

POINT OF HIRE TASK LIST

<u>LOCATION</u>	DESIGNATED CREW	3-LETTER CODE	DOF CREW TASK	ADMIN OFFICE	AGENCY	# OF CREWS
Allakaket	Y	6A8		TAD	AFS	1
Aniak		ANI	F302	SWS	DOF	
Chevak	Y	VAK	F303	SWS	DOF	1
Coastal Region			F709			
Copper Center		GKN	F304	CRS	DOF	
Delta	Y	BIG	F305	DAS	DOF	1
Dillingham		DLG	F327	SWS	DOF	
Fairbanks	Y	FAI	F306	FAS	DOF	2
Ft. Yukon	Y	FYU		UYD	AFS	2
Grayling	Y	KGX		GAD	AFS	1
Haines/Juneau		JNU	F307	SWS	DOF	
Hooper Bay	Y	HPB	F309	SWS	DOF	2
Homer		HOM	F308	KKS	DOF	
Huslia	Y	HLA		GAD	AFS	2
Kalskag, Lower	Y	KLG	F310	SWS	DOF	1
Kalskag, Upper	Y	KLG	F324	SWS	DOF	1
Kaltag	Y	KAL		GAD	AFS	1
Kenai/Soldotna		ENA	F328	KKS	DOF	
Koyukuk	Y	KYU		GAD	AFS	1
Marshall	Y	3A5		GAD	AFS	1
McGrath		MCG	F311	SWS	DOF	
Mentasta		MEN	F312	TAS	DOF	
Minto	Y	51Z		TAD	AFS	1

Nenana		ENN	F313	FAS	DOF	
New Stuyahok		KNW	F326	SWS	DOF	
Nikolai		5NI	F314	SWS	DOF	
Nondalton	Y	5NN	F315	SWS	DOF	1
Northern Region			F708			
Northway		ORT	F317	TAS	DOF	
Nulato	Y	NUL		GAD	AFS	1
Palmer		PAQ	F318	MSS	DOF	
Ruby	Y	RBV		GAD	AFS	1
Scammon Bay		SCM	F325	SWS	DOF	
Selawik	Y	WLK		GAD	AFS	1
Shageluk		SHX	319	SWS	DOF	
Slana		GKN	F308	TAS	DOF	
Sleetmute		SLQ	F320	SWS	DOF	
St. Michael	Y	5S8		GAD	AFS	1
Stebbins	Y	WBB		GAD	AFS	1
Tanacross		TSG	F321	TAS	DOF	
Tetlin		3T4	F322	TAS	DOF	
Tok		6K8	F323	TAS	DOF	
Upper Tanana	Y	TSG		TAD	AFS	2
Venetie	Y	VEE		UYD	AFS	1

Fairbanks – JBA - Home Unit Z31F

Copper River/Delta/Fairbanks/Nenana/Northern Region/Northway/Tanacross/Tetlin/Tok/Mentasta

Anchorage – EBA – Home Unit Z31A

ALL OTHER LOCATIONS

AFS Areas:

GAD - Galena Zone, Galena

TAD - Tanana Zone, Tanana

UYD - Upper Yukon Zone, Fairbanks

DOF Areas:

