

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					
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	2022	16. Total Hours			Year	2022	16. Total Hours			Year	2022	16. Total Hours			Year	2022	16. Total Hours			
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															17. Total Hours (all columns):					
18. Commissary and Travel										For Payment Center use only										
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode											
Total			\$	\$																
19. Remarks										20. Employee Signature										
										21. Time Officer Signature										

NOTE: The above items are correct and proper for payment from available appropriations.

HAZARD PAY WORKSHEET

NAME: LAST, FIRST MI

EID#: XXXXXX

PAY PERIOD ENDING: _____

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

DATE	START	STOP	START	STOP	START	STOP	START	STOP	START	STOP	LDP Override/Ref #	ACTIVITY/ COMMENTS	DOF USE ONLY 8 DIGIT FIRE CODE

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.

(there must be a doc ID here. You make up one if there is none.)

EX: NRO EFF 7052022-1

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)									
2. Employee Common Identifier Emp ID or NEW (if no Emp ID)					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)														
5. Name (First, Middle, Last) Santa Clause										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number									
Column A					Column B					Column C					Column D									
8. Incident Name McCash					8. Incident Name					8. Incident Name					8. Incident Name									
9. Incident Order Number (e.g., ID-BOF-000123) CA-SRF-000651					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) 7313714300		11. Resource Request Number (e.g., O-33) O-254			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) RADO		13. AD Class 4	14. AD Rate \$17.74		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 7313714300					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					
7	5	0800	1200	4																				
7	5	1230	1630	4																				
Year 2022		16. Total Hours 8			Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours 8							
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):									
18. Commissary and Travel															For Payment Center use only If no employee sig available, write in: "Unavailable for Signature" and then obtain the sig ASAP and resend to payroll ASAP									
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement	18e. Deduction	18f. Firecode																	
Total					\$		\$																	
19. Remarks															20. Employee Signature MUST HAVE SIGNATURE									
															21. Time Officer Signature MUST HAVE SIGNATURE									

All of the highlighted MUST be on the OF288 or payroll will not accept. PERIOD

NOTE: The above items are correct and proper for payment from available appropriations.

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

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#: _____

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).

***JUSTIFICATION FOR SHIFTS IN EXCESS OF 16 HOURS/2:1**

The following criteria has been determined to justify working shifts exceeding 16 hours and/or consecutive days that do not meet the 2:1 work rest guidelines.

FIRE NAME: _____ **FIRE#** _____

EMPLOYEES

NAME	NAME

_____ Shifts in excess of 16 hours/exceeding 2:1 on _____ (Date) was due to establishing initial control of the fire.

_____ Shifts in excess of 16 hours/exceeding 2:1 on _____ (Date) was due to dispatching manpower and resources during critical fire situation.

_____ Shifts in excess of 16 hours/exceeding 2:1 on _____ (Date) was due to emergency rescue work.

_____ Arduous travel. Travel on overtime necessary because suitable subsistence and lodging not available to remain until following day *(May be applicable when returning from fire.)*

_____ Travel time not administratively controllable. Required to return to home unit as quickly as possible and by most expedient method because of fire situation. *(May be applicable when returning from fire detail assignment.)*

_____ Other:

_____ Mitigation measures used to reduce fatigue: As Per Redbook page 157, all personnel resumed normal 2:1 schedule the following operational period.

X _____
Incident Commander (Requestor)

Operational Duty Officer (Approver): _____

Date: _____ **Time:** _____

Method of Contact: Phone In person

**Official Document for Extended Work Shift
and/or
Deviation from 23:1 Work Rest Policy**

Date:	Time:	Incident Number:	Incident Name:	Unit:
Incident Type:	Operational Period:	Incident Commander:	IC Type (1-5)	

Justification

Name of Individual(s) or Crew:		

Description of Situation: (Y)

Shifts in excess of 16 hours on _____ was due to:

- Travel time not administratively controllable.
- Mobilization and travel of resources to incident location or relocation to incident facilities.
- Establishing and maintaining administrative, planning, and logistical support for incident.
- Evacuation, triage, structure protection, or emergency rescue.
- Establishing initial control of lines of the fire.
- Extended attack efforts to control potentially devastating incident activity.
- Incident unable to provide personnel with adequate food and lodging.
- Other/Additional:

Extended hour(s):	Date:	Work Hours:	Total Hours:
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Rational: (Y)

- Emergency mobilization of resources to and from incident or facilities.
- Efforts required setting up, supporting, and undertaking incident control actions.
- Imperative operational defensive actions to prevent loss of life, resources and property damage.
- Extenuating circumstances resulted in personnel being left on-location without food and lodging.
- Other/Additional:

