

APPROVING MEMO

Date: _____

From: _____

Subject: Payment of Casual Hire, Emergency Firefighter Time Reports

To: USDA Forest Service
Albuquerque Service Center, B&F
Incident Finance Branch – Casual Pay (Mail via overnight mail)
101 B Sun Avenue NE
Albuquerque, NM 87109

Unique Unit "Batch" Number to track this payroll submission: _____
Use Incident/Fire number followed by sequential number; i.e., ID-BOF-000006-001 for the first batch, ID-BOF-000006-002 for the second batch and so forth. For Incidents/Fires with multiple teams assigned, please incorporate the team name in the batch.)

List of casual names submitted (attach list for more than 3): _____

Number of individuals with OF-288s in this transmittal: _____

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.
- Completed Single Resource Casual Hire Information Form or Crew Manifest for Crews with positions, job titles, and rates of pay.
- Original I-9's are completed and attached or have been previously submitted.
- W-4's for Federal withholding are complete and attached, or previously submitted.
- 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 or "Fed and State" has been written on the W-4.
- Incident name or project matches the job code assigned and the job code is established in FFIS for the incident region/unit indicated in Block 3 for each column of the OF-288.
- Transmitted via I-Suite _____ (mm/dd/yy).
- Exception Positions must be approved by the Regional Incident Administrative Coordinator prior to hire.
- Documentation included.
- Other (Explain): _____

Please list both Incident Team and Incident Unit Contacts, email address and phone numbers.

If you have any questions, please contact:

Incident Contact _____ email _____ phone _____.

Incident Unit Contact _____ email _____ phone _____.

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.

PRINTED NAME AND SIGNATURE
Approving Officer /Finance Section Chief
Enclosures

As of 8/18/2014