

EXHIBIT 1  
ADMINISTRATIVELY DETERMINED (AD) PAY PLAN FOR  
EMERGENCY WORKERS (CASUALS)

Insert current Pay Plan(s) here.

[www.nwcg.gov](http://www.nwcg.gov)

EXHIBIT 2  
MILITARY TIME CONVERSION

**REGULAR TIME****MILITARY TIME**

12 midnight	2400 or 0000
1 a.m.	0100
2 a.m.	0200
3 a.m.	0300
4 a.m.	0400
5 a.m.	0500
6 a.m.	0600
7 a.m.	0700
8 a.m.	0800
9 a.m.	0900
10 a.m.	1000
11 a.m.	1100
12 p.m.	1200
1 p.m.	1300
2 p.m.	1400
3 p.m.	1500
4 p.m.	1600
5 p.m.	1700
6 p.m.	1800
7 p.m.	1900
8 p.m.	2000
9 p.m.	2100
10 p.m.	2200
11 p.m.	2300

EXHIBIT 3  
STATE ALPHA CODES

AL	Alabama	NE	Nebraska
AK	Alaska	NV	Nevada
AZ	Arizona	NH	New Hampshire
AR	Arkansas	NJ	New Jersey
CA	California	NM	New Mexico
CO	Colorado	NY	New York
CT	Connecticut	NC	North Carolina
DE	Delaware	ND	North Dakota
DC	District of Columbia	OH	Ohio
FL	Florida	OK	Oklahoma
GA	Georgia	OR	Oregon
HI	Hawaii	PA	Pennsylvania
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
IA	Iowa	TN	Tennessee
KS	Kansas	TX	Texas
KY	Kentucky	UT	Utah
LA	Louisiana	VT	Vermont
ME	Maine	VA	Virginia
MD	Maryland	WA	Washington
MA	Massachusetts	WV	West Virginia
MI	Michigan	WI	Wisconsin
MN	Minnesota	WY	Wyoming
MS	Mississippi	PR	Puerto Rico
MO	Missouri	VI	Virgin Islands
MT	Montana		

EXHIBIT 4  
CREW TIME REPORT, SF-261

(1) Crew Name <b>Blackwell R.D. Engine</b>				(2) Crew Number <b>E-5</b>			
(3) Office Responsible for Fire <b>Vale District BLM</b>			(4) Fire Name <b>Sun Creek</b>		(5) Fire Number <b>OR-VAD-000092</b>		
(6)	(7)	(8)	(9)		(10)		
Re- marks No	Name of Employee	Classifica- tion	Date		Date		
			<b>8/8/XX</b>				
			Military Time		Military Time		
			On	Off	On	Off	
<b>H</b>	<b>S. Burns</b>	<b>GS</b>	<b>0600</b>	<b>1900</b>			
<b>H</b>	<b>A. Brown</b>	<b>GS</b>	<b>0630</b>	<b>1900</b>			
<b>T</b>	<b>R. Wyatt</b>	<b>WG</b>	<b>0700</b>	<b>0930</b>			
<b>E</b>			<b>1000</b>	<b>1900</b>			
(11) Remarks							
<b>H - Hazard for uncontrolled fireline duty</b>							
<b>Unable to take meal break due to blow up on Division D.</b>							
<b>T - Wyatt traveled to incident to replace</b>							
<b>F. Johnson who was injured on 8/6.</b>							
<b>E - Env. Diff 25% for uncontrolled fireline duty</b>							
<b>Unable to take meal break due to blow up on division D</b>							
(12) Officer-in-Charge (Signature) <i>Chris Port</i>				(13) Title (Officer-in-Charge) <i>DIVS</i>			
(14) Name (Person posting to Emergency Time Report) <i>Michael Bell</i>					(15) Date <b>8/8/XX</b>		

261-101

Standard Form 261

(5/78)Prescribed by USDA-USDI (NWCG Handbook No.2)