Mitigation Measures

Actions taken to reduce impact on firefighter safety and reduce fatigue: (Y)

- Rest extended into the following operational period. Hours adjusted _____ On shift by: _____
- Other:

Mitigation hour(s)	Date:	Hours:	Total Hours:
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Incident Supervisor

CREW TIME REPORT						
(1) CREW NAME				(2) CREW NUMBER		
(3) OFFICE RESPONSIBLE FOR FIRE			(4) FIRE NAME		(5) FIRE NUMBER	
(6)	(7)	(8)	(9)		(10)	
REMARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE		DATE	
			MILITARY TIME		MILITARY TIME	
			ON	OFF	ON	OFF
(11) REMARKS						
(12) OFFICER-IN-CHARGE (Signature)				(13) TITLE (Officer-In-Charge)		
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE	

Substitute Form SF261

CREW TIME REPORT						
(1) CREW NAME AK NFDC				(2) CREW NUMBER (Resource Order #)		
(3) OFFICE RESPONSIBLE FOR FIRE Statewide			(4) FIRE NAME HFD		(5) FIRE NUMBER 7303602300	
(6)	(7)	(8)	(9)		(10)	
REMARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE	
			5/27/2021		5/28/2021	
			MILITARY TIME ON		MILITARY TIME OFF	
	Jane Smith EFF4	PTRC (t)	800	1300		
			1330	1630		
					Day Off	
Example only						
INSTRUCTIONS BELOW						
CTR's turned in DAILY						
Military time must be in 30 min. increments						
If any required highlighted areas not filled out, the CTR will be returned for corrections						
Email CTR to: dnr.nroeff@alaska.gov or put in wire basket						
When there is a day off, a CTR must be turned in for that day as well and say "day off"						
If a trainee or travel day or Hazard Pay, you must write that on the CTR						
(11) REMARKS						
(12) OFFICER-IN-CHARGE (Signature) Teresa Rose (must be legible)				(13) TITLE (Officer-In-Charge) Dispatch Manager		
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE	

Substitute Form SF261

Payment Process
 Internal Exchange Trans (IET) Internal Trans Agreement (ITA) Other _____

Requesting Agency (Buyer)	Results Delivery Unit (RDU)	Component	ADN #
Servicing Agency (Seller)	Results Delivery Unit (RDU)	Component	ADN #

I. Project or program title:
 II. The servicing agency agrees to provide the requesting agency with the following service(s):
 (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

Buyer Program Contact/Phone: _____ Seller Program Contact/Phone: _____
 III. Terms and mechanics of reimbursement: Buyer Vendor/Customer #: _____
 Payment upon approval
 Payment upon receipt of inter-agency billing
 Payment upon completion of service(s)
 Other (Specify) _____

Commencement date _____ Completion date _____ Billing Email Address: _____ Phone # _____

IV. Servicing Agency cost based on: Itemized costs of service(s) provided
 Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Commodities	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Capital Outlay	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Other	_____	_____	_____	_____ 0.00
Total	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00

Servicing Agency may not change line items without approval of Buyer Agency

VI. Budgeting and Accounting Information :

Requesting Agency Authorization Capital Operating
 Financial coding to be charged
 Buyer Dept _____ AR _____ Fund _____ Org Unit _____ Program _____ Task _____
 Template _____ Activity _____ Location _____ Function _____ Exp Obj _____
 (Open Item # or Doc ID # (RS, EN, or AJE) _____ (Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX)
 Federal funds No Yes, Amount _____ Appropriation Cite _____
 Federal Pass Through: Yes No _____ Appropriation Cite _____
 Federal Agency/Program/CFDA/Grant/Contract No. _____ Date funds lapse _____

Servicing Agency Authorization
 Is this agreement using budgeted authorization? No Yes
 Seller Vendor/Customer # _____
 Seller Dept _____
 AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____
 AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____

VII: Approvals & Certification: The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.

Requesting Agency Authorized Signature	Printed Name	Date
Servicing Agency Authorized Signature	Printed Name	Date
Requesting ASD Authorized Signature	Printed Name	Date

EMERGENCY EQUIPMENT SHIFT TICKET					
<i>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</i>					
1. AGREEMENT NUMBER			2. CONTRACTOR (name)		
3. INCIDENT OR PROJECT NAME		4. INCIDENT NUMBER		5. OPERATOR (name)	
6. EQUIPMENT MAKE		7. EQUIPMENT MODEL		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE				14. REMARKS (released, down time and cause, problems, etc.)
	START	STOP	HOURS/DAYS/MILES(circle one)		
		WORK	SPECIAL		
					15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

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OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI