

HIRING OFFICIAL –PRESEASON

1. Complete INS Form I-9 and copy documents verified. (Incomplete forms will be returned to the hiring unit)
2. Provide casual:
 - Federal **W-4** for completion. The Casual Pay Center will use the W-4 address for the W-2 address if different than the address on the OF-288; **State Tax Withholding Forms** (current forms can be found on the state web sites)
If the Federal W-4 is utilized for State, write “State & Federal” on the W-4. Complete and sign forms.
 - W-5** Earned Income Credit form (casuals option whether to complete).
 - Direct Deposit Information and **SF-1199a** Direct Deposit Form (attachment B).
3. Submit the following to the Casual Pay Center **at the time of completion.**
 - Original INS Form I-9 and copy of documents verified (i.e., Social Security Card, Drivers License)
 - Original Federal W-4 completed and signed
 - Original State Tax Form use current form completed and signed

CASUAL

1. Complete and submit the Direct Deposit Form **SF-1199a** to your financial institution. The financial institution mails to the Casual Pay Center, Room 1116, 324 25th Street, Ogden, UT 84401.
2. Complete Federal **W-4, W-5 and State tax** forms. The **W-4** address will be used for the mailing of the W-2 forms. If forms are incomplete or filled out incorrectly, taxes will be withheld at the highest tax rate (marital status of single and zero exemptions) and the form will be returned to the casual. The hired at point (block 6 on the OF-288) determines the taxing state if no state tax form is completed, regardless where the casual resides.
3. Verify your check mailing address **and** Direct Deposit information is current **each time you go out on an incident.**

HIRING OFFICIAL - AT TIME OF DISPATCH

1. Complete forms outlined above under “Hiring Official – Preseason” if not previously completed or if changes need to be made and submit direct to the Casual Pay Center.
2. Complete Casual Hire Information Form indicating whether the I-9 & W-4 forms had been previously submitted and attach to the OF-288 for overhead and support positions.
3. Initiate the Emergency Firefighter Time Report (OF-288) by completing the header information and specific incident information in column A.
 - Hired At Block 6 – must be in the form of State-Unit, i.e., ID-BOF
 - AD rate and TITLE must be included in Section 20 (item 6) and must adhere to the provisions of the Pay Plan for Emergency Workers.
 - Check with casual that check mailing address or Direct Deposit information is current **each time the casual is sent to an incident.** This information remains in the casual payment system until changed.

INCIDENT FINANCE SECTION

1. Record work time as outlined in the Interagency Incident Business Management Handbook assuring AD rate and TITLE is included in all columns.
2. Process partial payments every two weeks, indicating partial payment on the OF-288.
3. Submit original Casual Hire Information Form and OF-288 to the hiring unit identified on the Casual Hire Information Form with applicable original forms if not previously submitted.

HIRING UNIT APPROVING OFFICIAL

1. Audit OF-288 as outlined in attachment D.
2. Complete memo (Attachment E) and check that timesheets meet the provisions outlined in the Pay Plan for Emergency Workers.
3. **Overnight mail** original documents to the Casual Pay Center (indicate “Saturday” delivery).

CASUAL PAY CENTER

1. Maintain original INS Form I-9, Federal W-4, State Tax form, Direct Deposit Form, Single Resource Casual Hire Information Form in the casual’s payment file.
2. Process payment to the casual within 7 days of receipt.
3. Respond to all inquiries concerning lost checks, unemployment and social security benefits, employment verifications and garnishments.

Single Resource Casual Hire Information Form

HIRING UNIT INFORMATION

Office Name: _____ Unit ID: _____ Date: _____
Example: ID-BOF
 Address: _____ City: _____ State: _____ Zip: _____
 Hiring Official Name: _____ Telephone: _____
Print

CASUAL INFORMATION

Casual's Name: _____ Phone No: _____ Start Date: _____
Print

POSITION INFORMATION

Job Title: _____ AD Class: _____ AD Rate: \$ _____
 Incident Order #: _____ Accounting Code: _____ Request #: _____
Example: ID-BOF-0423

Hiring of emergency personnel may be made according to the provisions of the Pay Plan for Emergency Workers when any of the following exists:

