day(s) Off. No specific clock hours are to be entered. Enter "Day Off" in the Start/Stop column with "8" in the Hours column.

Column A, 9. Total Hours. Add column and enter total hours.

Column A, 10. Gross Amount. Leave blank.

Column A, 11. Inclusive Dates. Enter dates covered in the month/day column. For example, enter 9/4-9/7 for September 4 through September 7.

Column A, 12. Time Officer's Signature. The OF-288 should be signed by either the Time Unit Leader or other authorized official. A Personnel Time Recorder will usually sign this block verifying that posting is accurate and complete for each column.

Column A, 13. Date Signed. Self-explanatory.

21. Leave entire section blank. Home units may utilize this space to record agency-specific cost accounting data.

22. Commissary Record. Itemize all commissary purchases here. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, but this form should not be attached to the OF-288. Enter total amount of commissary purchases.

23. Remarks. Indicate THSP and specify the incident job title, promotion, reason for discharge, transfer, position changes, etc.

24. ADO Check Number and Stamp. Do not write in this Block. It will be used by payment personnel.

25. Employee (Signature). Self-explanatory. All casuals are required to sign the OF-288 in other than black ink.

26. Time Officer's Signature. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.