

**2022 - Fairbanks Job Center Application - 2022
BLM or DNR Emergency Firefighter or Casual Support Worker**

Note to Applicant: You are applying for emergency work with BLM or DNR. If hired, you must comply with the provisions of the 1986 Immigration Control Act and you are expected to possess and show documentation supporting your legal right to work in the United States. **Income taxes are withheld from pay. Earnings do not qualify for unemployment benefits.**

PERSONAL INFORMATION: Print Name and Address below. List all contact telephone numbers.

Last Name:	First Name:	MI:	Phone/Message/Cell #:
Mailing Address:			Email:
City:	State:	Zip:	

SCREENING QUESTIONS: Answer the following questions YES or NO by circling the appropriate response.

1. Are you currently a BLM or State of Alaska employee?	YES	NO	7. Do you have a current Interagency Qualification Card (Red Card)?*	YES	NO
2. Are you related to any current BLM or State of Alaska, Division of Forestry employee?	YES	NO	8. Are you a Veteran of the Armed Forces of the United States?	YES	NO
3. Have you ever been convicted of a felony?	YES	NO	9. Are you an active duty member of the Armed Forces of the United States?	YES	NO
4. Have you ever been convicted of a misdemeanor?	YES	NO	10. Are you available for field assignment for up to 14 days?	YES	NO
5. Have you been convicted of a misdemeanor within the past five years? (State)	YES	NO	11. Do you have a valid Alaska Drivers' License?	YES	NO
6. Are you at least 18 years of age?	YES	NO	12. Do you have a current Commercial Drivers' License? If YES, list endorsements _____		

JOB INTERESTS: What kind of work are you available for? Pick three; number them in order of preference (1, 2, 3) in box on the right.

Administrative/Office		Dispatcher/Teletype Operator		Motor Vehicle Operator	
Aircraft Fueler		Firefighter * (Must have Red Card)		Radio Operator	
Barracks Worker		Food Service Worker		Ramp Specialist	
Carpenter		Forklift Operator		Timekeeper	
Clerk/Typist		Laborer		Warehouse Worker	
Cook		Maintenance Mechanic		Other (list)	

EXPERIENCE AND TRAINING: Describe job experience, training and fire classes which qualify you for the jobs you listed above.

Job Experience/Training	Supervisor/Telephone Contact	Dates Worked (MO/YR)
1.		
2.		
3.		

By my signature below, I certify that the above information is true and complete to the best of my knowledge. I understand that if I deliberately conceal or enter false information on this form, that my name may be removed from eligibility or that I may be removed from my job; that the information in this application may be released in an investigation; and that for the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I understand that an official DMV print-out of my driving record may be required if I am offered a job. I agree that BLM, the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information. I understand this application is not an offer or guarantee of hiring or employment.

APPLICANT SIGNATURE _____ **DATE** _____

*****Agency Use Below*****

DNR RED CARD, SAFETY TRAINING AND FITNESS TESTING INFORMATION:	Has Applicant ever had a Red Card? YES NO	Tested by: _____	Issued by: _____	Date: _____
	Fireline Safety Refresher? YES NO	Given by: _____	Location: _____	Date: _____
	Fitness Level Required: _____	"Pack Test" Time: _____	1.5 Mile Run Time: _____	Date: _____

JOB CENTER CONTACT INFO AND DATE:
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**2022 - IMPORTANT INFORMATION from FAIRBANKS JOB CENTER - 2022
EMERGENCY FIREFIGHTER AND CASUAL SUPPORT WORKER APPLICANTS**

1. The recruitment period for EFF (Emergency Firefighters and Incident Support Workers) is the month of April. Applications will be accepted by the Fairbanks Job Center during normal business hours in April. Recruitment time may be extended if there is a shortage of applicants.
2. Completion of an application **does NOT guarantee you a job, nor does it guarantee you a referral.**
3. Only one (1) application per person. **Yellow applications are for military veterans and white applications are for non-veterans.**
4. YOU MUST HAVE A HOME TELEPHONE NUMBER OR A **RELIABLE** MESSAGE PHONE NUMBER (OR BOTH)! An incomplete application **will** hinder your chances of being referred.
5. Submit completed applications to the Fairbanks Job Center at 675 7th Avenue, Monday through Friday, 8:30 a.m. to 4:30 p.m. You will not be interviewed at the time of application.
6. Applications will be kept on file with the EFF Coordinator at the Fairbanks Job Center.
7. **The only time you should contact the Fairbanks Job Center EFF Coordinator is if your telephone number changes.** Please call 451-5958 to report changes in your telephone number.
8. **Job openings are dependent on fire activity.** When we are notified of openings, applicants will be contacted by telephone. If called, you will be given whatever information or instructions you will need (i.e., where to report, etc.). Please don't tie up our phone lines asking when there will be openings. Your guess is as good as ours, and we won't know until the fire agencies call us whether they need anyone or not. When we get the call, we'll notify qualified applicants with a phone call. As with all openings, veterans will be afforded preference in referral. **Remember**, if we are unable to contact you or if you do not respond to a telephone message quickly enough, we must continue calling other qualified applicants in order to fill the opening by the time needed.
9. Firefighter positions will require an Interagency Qualifications Card (Red Card). Some support positions hired for Fairbanks do not require a Red Card. Check the bulletin board in the hallway for Red Card/Physical Fitness Test dates and information.