- 1. To fight a going fire.
- 2. Unusually dry period or fire danger is high to extreme.
- 3. To provide support to ongoing incident.
- 4. To place firefighter on standby for expected dispatch.
- 5. Temporarily replace members of fire suppression crews or fire management personnel who are on fires.
- 6. To attend fire suppression training. Trainee OR Refresher AND Course Title: _____
- 7. To instruct fire suppression training when all other methods of hiring and contracting instructors have been exhausted.
- 8. To cope with floods, storms or any other emergency.
- 9. To carry out emergency fire rehabilitation work when there is an immediate danger of loss of life or property.
- 10. Transition period following a natural emergency (not to exceed 90 days).
- 11. Hazardous Fuel Reduction NTE 300 hours per calendar year (DOI agencies only)

TRAVEL/TRANSPORTATION

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

Transportation method:

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

Check One:

- Casual to be subsisted by government. Hiring unit will reimburse approved incidental expenses at actual cost; receipts required.
- Casual will not be subsisted; travel authorization has been issued. Hiring unit to reimburse lodging, meals, and incidental expenses at standard per diem rate. Indicate TA #: [_____]

EMPLOYMENT FORMS

Completed by:

- Hiring Official: I-9, Employment Eligibility Verification
 OF-288, Emergency Firefighter Time Report (Complete Top section, Column A 1-8 and travel start time)
 Direct Deposit form (if applicable) Provide 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

 Casual Signature (Required)

 Date

 Hiring Official Signature (Required)

 Date

Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records

Return original of this form and original OF-288 to the hiring unit.



and



On Time – Every Time!

- *Get paid faster!*
- *Best option for Casuals!*
- *Eliminates lost or stolen checks!*
- *Now enroll in ETA without a checking or savings account!*

CASUALS NOW HAVE THREE WAYS TO RECEIVE THEIR PAYMENT; DIRECT DEPOSIT, ELECTRONIC TRANSFER ACCOUNT (ETA) OR BY CHECK IN THE MAIL.

Hiring Units:

- Provide Casual an SF-1199A Direct Deposit Sign-up Form (available at www.fms.treas.gov/eft or in your Personnel Office) completed as follows:
 - Section 1 – Block C – Enter Casuals SSN
 - Section 1 – Block F – Check “Other” and enter “Casual Hire”
 - Section 1 – Block G – Leave blank
 - Section 2 – Enter: Casual Pay Center 324 25th Street Ogden, UT 84401
 - Hiring units should NOT retain Direct Deposit information in their files.

Casual:

- Complete Section 1 and take the form to your financial institution for completion and mailing direct to the EFF Pay Center address listed in Section 2.
- This is the safest method of payment for casuals who have a checking, savings, or ETA account.

EFF Pay Center:

- Enters Direct Deposit Information into the EFF/Vendor Pay System.
- Retains original SF-1199A Direct Deposit Sign-up Form.
- Mails the Wage and Earnings Statement to the Casual.

SIGN UP FOR AN ETA ACCOUNT

Enroll in ETA without a checking or savings account. Open an ETA account at a federally insured bank, savings and loan, or credit union that are ETA providers. Submit your ETA account information to enroll with Direct Deposit and start receiving your payments automatically. For additional information contact your local bank, call 1-888-382-3311 or visit the ETA Web site at www.eta-find.gov.

HARD COPY CHECKS

Casuals who do not elect Direct Deposit will receive a hard copy check mailed to the address they provided. No additional forms are necessary.



y



¡El Tiempo - Cada vez!

- *¡Consiga más rápido pagado!*
- *¡La mejor opción para Casuales!*
- *¡Elimina cheques perdidos o robados!*
- *¡Ahora aliste en ETA sin una comprobación o una cuenta de ahorros!*

CASUALS AHORA TIENEN TRES MANERAS DE RECIBIR SU PAGO; DEPÓSITO DIRECTO, CUENTA DE TRANSFERENCIA ELECTRÓNICA (ETA) O LLEGUE EL CORREO.

Unidades Que emplean:

- Proporcione el Casual el Deposito Directo forma, el SF-1199A (disponible en www.fms.treas.gov/eft o en su Oficina del Personal) llenada el formulario como sigue:
 - Sección 1 - Bloque C - Pone el SSN de Casual
 - Sección 1 - Bloque F - Compruebe el "Other" y incorpore "Casual Hire"
 - Sección 1 - Bloque G - Deje la sección en blanco
 - Sección 2 – Pone: Casual Pay Center 324 25th Street Ogden, UT 84401
 - Unidades que emplean NO debe conservar la información Depósito Directo en sus archivos.