SWS - Southwest Area, McGrath – Home Unit Z31A

MSS - Mat-Su Area, Palmer – Home Unit Z31A

CRS - Valdez-Copper River Area, Glennallen – Home Unit Z31F

TAS - Tok Area, Tok – Home Unit Z31F

DAS - Delta Area, Delta – Home Unit Z31F

FAS - Fairbanks Area, Fairbanks – Home Unit Z31F

KKS - Kenai-Kodiak Area, Soldotna – Home Unit Z31A

Appendix C – EFF Classifications/Pay Rates

Title	Mnemonic	Rate	Title	Mnemonic	Rate
Admin Aide***		EFF-5	Helicopter Crew Member*	HECM	EFF-4
Advanced Emergency Med Tech (not fireline)	AEMT	EFF-8	Incident Commander Type 5*	ICT5	EFF-5
Advanced Emergency Med Tech (fireline)	AEMF	EFF-9	Incident Commander Type 4*	ICT4	EFF-6
Agency Representative*	AREP	EFF-11	Incident Commander Type 3*	ICT3	EFF-10
Aircraft Base Radio Operator*	ABRO	EFF-4	Incident Communication Center Mgr*	INCM	EFF-5
Aircraft Dispatcher*	ACDP	EFF-8	Incident Communication Technician	COMT	EFF-6
Air Support Group Supervisor*	ASGS	EFF-10	Initial Attack Dispatcher *	IADP	EFF-8
Air Tactical Group Supervisor*	ATGS	EFF-10	Interagency Resource Rep*	IARR	EFF-9
Air Tactical Supervisor	ATS	EFF-11	Laborer***		EFF-3
Airtanker Base Manager*	ATBM	EFF-10	Lead Accounting/Admin Tech***	ACCT	EFF-7
Base Camp Manager*	BCMG	EFF-5	Line Officer***	LINE	EFF-11
Camp Crew Member***	CAMP	EFF-1	Loadmaster***	LOAD	EFF-9
Camp Crew Squad Boss***		EFF-3	Mixmaster*	MXMS	EFF-7
Camp Crew Boss***	CACB	EFF-4	Materials Handler *	WHHR	EFF-5
Cache Liaison		EFF-7	Materials Handler Leader *	WHLR	EFF-6
Carpenter***	CARP	EFF-9	Mechanic (Automotive/Heavy Equip)***	GMEC	EFF-7
Clerk***		EFF-3	Mechanic, Maintenance***	FMNT	EFF-6
Comp for Injury Specialist	INJR	EFF-5	Medical Unit Leader*	MEDL	EFF-8
Cook, Head Camp***	COOK	EFF-6	Operations Branch Director*	OPBD	EFF-11
Cook Helper***	THSP	EFF-3	Ordering Manager*	ORDM	EFF-5
Crew Administrative Representative***	CAR	EFF-8	Personnel Time Recorder*	PTRC	EFF-5
Crew Representative*	CREP	EFF-7	Pilot* or Pilot***	PILO	EFF-12
Deck Coordinator*	DECK	EFF-6	Prevention/Education Team Leader	PETL	EFF-11
Detection Specialist***	AOBS	EFF-6	Prevention/Education Team Member	PETM	EFF 10
Crew Representative*	CREP	EFF-7	Prevention Technician***	PREV	EFF-6
Division/Group Supervisor*	DIVS	EFF-10	Public Information Officer Type I*	PIO1	EFF-12
Driver, CDL Required	DRCL	EFF-5	Public Information Officer Type II*	PIO2	EFF-11
Driver, >1 Ton and ≤ 4 Tons (No CDL)	DRIV	EFF-4	Public Information Officer*	PIOF	EFF-9
Emergency Medical Tech Basic	EMTB	EFF-7	Radio Operator*	RADO	EFF-4
Emergency Medical Tech Fireline	EMTF	EFF-8	Ramp Manager*	RAMP	EFF-6
Emergency Medical Tech Paramedic (fireline)	EMPF	EFF-10	Receiving & Dist. Manager*	RCDM	EFF-5
Emergency Medical Tech Paramedic	EMTP	EFF-10	Resource Advisor***	READ	EFF-9
Engine Boss* or Engine Boss**	ENGB	EFF-6	Retardant Crewmember***	THSP	EFF-6
Equipment Inspector	EQPI	EFF-4	Safety Officer Type 1*	SOF1	EFF-12
Engine Operator* or Engine Operator**	ENOP	EFF-5	Safety Officer Type 2*	SOF2	EFF-11
Equipment Manager*	EQPM	EFF-5	Safety Officer, Line*	SOFR	EFF-9
Equipment Time Recorder*	EQTR	EFF-5	Section Chiefs Type 1*		EFF-12
Expanded Dispatch Recorder*	EDRC	EFF-3	Section Chiefs Type 2*		EFF-11
Expanded Dispatch Coordinator*	CORD	EFF-10	Security Guard	SECG	EFF-3
Expanded Supervisory Dispatcher*	EDSP	EFF-8	Security Manager*	SECM	EFF-5
Expanded Support Dispatcher*	EDSD	EFF-6	Staging Area Manager*	STAM	EFF-6
Basic Faller *	FAL3	EFF-4	Status Check-In Recorder*	SCKN	EFF-5
Intermediate Faller *	FAL2	EFF-5	Strike Team Leader -All Types*		EFF-8
Advanced Faller *	FAL1	EFF-10	Structure Protection Specialist*	STPS	EFF-10
Field Observer*	FOBS	EFF-6	Take Off and Landing Coordinator*	TOLC	EFF-6
Firefighter Type 1*	FFT1	EFF-4	Task Force Leader*	TFLD	EFF-8
Firefighter Type 2*	FFT2	EFF-3	Unit Leaders* (w/ exception of		EFF-8
Firefighter, Single Resource, IA Yr 2 +		EFF-4	DOCL & PROC which are EFF 6 & 9 respectively)		
Fire Behavior Analyst*	FBAN	EFF-10	Warehouse Work Leader***		EFF-5
Fire Investigator*	INVF	EFF-11	Warehouse Worker***		EFF-4
Fixed Wing Base Manager*	FWBM	EFF-9			
Fixed Wing Parking Tender*	FWPT	EFF-3	Type 2 Crew		
Food Service Worker***		EFF-1	Crew Member*	FFT2	EFF-3
Fork Lift Operator***	FLOP	EFF-2	Squad Boss*	FFT1	EFF-4
Fueler***		EFF-2	Crew Boss*	CRWB	EFF-6
Fuel Specialist***	FUEL	EFF-4			
GIS Specialist*	GISS	EFF-7	Type 3 General Staff Positions		
Heavy Equipment Boss	HEQB	EFF-6	Finance/Admin Section Chief Type 3	FSC3	EFF-10
Helicopter Manager, Single Resource*	HMGB	EFF-7	Logistics Section Chief Type 3	LSC3	EFF-10
Helibase Manager Type 2*	HEB2	EFF-8	Operations Section Chief Type 3	OPS3	EFF-10
Helibase Manager Type 1*	HEB1	EFF-9	Planning Section Chief Type 3	PSC3	EFF-10