PERSONNEL ACTION - EMERGENCY FIREFIGHTER 2022

Employee ID _____

New Hire Yes No Change of Address

Name: _____

Crew Single Resource

Date of Birth: _____

Are you at least 18 years old? Yes

Home Phone: _____

Are you a State Employee? Yes No

Married Single

Are you related to a DNR State Employee or non-crew EFF? Yes No

Address for Paycheck: _____

Same address for W-2? Yes No

If "No" please fill in: _____

EMERGENCY CONTACT INFO

Name: _____
 Address: _____

 Phone #: _____

Name: _____
 Address: _____

 Phone #: _____

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 Employee 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 _____

Date _____

Signature of Witness (Hiring Person) _____

Date _____

TO BE COMPLETED BY HIRING PERSONNEL:

EFF Hire Date: _____

Job Title: _____

Home Unit/Task _____

Crew Name (if applicable): _____

3 Letter Designator: _____ (3-letter code)

EFF Type - Check One:

Pay Rate - Check One:

	EFF 1	<u>\$13.48</u>	EFF 7	<u>\$23.76</u>
	EFF 2	<u>\$14.79</u>	EFF 8	<u>\$26.64</u>
Crew Member _____	EFF 3	<u>\$16.53</u>	EFF 9	<u>\$29.42</u>
Squad Boss _____	EFF 4	<u>\$18.16</u>	EFF 10	<u>\$32.43</u>
	EFF 5	<u>\$20.00</u>	EFF 11	<u>\$35.61</u>
Crew Boss _____	EFF 6	<u>\$21.80</u>	EFF 12	<u>\$42.64</u>
			EFF 13	<u>\$50.69</u>
Other _____				

HR Staff - Input by: _____

3/16/2022

Reviewed by (initials): _____

Date sent to Region: _____

Date: _____

In accordance with Division Policy, no person may be employed in an EFF position for the Division of Forestry who is the spouse of, or is in a conjugal relationship with, or related by blood or marriage within and including the second degree of kindred to, their immediate State supervisor,* or supervisor in the chain of command.

However, the Division of Forestry has determined a nepotism policy concerning EFF personnel is necessary for effective and efficient operations during emergency situations. Occasionally, emergency employment of personnel related to a DNR Employee is necessary to expedite business associated with an emergency. Authority is requested to employ the individual listed below as a non-crew EFF. He/she will not be placed in any situation where a supervisor/subordinate relationship is inconsistent with Division policy with another classified State employee or another non-crew EFF.

EFF Non-crew Employee

_____	_____
Name	Relationship
_____	_____
Location	Position

Regular DNR State Employee or Non-crew EFF

_____	_____
Name	Relationship
_____	_____
Location	Title

Additional information for Area Forester/MTM member consideration.

A current ORG chart must accompany request showing Supervisor relationship between employees.

Approvals/Disapprovals

_____	_____	Approval	Disapproval
Date	Area Forester or Unit Supervisor **	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	Approval	Disapproval
Date	DOF Management Team Member in Supervisory Chain	<input type="checkbox"/>	<input type="checkbox"/>

1. Get verbal approval from Area Forester for Area employee, State Support Forester for Warehouse/SLC/ Transportation positions, Administrative Officer for Regional Office positions, and State Fire Operations Forester for Statewide positions.
2. Complete Request for EFF Nepotism Waiver form, including additional information for consideration, and an org chart showing each person's position in the chain of command.
3. Appropriate Area Forester or Unit Supervisor signs form.
4. Forward completed form and support information to the Regional Administrative Officer.
5. Regional Administrative Officer will forward to DOF Management Team Member in the supervisory chain for approval within three days of hire.
6. If denied, the Regional Administrative Officer or Management Team Member will notify the Area/Unit they must terminate the EFF immediately.

*State supervisor is defined as a permanent classified employee of the State.

**Unit supervisors are the Regional Admin Officer, Fire Operations Forester, Aviation Supervisor, Fire Support Forester, etc.

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

The position for which you are being considered for appointment, PCN 10-_____ has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm during your employment. Therefore, you are required to complete this Qualification Inquiry – Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered “not interested” in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained because of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and during disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

Yes No

Today's Date: _____

If your answer to this question is “No”, you do not need to provide the information in item 2. You must, however; sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

2. If your answer to question number 1 is “Yes”, provide the following information with respect to the conviction(s):

Court/Jurisdiction (Copy of ACTUAL judgement): _____

Docket/Case Number: _____

Statute: _____

Charge: _____

Date Sentenced: _____

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, under Alaska State law as unsworn falsification (AS 11.56.201). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such report is grounds for disciplinary action, up to and including dismissal.

Name (Print or Type)

Signature

Date

GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional):		
2. To (Name and Position):		
3. From (Name and Position):		
4. Subject:	5. Date: Date	6. Time HHMM
7. Message:		
8. Approved by: Name:	Signature: _____	Position/Title:
9. Reply:		
10. Replied by: Name:	Position/Title:	Signature: _____
ICS 213	Date/Time: Date	

ICS 213 General Message

Purpose. The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communications Center for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

Preparation. The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

Distribution. Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Center for transmission.

Notes:

- The ICS 213 is a three-part form, typically using carbon paper. The sender will complete Part 1 of the form and send Parts 2 and 3 to the recipient. The recipient will complete Part 2 and return Part 3 to the sender.
- A copy of the ICS 213 should be sent to and maintained within the Documentation Unit.
- Contact information for the sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name (Optional)	Enter the name assigned to the incident. This block is optional.
2	To (Name and Position)	Enter the name and position the General Message is intended for. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
3	From (Name and Position)	Enter the name and position of the individual sending the General Message. For all individuals, use at least the first initial and last name. For Unified Command, include agency names.
4	Subject	Enter the subject of the message.
5	Date	Enter the date (month/day/year) of the message.
6	Time	Enter the time (using the 24-hour clock) of the message.
7	Message	Enter the content of the message. Try to be as concise as possible.
8	Approved by <ul style="list-style-type: none"> • Name • Signature • Position/Title 	Enter the name, signature, and ICS position/title of the person approving the message.
9	Reply	The intended recipient will enter a reply to the message and return it to the originator.
10	Replied by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position/title, and signature of the person replying to the message. Enter date (month/day/year) and time prepared (24-hour clock).

THSP Technical Specialist Request Form

This form is for Qualifications that DO NOT have approved rates, check the Pre-Approved THSP Request form before submitting.

Fill out the top portion and the Job/Rate Requested box, the form must be signed and dated to be valid. The request is sent to Statewide Training for approval routing and IQS entry. It can then be used as a a pay document to justify the approved rate.

Employee Full Name: _____

Worksite Location: _____

Supervisor Name: _____

Job Requested:

Rate Requested:

Justification of Job and Rate:

Send request to the Statewide Training Office:

kelly.gisolo@alaska.gov - sunshine.meitzner@alaska.gov - carrie.hale@alaska.gov

Requested by: _____ **Date:** _____

Email: _____ **Phone:** _____

DO NOT WRITE IN THIS SECTION! DO NOT FORWARD TO REGIONAL ADMIN OR OPERATIONS FORESTER!

Signature of Regional Administrative Officer

Date

Signature of Operations Forester

Date

THSP forms expire 12/31 of the calendar year they were approved

The Technical Specialist Qualification is used for Agency specific jobs that do not cross over to IROC, it is for a specific job and must have an associated pay rate, each additional job/rate requires a new request form.

THSP Technical Specialist Request Form - Pre- Approved Qualifications

This form is for Qualifications that have Pre-Approved rates. Fill out the top portion and select the qualification you are requesting from the box below, the form must be signed and dated to be valid.

The request is then sent to Statewide Training for IQS entry and can then be used as a a pay document to justify the given rate.

Employee Full Name: _____ Date: _____
Employee Work Location: _____
Supervisor Name: _____

Pre-approved THSP Qualifications		
	Admin Aide	EFF-5
	Camp Crew Squad Boss	EFF-3
	Cache Liaison	EFF-7
	Clerk	EFF-3
	Cook Helper	EFF-3
	Crew Administrative Representative	EFF-8
	Firefighter, Single Resource, IA 2 yr	EFF-4
	2 + Food Service Worker	EFF-1
	Fueler	EFF-2
	Laborer	EFF-3
	Warehouse Worker	EFF-4
	Warehouse Work Leader	EFF-5
	FEMA - Greeter/Observer	EFF-5

Send request to the Statewide Training Office:
kelly.gisolo@alaska.gov - sunshine.meitzner@alaska.gov - carrie.hale@alaska.gov

Requested by: _____ Date: _____

The **Technical Specialist** Qualification is used for Agency specific jobs that do not cross over to IROC, it is for a specific job and must have an associated pay rate, each additional job/rate requires a new request form.

THSP forms expire 12/31 of the calendar year that they are approved

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 _____ Department _____

Employee ID _____ Date of Birth _____

INITIAL AUTHORIZATION

CHANGE

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
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	%
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	Date	Witness	Date
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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.

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er); \$19,400 if you're head of household; \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