Casual:

- Termine la sección 1 y lleve la forma a su institución financiera para la terminación y enviar directo a el EFF Pay Center dirección enumerada en la sección 2.
- Éste es el método más seguro de pago para los casuales que tienen una comprobación, ahorros, o cuenta de ETA.

Centro De la Paga del EFF:

- Incorpora la información directa del depósito en el sistema de la paga de EFF/Vendor.
- Conserva la forma Depósito Directo original, la SF-1199A.
- Envía el salario y la declaración de las ganancias al Casual.

ALISTE EN ETA

Aliste en ETA sin una comprobación o un cuenta de ahorros. Abra una cuenta de ETA en federal aseguró el banco, los ahorros y el préstamo, o la unión de crédito que son abastecedores de ETA. Someta su información de la cuenta de ETA para alistar con el Depósito Directo y para comenzar a recibir sus pagos automáticamente. Para la información adicional entre en contacto con su banco local, llamada 1-888-382-3311 o visite el sitio del Web de ETA en www.eta-find.gov

CHEQUES DE COPY DURO

Casuales que no elige el Depósito Directo recibirá un cheque de copia dura enviado a la dirección que proporcionaron. No hay formas adicionales necesarias.

The following brochure is available in printed form from the Casual Pay Center. E-mail us at EFF Pay@fs.fed.us if you would like us to send you some brochures.

Quick Cash! Easy Enrollment!

ETA

Electronic Transfer Account



- ✓ Don't wait to receive your check in the mail, enroll in ETA and have your funds electronically deposited.
- ✓ The Department of Treasury designed ETA for federal payment recipients.
- ✓ ETA eliminates lost checks, and check fraud.
- ✓ ETA users enjoy the safety, security and convenience of electronic payments.
- ✓ You can enroll in ETA without a checking or savings account.
- ✓ Open your ETA account at federally insured banks, savings and loan, or credit unions that are ETA providers.
- ✓ Most ETA providers allow you to withdraw money through ATMs.
- ✓ ETA will cost users no more than \$3.00 a month (some Providers charge less).
- ✓ Submit your ETA account information to enroll with Direct Deposit and start receiving your payments automatically.
- ✓ Call 1-888-382-3311 to learn where you can open an ETA. Or visit the ETA Web site at: www.eta-find.gov

Efectivo Rápido Inscripción Fácil

ETA

Electronic Transfer Account



- ✓ No espere recibir su cheque en el correo, alista en ETA y tiene sus fondos depositados electrónicamente.
- ✓ El departamento del Hacienda diseñó ETA para los recipients federales del pago.
- ✓ ETA elimina cheques perdidos, y fraude del cheque.
- ✓ Los usuarios de ETA gozan de la seguridad y de la conveniencia de pagos electrónicos.
- ✓ Usted puede alistar en ETA sin una cuenta comprobación o un cuenta de ahorros.
- ✓ Usted puede abrir su cuenta de ETA en federal aseguró el banco, los ahorros y el préstamo, o la union de crédito que son abastecedores de ETA.
- ✓ La mayoría de los abastecedores de ETA permiten que usted retire el dinero con ATM's.
- ✓ ETA costará a usuarios no más de \$3.00 un mes (algunos abastecedores cargan menos)
- ✓ Someta su información de la cuenta de ETA para alistar con el depósito directo y para comenzar a recibir sus pagos automáticamente.
- ✓ Para más información sobre la cuenta ETA, llame at 1-888-382-3311 (sin cargo) o visite la página del Internet en www.eta-find.gov



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The final institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be return to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)			D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																						
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)			E DEPOSITOR ACCOUNT NUMBER																						
CITY	STATE	ZIP CODE	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																						
TELEPHONE NUMBER AREA CODE			F TYPE OF PAYMENT (<i>Check only one</i>)																						
B NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other Casual Hire																						
C CLAIM OR PAYROLL ID NUMBER			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																						
Prefix		Suffix	TYPE		AMOUNT																				
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																						
SIGNATURE		DATE	SIGNATURE		DATE																				
SIGNATURE		DATE	SIGNATURE		DATE																				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME USDA Forest Service EFF Pay Center	GOVERNMENT AGENCY ADDRESS 324 25th Street Ogden, UT 84401
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT																					
		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																						<table border="1" style="width: 20px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> </tr> </table>	
FINANCIAL INSTITUTION CERTIFICATION																									
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240,209, and 210.																									
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER																					
				DATE																					