* Must meet ICS requirements and possess a valid Red Card. Trainees are hired at one pay rate below qualified hires.

** Must be dispatched as part of a Structure Fire Department (SFD) unit of apparatus.

*** Alaska positions, local hire, not normally sent to the Lower-48 states except for CAR.

+Non-ICS position, use mnemonic only in Alaska.

EFF-1	\$12.44	EFF-6	\$ 20.09	EFF-11	\$32.86
EFF-2	\$13.65	EFF-7	\$ 21.93	EFF-12	\$39.40
EFF-3	\$15.25	EFF-8	\$ 24.58	EFF-13	\$46.83
EFF-4	\$16.76	EFF-9	\$ 27.16		
EFF-5	\$18.43	EFF-10	\$ 29.91		

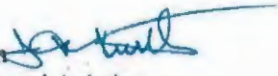
To get the rate of a position not listed here, the equivalent can be found in the Federal AD pay plan or contact the Admin Officer Northern Region at (907) 451-2663. THSPs must be approved through the training Officer (907) 822-3305 and the State Fire Operations Forester

MEMORANDUM
Department of Natural Resources

STATE OF ALASKA
Division of Forestry

TO: All Fire Staff

DATE: August 5, 2014

Thru: Tom Kurth 
Chief, Fire and Aviation
tom.kurth@alaska.gov

TELEPHONE NO.: (907) 451-2675

SUBJECT: Single Resource
Self Sufficiency



Recent mobilizations to the firefighting effort in the Lower 48 and Canada have brought forth issues regarding "self-sufficiency" for single resources, particularly emergency fire fighters (EFF). The expectation of self-sufficiency is that a single resource can navigate their way to/from and often during an entire incident. Self-sufficiency can be defined as providing for one's own needs without external assistance. This has been a long standing trend on Lower 48 fire assignments. DOF is not expected to provide these on a short term basis outside of our regular state employees. The Division of Forestry needs to adjust to this expectation and individuals, particularly EFF, will need the following:

