

2014

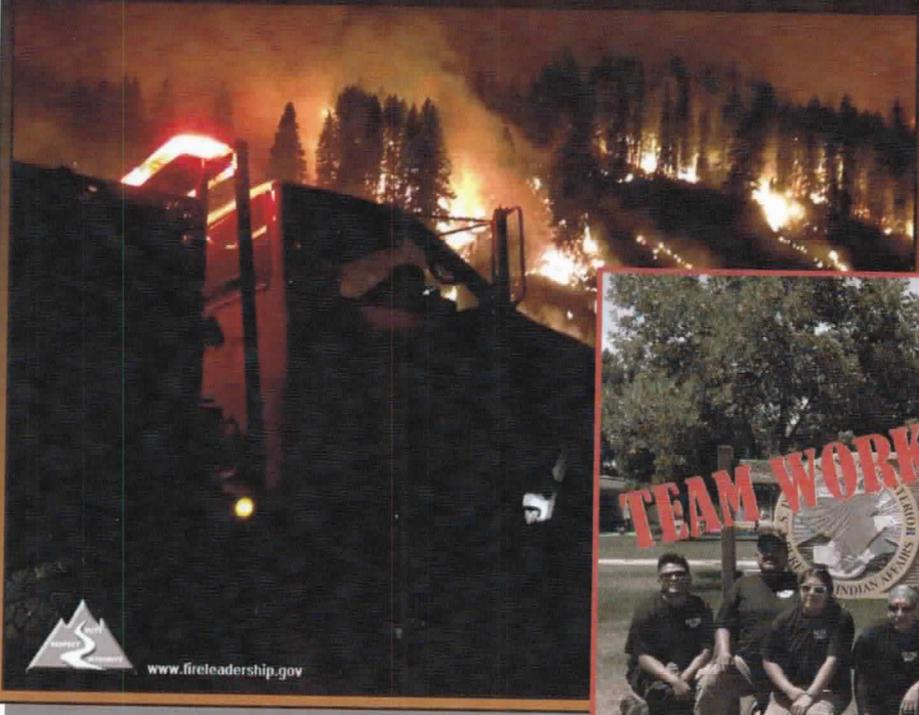
EMERGENCY (AD) WILDLAND FIREFIGHTER APPLICATION PACKET

for the

**U.S. DEPARTMENT OF THE INTERIOR - BUREAU OF INDIAN AFFAIRS
UINTAH AND OURAY AGENCY**

Success is peace of mind which is a direct result
of self satisfaction in knowing you made the
effort to do the best of which you are capable.

-John Wooden



www.fireleadership.gov



PHOTOS TAKEN FROM 2013 FIRE SEASON



**APPLICATION DEADLINE IS APRIL 25, 2014
THE WILL BE NO EXCEPTIONS TO THAT DATE**

YOU MUST BE 18 YEARS OLD TO APPLY

FOR MORE INFORMATION CALL:

KIRBY 435-725-4244, CHRIS 722-4356, WAYLON 725-4241, MATT & CAL 725-4242



**Bureau of Indian Affairs
Uintah & Ouray Agency
Branch of Forestry**

P.O. Box 130
Fort Duchesne, Utah 84026
Phone: 435-725-4241/4242 Fax: 435-722-9018
Cell Phone: 435-724-2604

2014 AD/EFF Casual Hire Application

Please Print Clearly

(Site your name exactly as it is printed on your identification, failure to do so will delay your payment process)

1. Position(s) applying for:		2. Date of Application		
3. Name (Last, First, Middle) No nicknames		4. Social Security Number	5. Sex Male Female	
6. Height	7. Weight	8. Shirt Size	9. Pants Size	10. Glove Size
11. Phone number(s) Home: Cell:		12. Mailing address:		
13. Date of Birth:	14. Are you a U.S. Citizen? Please circle one: Yes No	15. Were you ever employed by the BIA Forestry? If so, when?		
16. Have you ever been discharged or forced to resign from a job? (If yes, please explain on the back of this paper)			Please circle one: Yes No	
17. May we contact your former supervisor if needed? (If, yes please provide name and phone number)		Please circle one: Yes No		
18. In case of an emergency notify:				
Name: _____		Phone number: _____	Relationship: _____	
Name: _____		Phone number: _____	Relationship: _____	
Name: _____		Phone number: _____	Relationship: _____	
19. Drivers License number: (Please provide a copy of a valid Utah driver's license with this application)				
20. Have you ever been convicted of violating any civil or criminal law other than a traffic offense? Please circle one: Yes No (If yes, please explain in detail on separate sheet of paper)				

