

INCIDENT TIME REPORT						1. Hired At (e.g., ID-BOF)			
2. Employee Common Identifier				3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other			4. Hiring Unit Name (e.g., Ranger District)		
5. Name (First, Middle, Last)						6. Hiring Unit Phone Number		7. Hiring Unit Fax Number	

Column A					Column B					Column C					Column D				
Same as Column					Same as Column <input type="checkbox"/> A					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B					Same as Column <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name				
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate	
			\$					\$					\$					\$	
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours		

In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel 17. Total Hours (all columns):

18. Commissary and Travel						
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)		18d. Reimbursement	18e. Deduction	18f. FireCode
Total				\$	\$	

For Payment Center use only	
20. Employee Signature	
21. Time Officer Signature	

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