- Cell phone with Lower 48 coverage,
- Driver's license – a Class D (rural) off highway license does not meet this requirement,
- Credit Card with an available balance of at least \$2500. A debit card or cash will not satisfy this requirement. A personal credit card would have to be the requirement for EFF,
- Completed and signed time sheets (OFF-288) for all hours claimed on assignment and submitted to home unit administration on return,
- An ability to document and complete travel authorization (TA) upon return,
- Credit card receipts for all assignment related charges.

If a firefighter is not capable of being self-sufficient, it is possible that they can still participate in alternative mobilizations. This would include crew mobilizations, helicopter modules, engine assignments, or assignments where they would be paired up with regular agency employees who are self-sufficient.

We are also examining ways to assist through this transition. For example, SLC is setting up car rental agreements to allow for direct billing to a fire. If we have an incident or cooperating agency with prior approval that can guide a resource through the transportation, meals and lodging, and related requirements, we can facilitate that order. This process must have prior approval with sending and receiving agency dispatch approvals. This method is often impractical in today's Lower 48 environment.

This situation does not apply to Alaskan incidents where we often are providing all the requirements to and from an incident.

We will also develop a "Single Resource EFF Guide" to assist DOF in oversight regarding single resources.

PERSONNEL ACTION - EMERGENCY FIREFIGHTER

Employee ID# <u>XXXXXX</u>	New Hire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Change of Address
Name <u>John Doe</u>	<input type="checkbox"/> Crew <input checked="" type="checkbox"/> Single Resource
Date of Birth <u>01-02-1956</u>	Are you at least 18 years old? <input checked="" type="checkbox"/> Yes
Home Phone <u>907-000-0000</u>	Are you a State Employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	Are you related to a DNR State Employee or non-crew EFF? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address for Psychiatric <u>PO Box 1111</u>	Same address for W 27 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>North Pole AK 99705</u>	If "No" please fill in: _____

EMERGENCY CONTACT INFO

Name: <u>John Doe</u> Address: <u>PO Box 1111</u> <u>North Pole AK 99705</u> Phone #: <u>907-000-0000</u>	Name: <u>John Doe Sr</u> Address: <u>PO Box 2222</u> <u>North Pole AK 99705</u> Phone #: <u>907-000-0000</u>
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CONDITION OF HIRE AND BLOODBORNE PATHOGEN ACKNOWLEDGMENT

I have read, or had read to me, and understand the documents noted in items I and II listed below:
 I. State of Alaska - Division of Forestry's Conditions of Hire; and I agree to abide by them throughout the duration of employment, and
 II. State of Alaska brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize that by doing so, I have fulfilled the Level I training requirement of the Bloodborne Pathogens Exposure Control Plan.

Signature of EFF Employee: John Doe Date: 05-01-20XX
 Signature of Witness (Hiring Person): Admin Asst Date: 05-01-20XX

TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: 05-01-20XX Check here if Social Security Card was requested but the employee was unable to provide a copy

Job Title: Field Observer (F.O.B.S.)

Home Unit/Task: Z31F - F313

Crew Name (if applicable): Single Resource

3 Letter Designator: NICM (3-letter code)

EFF Type - Check One: Pay Rate - Check One:

Crew Member <input checked="" type="checkbox"/> EFF 1 _____ Squad Boss _____ EFF 2 _____ Crew Boss _____ EFF 3 _____ Other _____ EFF 4 _____ EFF 5 _____ EFF 6 <input checked="" type="checkbox"/> _____	EFF 7 _____ EFF 8 _____ EFF 9 _____ EFF 10 _____ EFF 11 _____ EFF 12 _____ EFF 13 _____
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HR Staff - Input by: _____