Certification of Applicant (Carefully read before signing)

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of fact in this application is cause for disqualification of the application and/or separation from employment with the Bureau of Indian Affairs under the Casual Hire Program.

Applicants Signature: _____

Date: _____

For Office Use ONLY:

Date Received: _____

Received by: _____



Bureau of Indian Affairs – Uintah and Ouray Agency

“Conditions of Hire”

For all Casual Hire (EFF) Personnel



1. You have agreed to be hired by the Bureau of Indian Affairs Uintah and Ouray Agency (UOA) of the United States Government as a Casual Hire (EFF) employee. The work is difficult and often at times performed under stressful situations and conditions. You may be required to work more than 12 hours per day and 2 hours minimum. Prompt compliance with your supervisor's instructions and orders are required at all times.
2. All Casual Hire (EFF) Personnel must: a) complete an application b) pass a drug test c) clear a medical physical examination as required by the *Federal Interagency Wildland Firefighter Medical Qualification Standards* d) complete the annual Fireline Refresher and or Rookie Fire School.
3. A drug test and physical examination MUST be complete before you take the pack test.
4. In the event of a positive drug test, you cannot be hired with UOA for one (1) year. See Casual Hire Disciplinary Violations. As result of a diluted drug test you will have one (1) additional opportunity to pass the drug test. The second diluted drug test will result in a one year (1) year suspension from the Casual Hire Program.
5. All Casual Hires are required to take the *Work Capacity Test*. Firefighters will be required to pass the Arduous Pack Test of carrying a 45 lb. pack in 45 minutes or less. Camp Crew members will be required to pass the Moderate Pack Test of carrying a 25lb pack in 30 minutes or less.
6. All Casual Hires will have only 2 opportunities to pass the Pack Test. If you do not pass the Test within the 2 opportunities you will be asked to try again next year.
7. All Personal Protection Equipment (PPE) will be issued to you by this agency. No personal PPE items are to be utilized without prior approval.
8. Any government property or equipment (firefighting packs, Personal Protective Equipment PPE, radios, i.e.) issued to you must be returned immediately upon release of your employment. Pending the returning of your equipment your pay will not be processed or commissary may be deducted from your check. It is very important that you verify and inspect equipment before you turn it in. Report any damage equipment to your supervisor. Damaged or lost equipment not reported may be deducted from your pay.
9. You will not purposely damage government or personal property. Should any property be damaged or lost, the cost of the item may be deducted from your pay as a commissary item on your *OF288 Emergency Firefighter Timesheet (Red Dog)*.
10. You are required to provide your own personal care items such as extra clothing, personal hygiene items, and cash. Each crew member will be allowed two bags, one gear bag @ 45 lbs. and web gear bag @ 20 lbs. for a total of 65 lbs. Electronic items are discouraged and to be used at your own risk (mp3, radios, CD/DVD players, PSP games, cameras, etc.) The government will not be responsible for any lost or stolen items.
11. Personal cell phones are not allowed while on duty. They may be used on breaks or after hours. Usage will be at the Crew Boss or supervisor's discretion. The UOA or government will not be responsible for any lost or stolen cell phone items.
12. You will not verbally or physically intimidate, threaten, or abuse co-workers, supervisors, or any member of the public. Conduct of this nature will be considered grounds for immediate discharge and termination of employment.
13. Sexual or ethnic comments and other forms of harassment will not be tolerated. Conduct of this nature will be considered grounds for immediate discharge and termination of employment.
14. Possession of firearms, alcohol, drugs and all other forms of controlled substances not prescribed by a physician is prohibited for the duration of the assignment; this includes Rest and Recuperation (R & R) time. This restriction starts when you accept an assignment and continues until you return to the point of hire or until released.
15. Illegal contraband is strictly prohibited. If you are caught with any illegal contraband you will be turned over to the proper law enforcement authorities. The obligations and responsibilities of the



