U.S. Department of the Interior
INTERIOR WILDLAND FIRE

DOI Casual Payment Center | US Wildland Fire Service | A Service First Organization
3833 S Development Ave Boise, Id 83705-5354 | P: 877-471-2262 | F: 208-433-6405 | CasualPay@BLM.gov

# 2026 DOI CASUAL HIRE IMT DIRECTION

## DO NOT upload DOI Casual Hire OF-288s from an incident *unless*:

- A crew boss provides timekeeper/finance team with a *DOI Approving Official Batch Memo* at check-in which will include the following information:
  - Home unit charge code
  - Home unit unique batch number/signature/contact number
  - Manifest including:
    - ✓ Casual Name(s)
    - ✓ ECI(s)
    - ✓ Position Code
- If the above is not provided, return timesheets to the casual hire at demob. The home unit (status quo from previous fire years) will submit.

## If a DOI *Approving Official Batch Memo* is provided at check-in by DOI AD/Casual Hire:

- Upon demob, IMT will initiate a *DOI Approving Official Batch Memo* which will include the following information:
  - Incident unique batch number/signature/contact number
    Followed by:
    - ✓ FireNet Casual Tracking spreadsheet
    - ✓ Home unit *DOI Approving Official Batch Memo* & Manifest
    - ✓ Leave charge code section blank
    - ✓ OF-288s
  - Email from a FireNet email address to: Casualpay@blm.gov.

U.S. Department of the Interior
INTERIOR **WILDLAND FIRE**

DOI Casual Payment Center | US Wildland Fire Service | A Service First Organization
3833 S Development Ave Boise, Id 83705-5354 | P: 877-471-2262 | F: 208-433-6405 | CasualPay@BLM.gov

## Approving Official Batch Memo

Date: _____ Unit Batch Number: _____

From: _____ _____
Name Cost Center

_____ _____
Email Functional Area

_____ _____
Phone WBS

☐ Check here if you would like a confirmation of processed batch sent to you.

_____
**Government Email address for batch confirmation**

Subject: Payment of Casual Hire, Incident Time Reports (OF-288)

Attached are the forms necessary for processing casual hire payrolls as follows:
*Number of OF-288s in Batch:* _____
*Number of Casual Names submitted (attach list):* _____
*(For Crews attach Crew Manifest)*

***Incidental Expenses**: Pay $5 a day for all casuals listed. Starting Date _____ Ending Date _____.*
***** Provide only if no other travel costs are incurred. *****

I have verified, attached, or have on file the following:

1. OF-288s have been audited and are attached, including signatures of the casual (if available) and an ***original*** Time Officer signature on line 21 of the OF-288.
2. I-9s are completed and on file at the hiring unit (the CPC will return any I-9s to the hiring unit).
3. W-4s and State withholding forms are complete and attached or previously submitted.
4. Verified Cost Accounting Data.
5. Other (explain): _____

……..……
If you have any questions, please contact _____ at _____.

As approving official, I certify the attached travel reimbursement and OF-288s are accurate, appropriate, and legal for payment and meet the provisions of the Department of the Interior AD Pay Plan for Emergency Workers.

**Print Approving Official Name:** _____

APPROVING OFFICIAL SIGNATURE: _____
Job Title: _____

*A unique batch number should be assigned to each payroll submitted. Please reference the applicable batch number when contacting the Casual Payment Center with questions.

Batch Number: _____

| **Casual Name (Last, First, Middle)**<br>***Always indicate entire compound surnames (e.g., Smith-Jones)** | **ECI** | **Position Code 1st Column**<br>**(e.g., FFT2)** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Rev. 04/26