3/31/2017

Reviewed by (initials): aa
 Date sent to Region: 05-01-20XX

INSTRUCTIONS FOR PERSONNEL ACTION-EMERGENCY FIREFIGHTER

1. Employee ID#: Make sure it matches on all paperwork
2. Always mark "New Hire" the first time the EFF Personnel Action is done each season
3. Name: Full legal name, include Jr., Sr., etc. No nick names
4. Hired as crew or single resource
5. Date of Birth: Verify 18 years of age
6. Must be at least 18 year's old
7. Home Phone: Village phone, cell phone, or contact phone may be used
8. Are you a State Employee? If the answer is yes, immediately contact the Regional Admin Officer so they can determine if the hire will be approved
9. Married or single
10. For non-crew EFF only: If answer to this question is "yes", a request for EFF Nepotism Waiver form must be filled out
11. Where paycheck should be mailed
12. If not the same as paycheck, you must provide address where your W-2 should be sent
13. Emergency Contact Information: Include 2 contacts when possible
14. Employee Signature: Employee signs here to acknowledge Conditions of Hire for Emergency Firefighters and the brochure "Protecting Employees From Hepatitis A Virus, Hepatitis B Virus and Human Immunodeficiency Virus", have been read and understood
15. Date of employee signature
16. Witness or Hiring Person: Must be signed
17. Date of Witness Signature
18. Date of Hire
19. Social Security Card requested but employee was unable to provide, check box
20. Job Title: Must be from the EFF Classification List. Exceptions must be requested through the Training Office and approved by the State Fire Operations Forester
21. Home Unit Z31A or Z31F/Task. See list on pages 7 & 8
22. Crew name: See Point of Hire Charge Code List on pages 7 & 8. If not on a crew, write "Single Resource"
23. 3 Letter Designator: Generally the 3-letter airport designator for the EFF's point of hire
24. EFF Pay Rate: Must match EFF type and qualifications
25. EFF Type: Check only one
26. Other: Check when hiring non-crew EFF

STATE OF ALASKA (1) Hooper Bay # 1

DIVISION of FORESTRY		PASSENGER and CARGO MANIFEST					
ORDERING UNIT OR ORDER NUMBER (2) AK-CRS-042		INCIDENT NAME (3) Glenn Fire		INCIDENT NUMBER (4) 73X14042			
NAME OF CARRIER (5) Hageland		VEHICLE # AND TYPE (6) N732A		VEHICLE OPERATOR or AIRCRAFT PILOT NAME (7) Joe Pilot			
CHIEF OF PARTY (8) Boss Mann		REPORT TO (9)		IF DELAYED, CONTACT (10) CRS			
DEPARTURE		INTERMEDIATE STOPS			DESTINATION		
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE	
(11) HPB			(12) MCB			(13) GKN	
PASSENGER AND OR CARGO NAME		M	F	PASSENGER WEIGHT (15)	CARGO WEIGHT (16)	DUTY ASGMT. IF APPLICABLE (17)	HOME UNIT (18)
1.	(14) Boss Mann CB	X		220	42	(19)	(20)
2.	Joe Friday SB	X		165	40		
3.	Henry Lake SB	X		160	43		
4.	William Ivarson SB	X		170	40		
5.	Joe Crew CM	X		185	42		
6.	Sandra Smith CM	X		125	42		
7.	Candy Clark CM	X		130	40		
8.	Colin McKenzie CM	X		140	41		
9.	Ben Prax CM	X		200	43		
10.	Leanna Williams CM	X		130	42		
11.	Amanda Copeland CM	X		140	40		
12.	AJ Pirrotta CM	X		165	41		
13.	Jeff Monck CM	X		210	42		
14.	John Bjunes CM	X		170	40		
15.	Dan Anderson CM	X		185	43		
16.	Larry Malmberg CM	X		165	43		
17.	Cindy Lands CREP	X					
18.							
19.							
20.							
21.							
22.							
SIGNATURE OF AUTHORIZED REPRESENTATIVE (21) Sally Mae House						DATE 05/01/0X	

10-3138 (3/87) Distribution: White - Retain in Book Yellow - Chief of Party Pink - Check in Recorder/Mail Goldenrod - Pilot or Driver

INSTRUCTIONS FOR PASSENGER AND CARGO MANIFEST

Prepare a Passenger and Cargo Manifest (SOA form 10-3138, page 16) if personnel are to be transported away from the point of hire. Press firmly through all four layers.

Regardless of the mode of transportation for the crew, a manifest should be prepared. This document serves as an excellent tracking tool, and it provides for expedience in the event that transportation plans change.

1. Crew Name if applicable in the upper right-hand corner
2. Ordering unit or order number: Resource order number
3. Incident Name: Name of incident
4. Incident Number: 8-digit state fire number
5. Name of Carrier: Use air transportation carriers name or ground transportation name (i.e.: Laidlaw, Evergreen)
6. Vehicle # and Type: Use tail number, license plate number, or equipment number
7. Name of vehicle operator or aircraft pilot
8. Chief of Party: Crew Boss or Crew Representative's name
9. Report to: Leave blank
10. If Delayed contact: Hiring dispatch office
11. Departure Place: Airport or town party is leaving (use 3 letter designator)
12. Intermediate Stops: Aircraft only, refueling stops
13. Destination Place: Final destination if possible
- 14-20. Self-explanatory
21. Signature of Authorized Representative: Must have a signature
22. Date: Date when manifest is prepared
23. Distribution: 4 copies (1 with crew, 1 forwarded to SLC or Area office, 1 retained by hiring official, 1 with aircraft pilot or bus driver)

**STATE OF ALASKA
DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION**

This form names the people you want to receive unpaid wage compensation in the event of your death while an employee of the State of Alaska. It can also be used to change those names at any time. Your wishes may not be carried out as intended if the form is not completed correctly.

Employee Name John Doe, JR Department Natural Resources
 Employee ID 123-45-6789 Date of Birth 01/02/1956
 INITIAL AUTHORIZATION CHANGE

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
Name <u>John Doe, SR</u>				Name <u>Jane Doe</u>			
Address <u>P.O. Box 321</u>				Address <u>P.O. Box 321</u>			
City, State & Zip Code <u>McGrath, AK 99627</u>				City, State & Zip Code <u>McGrath, AK 99627</u>			
Relationship <u>Father</u>	DOB (if minor)	Percentage <u>100</u>	%	Relationship <u>Mother</u>	DOB (if minor)	Percentage <u>50</u>	%
Name				Name <u>Tom Doe</u>			
Address				Address <u>P.O. Box 321</u>			
City, State & Zip Code				City, State & Zip Code <u>McGrath, AK 99627</u>			
Relationship	DOB (if minor)	Percentage	%	Relationship <u>Brother</u>	DOB (if minor)	Percentage <u>50</u>	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
TOTAL PRIMARY PERCENTAGE MUST EQUAL			100%	TOTAL CONTINGENT PERCENTAGE MUST EQUAL			100%

Employee Signature <u>John Doe Jr</u>	Date <u>5/1/20XX</u>	Witness <u>Admin Assistant</u>	Date <u>5/01/20XX</u>
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INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Payroll Services Section or Agency HR Office, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, P.O. Box 110204, Juneau AK 99811-0204.

Rev. 04/25/2012

Instructions for Emergency Firefighter Time Report (OF-288)

- Block 1:** EI-Suite will create a unique identifier number for each employee. Use only 7 digits followed by A,B,etc., for multiple pages.
- Block 2:** Unique Employee ID: Assigned by State of Alaska payroll.
- Block 3:** Type of Employment: EFF are "Other" employees. Write "State EFF."
- Block 4:** Hiring Unit Name
- Block 5:** NAME (First, Middle, Last)
- Block 6:** Hiring Unit Phone Number
- Block 7:** Hiring Unit Fax Number
- Blocks 8-14:** Self-explanatory
- Block 15:** Accounting Code
- Year:** Put in Year
- Block 16:** Total hours of column
- Block 17:** Total hours of all columns
- Block 18:** Commissary and Travel
- Block 19:** Remarks
- Block 20:** Employee Signature
- Block 21:** Time Officer Signature

See Chapter 2 Incident Payroll for recording time and closing out OF-288.