CONDITIONS OF HIRE FOR
EMERGENCY FIREFIGHTERS

1. You are being hired as an emergency firefighter (EFF) by an agency of the U.S. Government or the State of Alaska. These agencies are referred to in this document collectively as the "Government". Procedures or policies that refer to either the federal or state agencies are specifically addressed. The work is hard and shifts often exceed 12 hours. Prompt compliance with your supervisor's instructions always is essential and mandatory. You must be at least 18 years old and in good physical health (a physical examination may be required at the discretion of your supervisor). Close living conditions in incident camps require personal cleanliness. Personal hygiene must meet standards set by your supervisor, particularly your hair, which must be maintained in such a way that a safety hat can be properly worn.
2. Disclosure of your Social Security Number (SSN) is NOT mandatory. Always provide YOUR FULL LEGAL NAME on your hiring documents, not nicknames.
3. You must have a current valid Government issued picture identification card (ID card) in your possession at the time of hire and for the duration of the assignment. You must also have documents that meet federal I-9 requirements to be hired.
4. Standard length for each assignment is 14 days, exclusive of travel time; however, this is not a guarantee of employment. The hiring agency or incident organization may release you at any time.
5. You are required to bring a sufficient supply of all necessary prescription medication for each incident assignment. Notify your regular Government supervisor of any potential life-threatening medical conditions, i.e., allergic reactions to bee stings.
6. You will be paid at an hourly rate. The Officer-in-Charge will advise you of the salary rate for your position.
7. Income tax will be withheld from your check. All pay as an EFF must be included as gross income for Federal Income Tax purposes. You may have to report it on your state income tax report, if applicable, in accordance with state instructions.
8. You will be given the opportunity to complete federal income tax withholding forms. Failure to complete the W-4, Employee's Withholding Allowance Certificate, will result in federal income tax withheld at the default tax rate (the highest withholding rate).
9. Alaska does not have a state income tax. If you wish income tax withheld for another state, you must provide the proper state income tax form to the Officer-in-Charge.
10. When you sign your OF-288 (timesheet), you are agreeing it is correct. Do not sign the report until you agree! Keep your time sheet copy until you are paid.
11. You can expect to receive payment within three to four weeks after the end of your employment period. The State of Alaska will mail your check to the address you provide on your hiring paperwork. Federal payments will be made either by Direct Deposit (if you complete the Direct Deposit form) or Treasury check mailed to your address of record.
12. You are required to bring your own personal items to and from the incident in a single bag. The total weight of your bag cannot exceed 45 pounds for the entire duration of the assignment. Radios, "boom boxes", or other electronic gear must not exceed one pound. Individuals exceeding the personal gear weight limitation must leave excess weight items behind. The Government will not be responsible for these items. MINIMUM clothing requirements are listed in the Emergency Fire Fighter Crew Management Guide, Section IV.B.2.a-h.
13. When you are hired for incident assignment whether or not you may be restricted to an incident camp or staging area is at the discretion of the Incident Commander, or local, regional, or agency policy. Your pay status will be determined by the Officer-in Charge following Interagency Incident Business Management Handbook and/or the Alaska Incident Business Management Handbook and the Emergency Firefighter Crew Management Guide.
14. Whenever the Officer-in-Charge decides it is necessary, the Government will furnish meals and lodging with no cost to you. You will not receive reimbursement for meals or lodging that you purchase, meals you do not accept, or when the Government is temporarily unable to furnish meals or lodging.
15. The Government will provide or pay for necessary transportation from the point of hire to the work location. The Government will also provide or pay for transportation back to the point of hire unless you are discharged due to a disciplinary action, quit without good reason, or intentionally deviate from your provided travel itinerary.

16. The cost of anything purchased through commissary will be deducted from your check. The Officer-in Charge may suspend your commissary privileges if purchases exceed wages earned, less tax withholding. Commissary purchases are included in your 45-pound weight limitation.
17. Designated Government property (such as hard hats, tools, sleeping bags, tents, Nomex clothing, etc.) issued to you must be returned. If they are lost, destroyed, or left in bad condition, the cost may be deducted from your check.
18. Report any damage to or loss of your personal property to your supervisor before you leave the incident camp. The Government assumes no responsibility for loss of personal items not needed for incident assignment. Reimbursement may be limited to predetermined maximum dollar amounts per item.
19. The Incident Commander may approve paid days off for personnel assigned at the incident. During paid days off periods, the Crew Boss will remain in charge. You are obligated to adhere to any conditions that have been established governing paid days off situations. EFF are not entitled to paid days off at their point of hire.
20. Possession of firearms, marijuana, illegal drugs, and illegal use of a controlled substance is prohibited. Possession or any evidence of usage constitutes grounds for immediate discharge.
21. Possession, use, and/or being under the influence of intoxicating beverages while in pay status constitutes grounds for immediate discharge.
22. Collection and/or transportation of wildlife during your period of employment may be grounds for immediate discharge.
23. If you are fired, or you quit without good reason before your scheduled demobilization, your pay will stop immediately. Additionally, the Interagency Resource Representative or Incident Commander will determine if the Government will provide transportation back to the point of hire or pay you for this travel time. If not, you will be responsible for these transportation costs and/or the costs of personal needs during the waiting time.
24. If you are on active duty with the Armed Forces (Army, Air Force, Navy, Marine Corps, or Coast Guard) you are ineligible for U.S. Government EFF work. If you are on active duty with the Alaska National Guard, you are ineligible for State of Alaska EFF work.
25. If you sustain an injury or become sick, report to your supervisor immediately.
26. THE U.S. GOVERNMENT AND THE STATE OF ALASKA ARE EQUAL EMPLOYMENT OPPORTUNITY EMPLOYERS. Unlawful discrimination or any kind of harassment will not be tolerated. (This includes behavior such as making threats, abusive language, slurs, unwelcome jokes, teasing and other such verbal or physical conduct). Creating a hostile work environment will not be condoned. (This includes verbal or physical conduct of a sexual nature, making unwelcome sexual advances or requests for sexual favors, and unreasonable interfering with the work of others).

I have read or had read to me, and understand, the State of Alaska Exposure Control Plan, the Bureau of Land Management Exposure Control Plan, or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the Level 1 training requirement of the Bloodborne Pathogens Standard.