Financial institutions should refer to the GREEN BOOK for further instructions

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ^{U.S.} 1000
AUSTIN, TEXAS
Check No. 0000 - 4157815
Month Day Year
08 31 84
Pay to the order of 28-683-775-00
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543
28 28
VA COMP
DOLLARS CTS
\$ 100 00
NOT NEGOTIABLE
@000000518: 041571926

SPECIAL NOTE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 119A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete; i.e., after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

Forest Service – Emergency Firefighter Payments OF-288 Audit Procedures

Approving Official (designated by unit) shall assure the OF-288 – Fire Time Reports submitted for payment to the Casual Pay Center are casual hires and that the OF-288 is reviewed for the following:

- Block 2. Social Security Number: **Legible and matches I-9 and W-4.**
- Block 4. Type of Employment: **Verify individual is a Forest Service Casual. DO NOT** submit an OF-288 for State or Rural workers that will be paid by the State and billed back to the Forest Service.
- Block 6. Hired At: **Unit Identifier Code** for the location hired at, i.e., ID-BOF for Boise National Forest
- Block 10. Name: **Legible and shown exactly as shown on the Social Security card.**
- Block 11. Address: **Legible check mailing address.**
- Blocks 12 thru 14. City, State and Zip Code: **Completed and legible**
- Block 20. Fire Location Identification Columns A thru D: These are **critical fields to review:**

Column A	
1. Fire Name Spring Canyon Fire	
2. Fire No. OR-DEF-AZY2	3. Unit Code 0601
4. Fire Location DEF	5. State OR
6. Firefighter Classification FFT2(T) AD-1	7. Rate \$ 9.96

- # 2 Fire Number. **Check Incident Order Number i.e., OR-DEF-AZY2. This is the key field for financial data in the Casual Payment System.** It is essential this field is correct
- # 3 Unit Code: **Unit Code of the incident unit , i.e., 0601 for Region 6, Deschutes NF**
- # 4 Fire Location: **Location the individual is working**
- # 5 State: **Enter State code (Example: OR)**
- # 6 Firefighter Classification: **Check AD class AND incident job title, i.e., AD-1 FFT2 (T)**
- # 7 Rate: **Assure AD rate is consistent with title as outlined in the Pay Plan for Emergency Workers and Geographical Area Supplements.**
- 12. Time Officer's Signature: **Completed and legible. NOTE: Only one time officer signature is required on each OF-288.**
- The column totals and mathematical computations do not need to be audited.
- Block 21. Section D Accounting Classification: **Enter Job Code assigned to incident i.e., P4AZL3. You do not need to carry forward the rate, hours and totals unless there is more than one job code being charged.**
- Block 25. Employee Signature: **Completed**
- Block 26. Time Officer Signature: **Completed and legible – only one time officer signature is required on each OF-288.**

Staple multiple time sheets for the same individual together with the earliest dates on top and same incident numbers. Transmit to the Casual Pay Center with letter from Approving Official.

Incident units should keep a copy of the Emergency Firefighter Time Report (OF-288) for their records.

Template of 6540 Memo from Approving Official to Casual Pay Center



United States
Department of
Agriculture

Forest
Service

Unit Name

Address

File Code: 6540

Date:

Route To:

Subject: Payment of Casual Hire, Emergency Firefighter Time Reports

To: Casual Pay Center (Transmit via overnight mail – Saturday delivery)
324 25th St.
Ogden, UT 84401

Enclosed are the forms necessary for processing casual hire payrolls as follows:

Unique Unit "Batch Number" to track this payroll:

_____ (ID-BOF-001)

Number of OF-288's Mailed:

List of Casual Names submitted (or attach list):
(For Crews attach Crew Manifest)

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.
- Original I-9's are completed and attached or have been previously submitted.
- Original W-4's for Federal withholding are complete and attached, or previously submitted.
- Original 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.
- 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.
- Casual Hire Information Form is attached to original OF-288
- Other (explain): _____

If you have any questions, please contact (*name*), at 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.

NAME

Approving Officer

Enclosures

