

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					A					Same as Column					A   B					Same as Column					A   B   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., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	14. AD Rate			12. Position Code (e.g., FFT2-T)	13. AD Class	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    2021	16. Total Hours				Year    2021	16. Total Hours				Year    2021	16. Total Hours				Year    2021	16. Total Hours													
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															<b>17. Total Hours (all columns):</b>														
<b>18. Commissary and Travel</b>															<b>For Payment Center use only</b>														
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)				18d. Reimbursement		18e. Deduction		18f. Firecode																			
<b>Total</b>						\$		\$																					
<b>19. Remarks</b>															<b>20. Employee Signature</b>														
															<b>21. Time Officer Signature</b>														
<small>NOTE: The above items are correct and proper for payment from available appropriations.</small>																													

## HAZARD PAY WORKSHEET

NAME: LAST, FIRST MI

EID#: XXXXXXX

PAY PERIOD ENDING: \_\_\_\_\_

NOTE: USE MILITARY TIME (24 HOUR CLOCK) TO RECORD START/STOP TIMES.

[illegible]

I CERTIFY THAT ALL TIME AND CHARGES REPORTED FOR THE ABOVE NAMED EMPLOYEE ARE ACCURATE.

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Using one line for each day of activity, enter start/stop time for each period of activity. Note CC/LC codes if applicable. A description of the activity should be written in the comments section, i.e. working under helicopter, climbing tower, diving, handling explosives.

- Enter Name, Employee ID, and pay period, to correspond with the front of the DNR Time and Attendance Report.
- Date: Enter date of hazardous duty. More than one line may be necessary for a given date.
- UP & DOWN: Enter time hazardous work begins and ends for each occurrence. Use military time.
- Enter on a separate line of the timesheet, from the drop-down Event Code & Description, Hazard (206) and the correct fire #, (LDP). The last column of the worksheet the 8-digit fire code can be entered for DOF use only.

Attachment C: Processing Incident Time Reports for Casuals

**TRANSMITTAL SHEET**

Date:

From:

Subject: Incident Time Reports and/or Hiring Documents

To: [blm\\_ak\\_afs\\_casualhire@blm.gov](mailto:blm_ak_afs_casualhire@blm.gov)

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: \_\_\_\_\_

Please provide your Team and Unit contact information below:

Incident team contact Name/email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Incident team contact Name/email: \_\_\_\_\_ Phone#: \_\_\_\_\_