I have been provided the opportunity to complete income tax withholding forms.

I have read or had read to me, and understand the above conditions and upon signing below, agree to abide by said conditions for the duration of this calendar year.

EFF'S PRINTED NAME	EFF'S SIGNATURE	SOCIAL SECURITY (LAST 4 DIGITS)

HIRING OFFICIAL'S PRINTED NAME	HIRING OFFICIAL'S SIGNATURE	DATE

**STATE OF ALASKA
QUALIFICATION INQUIRY – FIREARM POSSESSION**

The position for which you are being considered for appointment _____ has been identified as one for which the State of Alaska, as the employer, requires or permits you to possess or use ammunition or a firearm during your employment. Therefore, you are required to complete this Qualification Inquiry – Firearm Possession form before a job offer can be made.

In completing this form, you are advised of the following:

- a) The purpose is to obtain information that will assist in the determination of whether you are eligible for appointment to this specific position.
- b) You are directed to complete this form. You will be considered “not interested” in the position if you do not complete the form. If you are appointed to the position, disciplinary action, up to and including dismissal, may be taken if you fail to reply fully and truthfully.
- c) Neither your answers nor any evidence gained because of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9). However, the answers you furnish and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information, and during disciplinary action.

1. Have you ever been convicted of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A)?

Yes No

Today's Date: _____

If your answer to this question is “No”, you do not need to provide the information in item 2. You must, however, sign this form certifying that it is true and complete and that, if the position is offered and accepted, you will report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A), and deliver it to the interviewer.

2. If your answer to question number 1 is “Yes”, provide the following information with respect to the conviction(s):

Court/Jurisdiction (Copy of ACTUAL judgement): _____

Docket/Case Number: _____

Statute: _____

Charge: _____

Date Sentenced: _____

I hereby certify that all the information provided by me is true, correct, complete, and made in good faith. I understand that false, misleading, or incomplete information provided herein may be grounds for disciplinary action, up to and including dismissal, and is also punishable pursuant to federal law, including 18 U.S.C., Sec. 1001, under Alaska State law as unsworn falsification (AS 11.56.201). I agree that, if the position is offered and accepted, I will immediately report any future conviction of a misdemeanor crime of domestic violence within the meaning of 18 U.S.C., Sec. 921(a)(33)(A) to my supervisor. I understand that failure to provide such report is grounds for disciplinary action, up to and including dismissal.

Name (Print or Type)

Signature

Date

Revised: 2020

APPENDIX L
HEPATITIS B VACCINATIONS

The Occupational Safety and Health Administration requires employers to offer Hepatitis B vaccinations to employees who may be occupationally exposed to potentially infectious materials. The vaccinations come in the form of three vaccinations: an initial, a second after 30 days, and the final one six months after the initial vaccination.

If you receive an exposure to bloodborne pathogens, DOF-Alaska will offer the vaccinations at no cost to the employee or volunteers through a designated medical facility. The vaccinations protect personnel from Hepatitis B, a very serious form of hepatitis.

Symptoms of Hepatitis B include fatigue, fever, muscle or joint pain, nausea, vomiting, loss of appetite, and abdominal pain. Should you choose to decline the vaccination, you will be asked to sign a "Hepatitis B Vaccine Refusal Form" for DOF records. Should you decide at a later date that vaccination is in your best interest, DOF will provide the vaccination.

WHAT-TO-DO IF YOU ARE EXPOSED (ON THE JOB) TO HUMAN BLOOD OR BODY FLUIDS:

- * **IMMEDIATELY** wash the exposed area and report the exposure to your supervisor.
- * Medical evaluation and follow-up will be provided at no cost to you.
- * Medical evaluation, with your consent, will include a blood test to determine infectiousness.
- * Medical findings and evaluation are confidential.
- * Complete the following forms and give it to your supervisor:
 - 1) Employee Report of Occupational Injury or Illness (02-921)
 - 2) Exposure Incident Record (BBP)
 - 3) Health Care Provider Post-Exposure Evaluation (BBP)The Supervisor fills out the Supervisor's Accident Investigation Report (02-932)

STATE OF ALASKA



PROTECTING EMPLOYEES FROM

**HEPATITIS A VIRUS
HEPATITIS B VIRUS
AND
HUMAN
IMMUNODEFICIENCY
VIRUS**

Rev. 1/2020

APPENDIX L (Continued)

Division of Forestry employees and volunteers perform a variety of tasks such as handling refuse, coming in contact with blood on work surfaces, or giving First Aid/CPR that may expose them to potentially infectious materials. Exposure to Human Immunodeficiency Virus and Hepatitis A or B can be minimized if precautions are taken by the employee and the employer.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) is transmitted through sexual contact, contact with human blood or other body fluids, or contact with contaminated needles/syringes. HIV is the disease that can lead to AIDS.

HEPATITIS A VIRUS (HAV) is transmitted through contact with an infected person's feces or indirect fecal contamination of food or water supply. The Hepatitis A virus can survive outside the body for months. High temperatures, such as boiling or cooking food or liquids for at least 1 minute at 185°F (85°C), kills the virus, although freezing temperatures do not. Hands and utensils may carry sufficient amounts of the virus to enter the mouth to cause infection.

Protection for employees who may be occupationally exposed to Hepatitis A through exposure to human feces shall include safe work practices, personal protective equipment and employee awareness. Currently the Hepatitis A vaccination is not offered through DOF.

HEPATITIS B VIRUS (HBV) is transmitted to a person through sexual contact, blood transfusions, or contact with human blood/certain body fluids, contaminated needles, or from mother-to-child during the third trimester or at birth.

Protection for employees who may be occupationally exposed to Hepatitis B and HIV through exposure to potentially infectious materials shall include training, safe work practices, personal protective equipment, Hepatitis B vaccination series/Titer, appropriate housekeeping (laundry, cleanup of blood or body fluids), medical surveillance (physician examination, testing and follow-up), and record keeping.

SAFE WORK PRACTICES

1. Administering First Aid/CPR

- * Always protect yourself using a barrier kit (gloves, CPR pocket mask with one-way valve and face shield). The Crew boss and overhead personnel should always carry these when in the field.
- * Use disposable equipment and devices only once, then dispose of items properly.
- * Disinfect reusable equipment after each use.

2. Potential Exposure to Hepatitis A via Human Feces.

- * Always use personal protective equipment.
- * Always wash your hands thoroughly after removing gloves.
- * Disinfect any contaminated hand tools or equipment.

3. Handling / Disposal of Hypodermic Needles/Syringes.

- * Do not pick up these items by hand. Always use a litter grabber or pliers to avoid direct contact.
- * Always wear proper gloves as an added precaution, even when using a litter grabber, pliers, etc.
- * Treat all medical instruments (needles/syringes) as medical waste, label as a biohazard and place in puncture resistant container.
- * Never use hands or feet to crush garbage. Do not hold garbage bags against legs or torso for any reason.

4. Handling Used Condoms and Feminine Hygiene Products

- * Do not pick up by hand; always use a litter grabber or pliers, etc.
- * Always use appropriate gloves as an added precaution, even when using pickup devices.

5. Camp Life

- * Avoid sharing utensils, bottles and cups with others.
- * Always wash hands prior to entering any Food Areas or Fresh Food boxes.
- * Use chlorinated lime to cover latrines. Make wash basins available in camp areas and latrine sites.

Rev. 1/2020

APPENDIX F
LEVEL I
BLOODBORNE PATHOGENS TRAINING
ACKNOWLEDGEMENT

I have read the State of Alaska Division of Forestry's Exposure Control Plan and/or the brochure entitled "Protecting Employees from Hepatitis A Virus, Hepatitis B Virus, and Human Immunodeficiency Virus" and realize by doing so I have fulfilled the **Level I training** requirement of the Bloodborne Pathogens Standard.

Employee's First and Last Name

Employee's Job Title/Area Office

Employee's Signature

Date

Witness

Date

**STATE OF ALASKA
PAYROLL DIRECT DEPOSIT FORM**

EMPLOYEE ID NUMBER:	DEPT #:	NAME:
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Electronic direct deposit complies with AS 37.25.050 and 2 AAC 15.130.

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

Authorizations can be made for both net pay deposits and/or one flat amount deposit.
Direct deposit to foreign financial institutions is not allowed.

I hereby authorize the State of Alaska to make payroll deposits to my account as indicated below:

NET PAY DEPOSIT: <input type="checkbox"/> Initial Authorization <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____	CHECK ONLY ONE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

FLAT AMOUNT DEPOSIT: <input type="checkbox"/> Initial Authorization <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> No Change	
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____ Amount of Deduction _____	CHECK ONLY ONE <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):	
<input type="checkbox"/> FIRST PAY PERIOD (Calendar Days 16 th – last day of month)	<input type="checkbox"/> TWICE MONTHLY (Both pay periods – for employees on Biweekly payroll, the third paycheck will be skipped for months with three paydays)
<input type="checkbox"/> SECOND PAY PERIOD (Calendar Days 1 st – 15 th)	<input type="checkbox"/> ALL PAY PERIODS (<u>Biweekly only</u> – all pay periods including the third paycheck in months with three paydays)
<small>Note: Pay period dates listed apply to semi-monthly pay employees only. Bi-weekly employees should make selections based on the frequency of deduction.</small>	

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me. I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers, or type of account. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

Submit this completed form to your Payroll Services Section or Agency HR Office for processing. The processing of this form will take at least two pay periods. Refer any questions to your Human Resources Service Center or agency.

SIGNATURE:	DATE:
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SPECIAL NOTE

State of Alaska employees can create or modify a Direct Deposit Authorization for their **NET PAY DEPOSIT** electronically through the [Employee Self Service Portal](#). Setups and modification to a **FLAT AMOUNT DEPOSIT** may only be requested by submitting a signed copy of this Payroll Direct Deposit Form to your Payroll Services Office or Agency HR Office.

A voided check or other banking documentation **MUST** be attached with this agreement to verify your banking information. Failure to provide documentation will result in your form not being processed.

