

Single Resource Casual Hire Information Form

HIRING UNIT INFORMATION

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

CASUAL INFORMATION

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

POSITION INFORMATION

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

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

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

TRAVEL/TRANSPORTATION

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

Transportation method:

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

Check One:

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

EMPLOYMENT FORMS

Completed by:

- Hiring Official: I-9, Employment Eligibility Verification
 OF-288, Emergency Firefighter Time Report (Complete Top section, Column A 1-8 and travel start time)
 Direct Deposit form (if applicable) Provide to Casual
 State/federal government-issued Picture ID verified and in Casual's possession (required for all positions)
 Incident qualification card (if required for position) verified and in Casual's possession
 State-required certification verified, if required for position (e.g., CDL, driver's license)
- Casual: Federal W-4 State W-4 W-5, if applicable
 Incident Behavior Form signed

Casual Signature (Required)

Date

Hiring Official Signature (Required)

Date

**Distribution: Original attached to original OF-288; Copy retained by Hiring Unit; Copy retained with incident records
Return original of this form and original OF-288 to the hiring unit.**