Bureau of Indian Affairs – Uintah and Ouray Agency
“Conditions of Hire”
For all Casual Hire (EFF) Personnel



- UOA, hiring agency, and/or Crew Boss/Supervisor will end at that point. You will be responsible for your own actions.
16. Crew members maybe screened by any UOA Forestry Fire Staff or Crew Boss for drugs, alcohol, firearms or illegal contraband at any point.
 17. You must disclose any and all existing and pre-existing ailments or injuries prior to being sent on an assignment. Failure to provide this information may affect any claims with regards to *Office of Workers Compensation Programs* (OWCP). Dental work that is not a direct result of working on an incident must be paid for by the individual. Missing fillings, abscess conditions, tooth aches, etc. which are present before accepting the assignment can be charged against your fire time as a commissary item. You are responsible for any personal medication requirements necessary, including but not limited to allergy medications.
 18. If you are injured or get sick, you will report to your supervisor immediately and provide complete details of injuries or sickness.
 19. You will follow all safety practices including “*LCES*” (Lookouts, Communications, Escape Routes & Safety Zones), *The 10 Standard Firefighting Orders* and *18 Watch Out Situations*”. You will not jeopardize your own safety or the safety of others (your crew). It is your responsibility to notify your supervisor of any and all unsafe practices.
 20. Confined living conditions require cleanliness with hygiene standards set by your supervisor. Your hair must be worn to accommodate a properly worn safety helmet.
 21. If you are an active member of the military service (Army, Navy, Air Force, Marines, Coast Guard, or National Guard) you can not be employed in the Casual Hire Program. Please DO NOT APPLY.
 22. Casual Hire employees may be restricted or assigned to a fire camp or staging area at the discretion of the Incident Commander or other officer-in-charge.
 23. During Rest and Recuperation (R&R), you will abide by all terms negotiated by your Crew Rep., Crew Boss, or other supervisor. These terms will be negotiated with the planning section or other designated official designated on the incident.
 24. Once you have accepted a fire assignment you are required to stay until released by the incident or agency you are working for. The duration of the assignment is unpredictable. Assignments duration may span from one (1) day up to sixteen (16) days depending upon the current and predicted fire situation. Please do not accept assignment if you cannot be available for at least sixteen days.
 25. If you are discharged or quit of your own accord without a legitimate reason before scheduled demobilization, your pay will stop at that time. The UOA, Incident Commander, or their representatives may decide whether the government will provide return transportation and paid travel time home. You may be charged for return transportation costs and personal needs during travel return time.
 26. It is your responsibility to complete and update the *Incident Qualification and Certification System* (IQCS) forms for your fire experience. We are required to keep records on each individual for three years. Tracking and recording your experience is your own responsibility. The agency will encode all forms in to the electronic IQCS system.
 27. All Casual Hire employees will be notified of assignments by phone call or in-person by UOA Forestry Fire staff. Phone calls will be placed according to the Call-Out list which is updated on a daily basis. It is your responsibility to keep UOA Forestry Fire updated with your most current (cellular, home, and message) phone numbers.
 28. Crew members will assemble at the UOA Forestry Fire warehouse unless otherwise directed. A prompt response to a fire call is necessary. Your time will start when you arrive and check-in at the warehouse. If you greater than 15 minutes late for the designated assembly time you will be replaced by an alternate.



Bureau of Indian Affairs – Uintah and Ouray Agency
“Conditions of Hire”
For all Casual Hire (EFF) Personnel



29. A Crew Representative may be dispatched with the crew for out of the area assignments.
30. Each Casual Hire must have two current and valid forms of identification such as a state driver's license, a state identification, or tribal identification and their *Incident Qualification Card* (Red Card) with them at all times. This is a mandatory requirement for any air travel.
31. Upon return you must verify hours worked, rate of pay (you will be paid at an hourly rate. We will advise you of your salary rate for your position), any changes in rate of pay, commissary deductions and net earnings on your *OF288 Emergency Firefighter Timesheet* (Red Dogs). By signing your completed OF288 you agree and verify that all stated information is true.
32. *Direct Deposit* is strongly recommended but not required. *Direct Deposit* is a form of payment in which your check is electronically deposited directly into your bank account. *Direct Deposit* is usually faster and more convenient. If you chose not to participate in *Direct Deposit*, payments will be mailed in the form of a check to your mailing address. You are responsible for keeping the paying agency (Forestry) informed of any name, address, or account changes. Failure to notify agency of address change can and will delay payments. Be sure your name is on the mailing list to avoid returned checks.
33. Disclosure of your *Social Security Number* (SSN) is mandatory. The access to this information is limited to authorize persons only. The SSN is used primarily to gather earnings data in connection with lawful requests from other agencies (Internal Revenue Service or State agencies). The SSN must be used because it is possible that another employee's name is the same as yours.
34. If you are a convicted felon you will NOT be hired for employment due to liability concerns. Fire assignments are often located out of the area, or may interfere with your ability to check-in with probation officers, judges, or attend court dates.
35. Do not accept assignment if you have important prior obligations i.e. medical appointments or court. It is your personal business to take care of these matters on your own.
36. Keep copies of your OF288's for your records. Cost of anything you buy from the commissary not paid by personal funds will be deducted from your pay.
37. You must be 18 years or older to be considered for employment with this agency.
38. Gang activity will not be tolerated. Involvement in such activity may be grounds for termination.
39. You will not lie, cheat or deliberately conceal the truth concerning employment or any of these Conditions of Hire.
40. Should you be discharged from this Agency's Casual Hire Program for a violation of the Conditions of Hire you are not entitled to further employment.
41. FAILURE TO ABIDE BY ALL THE "CONDITIONS OF HIRE" TERMS MAY BE GROUNDS FOR IMMEDIATE TERMINATION AS DECIDED BY THE UINTAH AND OURAY AGENCY FIRE MANAGEMENT OFFICER.

I, the undersigned have read the “Conditions of Hire” and thoroughly understand and agree to abide by them throughout the duration of my employment with the Bureau of Indian Affairs Uintah and Ouray Agency and/or any other agency of the United States Government.

Signed: _____
(Applicant's signature)

Date: _____



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
UINTAH & OURAY AGENCY
P.O. Box 130 or 7307 E. 900 S.
Fort Duchesne, Utah 84026
435/722-4350 (office) 435/722-9018 (facsimile)



IN REPLY REFER TO:
Forestry MS-440

I, _____, hereby acknowledge the following:

1. That I have certain rights under the United States Constitution and various state constitutions pertaining to search and seizures.
2. That, notwithstanding those rights, I may voluntarily consent to a search of my person, clothes and personal property.
3. That my employment as a firefighter/Casual hire involves duties and activities which often are hazardous to me and to others around me and in which metal and physical preparedness often are a matter of life and death.
4. That my possession or use of mind or mood altering nonprescription drugs including, but not limited to, alcohol, marijuana, hashish, peyote, mescaline, meth or cocaine while in training for or engaged in firefighting fires may increase the danger to myself and to others around me.

In consideration of the forgoing and as a condition of my training, certification, and employment as a firefighter/Casual Hire, I hereby voluntarily consent to a search of my person, clothes, and personal property at the time I report for duty and at any time I am on assignment at a particular fire. I hereby, agree that such a search may include, but is not limited to, the use of drug sniffing dogs and manual search of my personal belongings. I hereby, agree that the discovery of any mind or mood altering nonprescription drug during such a search is sufficient cause for immediate termination as a Casual Hire employee. I also am aware any contraband discovered during such a search is subject to seizure and may be used as evidence against me in a criminal prosecution.

Signed _____

Applicant Signature

Date: _____

Incident Behavior

Common Responsibilities
Volunteers and Single Resource Casual Hires

Inappropriate Behavior:

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities
 - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

Drugs and Alcohol:

- Non-prescription unlawful drugs and alcohol are not permitted at the incident. Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

Signature

Date

PRE-APPOINTMENT CERTIFICATION STATEMENT FOR SELECTIVE SERVICE REGISTRATION

IMPORTANT NOTICE: If you are a male born after December 31, 1959, and you want to be employed by the Federal Government, you must (subject to certain exemption) be registered with the Selective Service System.

PRIVATE ACT STATEMENT: We need information on your registration with the Selective Service Systems to see whether you are affected by the laws we must follow in deciding who may be employed by the Federal Government.

CRIMINAL PENALTY STATEMENT: A false statement by you may grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, section 1001).

REVIEW If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing nor willful, you may write to:

U.S. OFFICE OF PERSONNEL MANAGEMENT
NACI CENTER
10 D-SAB
BOYERS, PENNSYLVANIA 16018

CERTIFICATION OF REGISTRATION STATUS

- () I CERTIFY THAT I AM REGISTERED WITH THE SELECTIVE SERVICE.
() I CERTIFY THAT I AM NOT REQUIRED TO BE REGISTERED WITH SELECTIVE SERVICE.

Applicants Signature

Date

**STATEMENT OF EXEMPTION
FROM UTAH INCOME TAX WITHHOLDING
(McClanahan)**

STATEMENT

I declare, under penalty of perjury, that I am a member of a recognized Indian Tribe residing on the _____ Indian Reservation in the state of Utah and that all services as an employee of the Bureau of Indian Affairs are performed within the boundaries of the Indian Reservation. I hereby request that no Utah State Income Tax be withheld and assert that no liability for state income taxes exists based upon the findings by the United States Supreme Court in McClanahan v. Arizona State Tax Commission, Case No. 71-834 (March 27, 1973.)

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

SOCIAL SECURITY: _____

If I move my place of residence to a location other than the Reservation, I agree to promptly notify my employer named above.

I declare that this statement has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete statement.

Signed: _____ Date: _____

WCT Level ___ Arduous ___ Moderate ___ Light
--

HEALTH SCREENING QUESTIONNAIRE (HSQ)

Assess your health needs by marking all true statements.

The purpose is to identify individuals who may be at risk in taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions. The questions were designed, in consultation with occupational health physicians, to identify individuals who may be at risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

Check 'Yes' or 'No' in response to the following questions:

- Y N 1) During the past 12 months have you at any time (during physical activity or while resting) experienced pain, discomfort or pressure in your chest.
- Y N 2) During the past 12 months have you experienced difficulty breathing or shortness of breath, dizziness, fainting, or blackout?
- Y N 3) Do you have a blood pressure with systolic (top #) greater than 140 or diastolic (bottom #) greater than 90?
- Y N 4) Have you ever been diagnosed or treated for any heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?
- Y N 5) Have you ever had heart surgery, angioplasty, or a pace maker, valve replacement, or heart transplant?
- Y N 6) Do you have a resting pulse greater than 100 beats per minute?
- Y N 7) Do you have any arthritis, back trouble, hip /knee/joint /pain, or any other bone or joint condition that could be aggravated or made worse by the Work Capacity Test?
- Y N 8) Do you have personal experience or doctor's advice of any other medical or physical reason that would prohibit you from taking the Work Capacity Test?
- Y N 9) Has your personal physician recommended against taking the Work Capacity Test because of asthma, diabetes, epilepsy or elevated cholesterol or a hernia?

Regardless whether you are taking the Work Capacity test at the Arduous, Moderate or Light duty level, a "Yes" answer requires a determination from your personal physician stating that you are able to participate.

I understand that if I need to be evaluated by a physician, it will be based on the fitness requirements of the position(s) for which I am qualified.