This form does not set up payments made to you in IRIS Financial (e.g., travel reimbursements) for direct deposit. To have these payments go direct deposit, you must fill out the State of Alaska Electronic Payment Agreement form for State Employee Reimbursements at this link: http://doa.alaska.gov/dof/forms/resource/EDI_agreement_StateEE.pdf

COMPLETION INSTRUCTIONS FOR THE STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

Enter Employee ID, Name, and Department

NET PAY DEPOSIT

To deposit the all of net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic NET deposit.
- **Change** – you wish to make a change to an existing electronic NET deposit such as a new financial institution, account number or account type.
- **Cancellation** – you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic flat amount deposit.
- **Change** – you wish to make a change to an existing electronic flat amount deposit. A new banking institution, account number, account type or dollar amount.
- **Cancellation** – you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and account number.

Enter the dollar amount – Enter the dollar amount to be deducted from the appropriate pay period.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

Frequency. Indicate how often the flat amount should be deducted and electronically transferred; the first warrant of the month, the second warrant of the month or both warrants.

WHEN TO EXPECT YOUR FIRST DEPOSIT

Please allow up to two pay periods for processing a new deposit or change. If you are making a change to the flat dollar amount only, no pre-note will be necessary and no delay in electronic deposits will occur. After set up, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. During this verification process, any pay will be issued to you with an actual payroll warrant. Once verified, your NET pay will be sent electronically and your warrant stub will be available online through the [IRIS Employee Self Service \(ESS\) Portal](#) under the **My Info > My Compensation > Issued Checks/Advices** link.

Sign and date the form. Submit the completed form to your Payroll Services Section or Agency HR Office.



MEMORANDUM
DEPARTMENT OF NATURAL RESOURCES

State of Alaska
FORESTRY STATE OFFICE

TO: DOF Staff
DATE: May 10, 2017
FILE NO: 2167
FROM: John "Chris" Maisch
Director and State Forester
TELEPHONE NO.: (907) 451-2666
SUBJECT: Fatigue Management Policy

The Management Team is instituting some changes to the Division of Forestry's (DOF) fatigue management policy. These changes will be incorporated into the Fire Program Policy and Procedure Manual 2140 and applies to all DOF personnel, including Emergency Fire Fighters (EFF) and other State agencies in which DOF issues personnel a Red Card.

There have been Management Action Requests (MARS) directed towards this issue along with two "near misses" due to driving incidents where employees were returning from assignments and fell asleep at the wheel. Fortunately, neither were seriously injured. One of my most important duties as State Forester is to ensure a safe workplace with appropriate measures to manage risk and fatigue, especially during the wildland fire season. To this end, the Division has had a long-standing policy that embraces a 2:1 work-rest ratio and a mandatory day off policy of 1 in 21. Last year there were several incidents of employees breaking our current policy, sometimes by several days.

It is each employees' personal responsibility to adhere to this policy and the employee's chain of command is charged with oversight for compliance. The standard progressive discipline process will be utilized for employees that break this policy. I sincerely hope these measures will not be needed, but I want to make it clear, there will be consequences for not adhering to this policy.

During periods of non-routine or on station activity, employees will have a minimum of 1 day off within a 21-day period. This requirement should rarely be needed if scheduled or non-scheduled days off are given during periods of routine activity. It should not be our goal as wildland firefighters to work extended shifts, for 20 days straight for the entire season. This past practice may have reduced individual and our collective organizational performance.

Managers should consider the following guidance for use in managing fatigue:

- During the early part of the fire season and during low fire danger periods, start shift times later in the day to avoid unnecessarily long duty days.
- Early in the season, use flexible work schedules during the work week to cover training on weekends. For example, if an employee is teaching a fire line refresher class on Saturday and Sunday, schedule the work week Wednesday to Sunday with RDOs on Monday and Tuesday or any other combination that meets bargaining unit requirements
- Schedule days off during low fire danger periods even if the employee is not approaching the mandatory days off per our policy. This has the added benefit of increasing availability once fire danger increases.
- Keep an eye on each other and if its clear someone needs a break, schedule a day or two off.
- Aircraft pilots must abide by Federal Aviation Administration (FAA) guidelines that are more restrictive than the DOF's fatigue management policy.
- On travel days' employees, should be at home or in a hotel for the night by 2200.
- Drivers are limited to 10 hours/day in a 16-hour shift.

Fire Assignments:

As we implement this policy, it is recognized there are some challenges to meeting these expectations for L-48 assignments and for in-state resource order assignments due to the expectation from the ordering entity that a standard assignment is 14 days, with the potential for a 7-day extension should the situation merit. Employees may still use the 24-hour break in work option to reset your days off, before departing on your assignment. The 24-hour break in work option can only be used to reset your days off before departing on a new resource order assignment. It may not be used during an assignment or at any other time to meet the days off policy. In addition, if an employee is working a normal work week and has not worked overtime or banked flex time hours under a flex time agreement, there will be no need to reset his/her work-rest period before departing on assignment. If an employee is working a normal work week, it is expected that he/she is well rested.

For assignments, outside of Alaska, travel days will not count toward our days off policy. This is a change from our current practice, but it is recognized it typically takes a day of travel each way, so please study the examples in our Policy and Procedure Manual (PPM) and in this memo to ensure employees understand how the policy works for a 14, 21, or 30-day assignment outside of Alaska. The first shift at an assignment, including staging and preposition periods, will start the clock for calculating days toward our work-rest policy. A day off may not include standby pay. Your days off may be at your home unit or you can rest in place if the ordering unit requests this to occur.