Signature: _____ Printed Name _____ Date _____

Unit: _____ City _____ State _____

Privacy Statement

The information obtained in the completion of this form is used to help determine whether an individual being considered for wildland firefighting can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health. Its collection and use are covered under Privacy Act System of Records OPM/Govt-10 and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0164. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 975-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Single Resource Casual Hire Information Form

HIRING UNIT INFORMATION

Office name: _____ Unit ID: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Example: ID-BOF
Hiring official's name: _____ Print Phone #: _____

CASUAL INFORMATION

Casual's name: _____ Phone #: _____ Start date: _____
Print

POSITION INFORMATION

Job title: _____ AD class: AD- _____ AD rate: \$ _____
Incident order #: _____ Fire code: _____ Request #: _____
Example: ID-BOF-0423

Hiring of emergency personnel may be made according to the provisions of the current Pay Plan for Emergency Workers when any of the following exists (reference Pay Plan for specific determinations):

- 1. For suppression incidents.
- 2. Unusually dry period or fire danger is high to extreme.
- 3. Provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.
- 4. Place firefighters on standby for expected dispatch.
- 5. Temporarily replace members of fire suppression crews or fire management personnel who have been mobilized to incidents.
- 6. Attend emergency incident training.
- 7. Instruct emergency incident training when all other methods of hiring and contracting instructors have been exhausted.
- 8. Cope with floods, storms, or any other all-hazard emergency.
- 9. Carry out emergency stabilization work when there is an immediate danger of loss of life or property.
- 10. Following a natural emergency, develop plans and manage emergency stabilization efforts (not to exceed 90 calendar days. The 90 calendar days begins when the Burned Area Emergency Response Plan has been approved.)
- 11. Meet FEMA mission assignments.
- 12. Provide public awareness for an emerging or projected incident, event, or situation.
- 13. For hazardous fuel reduction projects, NTE 300 hours per calendar year (DOI agencies only).

TRAVEL/TRANSPORTATION

Casual is entitled to transportation to and from the incident: No Yes

- Airline
- POV (mileage reimbursement authorized)
- Rental vehicle (must be on resource order). Rental provided by: Casual **or** Government.
- Other (such as bus, gov't vehicle, EERA): _____

Check one:

- Meals and/or lodging to be provided by the incident. Hiring unit will reimburse approved incidental expenses at actual cost; receipts may be required.
- Meals and/or lodging will not be provided; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at the standard per diem rate. Indicate TA #: _____

EMPLOYMENT FORMS

Completed by:

- Hiring official:**
- I-9, Employment Eligibility Verification
 - OF-288, Emergency Time Report (complete top section, column A 1-8, and travel start time).
 - Direct Deposit form (if applicable) provided to casual.
 - State/federal government-issued picture ID verified and in casual's possession (required for all positions).
 - Incident qualification card (if required for position) verified and in casual's possession.
 - State-required certification verified, if required for position (e.g., CDL, driver's license).
- Casual:**
- Federal W-4 State W-4 W-5, if applicable
 - Incident Behavior Form signed Direct Deposit form

I understand that I am being hired under the terms and conditions of the Administratively Determined Pay Plan for Emergency Workers.

Casual's signature (required)

Date

Hiring official's signature (required)

Date

Distribution: Follow agency hiring procedures.

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2014		
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,950 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following)

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
DOI, BIA Branch of Forestry, P.O. Box 130 Fort Duchesne, Ut. 84026		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization		
Document Title	Document #	Expiration Date (if any)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record		
	6. Military dependent's ID card		
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document		
9. Driver's license issued by a Canadian government authority	<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security	
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



OMB No. 1510-0007

Sign-Up Form

Standard Form 1199A
(Rev. Feb. 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

DIRECTIONS

Please refer to the information on the reverse side before completing this form.

You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments.

NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
1249 South Vinnell Way, Suite 108 Boise, ID 83709
Phone: 877-471-2262 Fax: 208-947-3799

A. PERSON TO RECEIVE PAYMENT

NAME OF PERSON ENTITLED TO PAYMENT (last, first, middle initial)		
YOUR NAME (if different from above)		
YOUR ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
YOUR TELEPHONE NUMBER () - -		
SOCIAL SECURITY NUMBER OR CLAIM NUMBER (of person entitled to payment) - - -		

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> CIVIL SERVICE RETIREMENT
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> VA COMPENSATION OR PENSION
<input type="checkbox"/> RAILROAD RETIREMENT	<input type="checkbox"/> OTHER (specify) <u>Casual Pay</u>

C. BANK OR CREDIT UNION INFORMATION

TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
9-DIGIT ROUTING NUMBER (see sample check on reverse side)		
ACCOUNT NUMBER (see reverse side)		

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

SIGNATURE	DATE
-----------	------

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE	DATE
-----------	------

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel,

such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
_____		DOLLARS
MEMO _____		
⑆123456789⑆	⑆0123456789⑆	0001
Routing Number	Account Number	

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



PERSONAL GEAR REQUIREMENTS FOR FIREFIGHTERS*



Requirements for Firefighting Crews

The following personal gear represents the minimum NWCG requirements for dispatch outside the local unit for wildland firefighters.

- Each individual must have Personal Protective Equipment (PPE) (hard hat, Nomex shirt and trousers, 8 inch leather boots, leather gloves, hearing and eye protection, fire shelter)
- Each individual must have sleeping bags
- Four programmable radios
- Crew First Aid kit and personal first aid kits
- Web gear, headlamp with batteries, 1 qt canteen
- Crew members will be allowed two bags (one soft bag, 45 pounds and one day bag 20 pounds) weighing a total of 65 pounds per individual. All gear and personal items will be carried inside the bag. No aluminum frames will be allowed.
- Maximum total crew weight 5100 lbs

Government supplied items (to be issued prior to assignments)

All government property will be turned into the home unit upon return, even if an item is damaged beyond repair.

- Hard hat, Fire Shelter (fireline crews only)
- Nomex Flame resistant shirt (2 each)
- Nomex Flame resistant trousers (2 each)
- Belt First Aid Kit (Crew Boss and one Squad Boss)
- Personal Pack
- Canteen (2 each)
- Headlamp, leather work gloves, ear plugs, goggles
- Individual first aid kit (1 each)
- Day pack/Line pack

Recommended Personal Items

- Work shirt, t-shirts: cotton, long sleeve
- Coat, jacket or sweatshirt
- Underwear: cotton
- Socks: heavy wool or heavy cotton
- Handkerchiefs, bandana
- Ground cloth, tarp: plastic or rubber
- Personal items: hygiene items, toothbrush, toothpaste, shaving gear and sanitary napkins or tampons, prescription medication (at least 14 day supply) etc

*Taken from the *Wildland Fire and Aviation Program Management Operations Guide 2010*

Casual Hire Calendar 2014

DOI- Uintah & Ouray Agency BIA Forestry

Event	Date Starting	Time	Deadline	Location	Address
Application	3/3/2014	8:00 AM 4:30 PM	04/25/14	BIA Forestry (new fire bldg)	7307 E 900 S Fort Duchesne, UT
Drug Test	03/18/2014 Tuesday & Thursdays	12:30 PM 1:30 PM	05/09/14	Roosevelt Community Clinic (Ashley Valley RMC)	200 East HWY 40 Roosevelt, UT 435-722-3327
Physical	Physical may be completed after confirmation of a negative drug test.	Health Screen Questioneer (HSQ)	05/09/14	HSQ was completed in the packet. Those over 45 yrs. Must complete examination.	
Pack Test	May 14th, 21th & June 4, 2014	9:00 AM	06/04/14	Bottle Hollow Course (Weather permitting)	7307 E 900 S Fort Duchesne, UT
Refresher	May 22th, 29th. June 06, 2014 SUBJECT TO CHANGE	8:00 AM 4:30 PM	06/06/14	BIA Forestry Conference Room	Please call to confirm that Refresher is schedule before you come.
Fire School	June 2th-6th 2014	TBA Sponsored by State of Utah	05/30/14	Uintah Basin Interagency Fire Center	355 N Vernal Avenue Vernal, UT

SUPPORT PERSONNEL (timekeepers & driver) will not take Packtest or Refresher