If there are questions about the policy and how it will be implemented and managed, please discuss with your supervisor or peers that are more experienced with this topic. In the end, it's each employee's personal responsibility to understand and follow the policy.

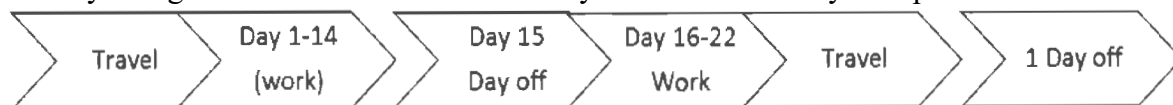
Assignment Timeframes:

An assignment begins at check-in (day 1) at the requesting unit or reporting location and ends on the last day worked exclusive of travel.

14-Day Assignment exclusive of travel: 1 day off upon return



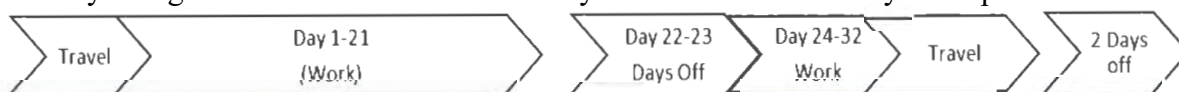
21-Day Assignment exclusive of travel: 1 day off at 15 and 1 day off upon return.



21-Day Assignment exclusive of travel: 2 days off upon return.



30-Day Assignment exclusive of travel: 2 days off at 22-23 and 2 days off upon return.



STATE OF ALASKA

DIVISION of FORESTRY	PASSENGER and CARGO MANIFEST			
ORDERING UNIT OR ORDER NUMBER	INCIDENT NAME		INCIDENT NUMBER	
NAME OF CARRIER	VEHICLE # AND TYPE		VEHICLE OPERATOR or AIRCRAFT PILOT NAME	
CHIEF OF PARTY	REPORT TO		IF DELAYED, CONTACT	

DEPARTURE			INTERMEDIATE STOPS			DESTINATION		
PLACE	ETD	ETA	PLACE	ETD	ETA	PLACE		

PASSENGER AND OR CARGO NAME	M	F	PASS WEIGHT	CARGO WEIGHT	DUTY ASGMT. IF APPLICABLE	HOME UNIT
1.						
2.						
3.						
4.						
5.						
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19.						
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21.						
22.			0	0		0

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

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

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

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#: _____



STATE OF ALASKA

Equal Employment Opportunity Survey

Completing this questionnaire is optional; if you do not provide this information, no adverse action will result. The federal government requires the State of Alaska to collect this information. The State reports aggregate data biennially to the U.S. Equal Employment Opportunity Commission. Data is used for statistical and EEO reporting purposes. The information may be subject to disclosure under federal or state law or regulation. If you choose not to self-identify your sex/race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to refuse to hire or dismiss any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, sex, color, religion, national origin, disability, age, marital status, changes in marital status, pregnancy, or parenthood.

Employee Name (Last, First, M.I):	Date:
Employee ID # (if known):	Sex: Male Female

Race/Ethnicity

Please mark the one box describing the race/ethnicity with which you most identify:

- Hispanic or Latino (H):** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian (A)** (not of Hispanic origin): All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, the Philippine islands, Korea, Cambodia, China, India, Japan, Malaysia, Pakistan, Thailand, and Vietnam.
- Black or African American (B)** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Alaska Native or Native American (I)** (not of Hispanic origin): All persons having origins in any of the original peoples of the Americas and who maintain tribal affiliation or community attachment. The terms "Alaska Native" and "Native American" or "American Indian" represent many separate groups of people with distinct ethnic and cultures throughout Alaska and the lower 48. Alaska Native peoples include Iñupiaq, Yup'ik/Cup'ik, Alutiiq, Aleut, Eyak, Athabaskan (comprising eleven cultural and linguistic groups), Tlingit, Haida, and Tsimshian.
- Pacific Islander or Native Hawaiian (P)** (not of Hispanic origin): All persons having origins in any of the original peoples of Hawaii, Samoa, Guam, or other Pacific Islands.
- White (W)** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Two or more races (T)** (not of Hispanic origin): All persons who identify with more than one of the five categories of races above.

Note: This form will be shredded after entry.

To: dnr.recruitment@alaska.gov

Subject: Re: HIRING APPROVAL NEEDED

Attached is the court judgment for _____. We wish to hire him/her as a _____ here at NRO.

Under supervision, this individual will actively engage in wildfire suppression in driving personnel and/or supplies within Forestry and to/from incidents to assure that lives, property, and natural resources are protected from fire. As emergency services personnel firefighters will be required to participate in other all-risk emergencies utilizing the Incident Command System (ICS) as defined under the National Interagency Management System (NIMS).

He/She potentially would have access to firearms in the course of his duties.

Please send us either approval/not approved to email: **dnr.nroeff@alaska.gov**

Thank you.