EXHIBIT 4 – Continued

(1) Crew Name <b>SRV # 2</b>				(2) Crew Number <b>C-6</b>		
(3) Office Responsible for Fire <b>Payette NF</b>		(4) Fire Name <b>River Road</b>		(5) Fire Number <b>ID-PAF-000030</b>		
(6)	(7)	(8)	(9)		(10)	
Re- mar ks No	Name of Employee	Classifica- tion	Date <b>8/8/XX</b>		Date <b>8/9/XX</b>	
			Military Time		Military Time	
			On	Off	On	Off
	<b>H. Castille</b>	<b>AD-F</b>	<b>2000</b>	<b>2400</b>	<b>0001</b>	<b>0800</b>
	<b>V. Reyes</b>	<b>AD-D</b>				
	<b>S. Hernandez</b>	↓				
<b>2</b>	<b>J. Tracheta</b>	↓				
	<b>A. Charez</b>	<b>AD-C</b>				
	<b>F. Smith</b>	↓				
	<b>J. Cadero</b>	↓				
	<b>J. Cavez Jr.</b>	↓				↓
<b>1</b>	<b>R. Fernandez</b>	↓				<b>0600</b>
	<b>H. Valdez</b>	↓				<b>0800</b>
	<b>G. Gusman</b>	↓				<b>0800</b>
<b>3</b>	<b>Jose Valdez</b>	↓	↓	↓	↓	<b>0130</b>
(11) Remarks						
<b>1 - Fernandez quit. No return travel or transportation authorized</b>						
<b>2 - Tracheta to transfer to SRV # 4 at end of shift.</b>						
<b>3 - J. Valdez injured and transported to hospital; arrived 0130</b>						
<b>Admitted.</b>						
<b>Unable to take meal break due to assisting burnout operation.</b>						
(12) Officer-in-Charge (Signature) <b>Joey LaRoecoa</b>				(13) Title (Officer-in-Charge) <b>DIVS</b>		
(14) Name (Person posting to Emergency Time Report) <b>Laurie Walters</b>					(15) Date <b>8/11/XX</b>	

EXHIBIT 4 – Continued

Instructions for form completion:

Time shall initially be recorded on Crew Time Report, SF-261 and transferred to the Emergency Firefighter Time Report, OF-288. An exception to this procedure could be where casuals are hired for 1 operational period and their on-shift time is recorded directly onto an OF-288. In this instance, the supervisor must sign the OF-288.

A CTR is prepared for each operational period as outlined below. Time must be reported in an accurate, legible fashion. At the end of the operational period, the original is given to the Time Unit. A copy is retained by the supervisor.

1. Crew Name. Use crew name or name of single resource.
2. Crew Number. Enter assigned resource order number.
3. Office Responsible for Fire. Enter incident agency (appropriate federal, state, or local office).
4. Fire Name. Enter assigned incident name.
5. Fire Number. Enter incident order number, not "P" number, e.g., MT-LNF-000016.
6. Remarks No. Enter number that corresponds to Remarks in Section 11.
7. Name of Employee. Self-explanatory.
8. Classification. Enter appropriate pay classification (AD-A through AD-M, GS, WG, etc.) or NWCG position code
9. Date. Enter month/day/year (8/3/XX) in Date block. Under Military Time heading, enter military clock time for each period of on-shift time during the operational period.
10. Date. If the operational period involves 2 days, use column 10 as instructed in Number 9 above.

EXHIBIT 4 – Continued

11. Remarks. Enter any pertinent information such as injury, discharge, transfer, position change, reason for hazard/environmental differential, compensable meal break, etc. Include Remarks No. from Item 6.
12. Officer-in-Charge. Signature of incident supervisor.
13. Title-Incident Supervisor Title. ICS position.
14. Name. Signature of person recording time on the Emergency Firefighter Time Report, OF-288.
15. Date. Date recorded on OF-288.

EXHIBIT 5
EMERGENCY FIREFIGHTER TIME REPORT, OF-288
FOR REGULAR GOVERNMENT EMPLOYEES

EMERGENCY FIREFIGHTER TIME REPORT
F 7114470
2. Ecdci Security Number 000-00-0000
3. Initial Employment (X One)
4. Type of Employment (X One)
6. Hired At ID-BOD
7. Employee Has (X One)
8. Enabled to Return (X One)
9. Enabled To Return Transportation (X One)
10. Name (First, Middle, Last) Smokey T. Bear
11. Street Address
12. City
13. State
14. Zip Code
15. Name
16. Street Address
17. City
18. State
19. Telephone No. (Include Area Code)
20. FIRE LOCATION IDENTIFICATION
1. Fire Name Sun Creek
2. Fire No. OR-VAD-000092
3. Unit Code
4. Fire Location
5. State OR
6. Firefighter Classification VAD
7. Rate GS
8. Date and Time a. Year XXXX
b. No. 08
c. Day 06
d. Start 1730
e. Stop 2130
f. Hours 4.00
g. H 08
h. 11
i. 1330
j. 2030
k. 7.00
l. 08
m. 15
n. 0330
o. 0800
p. 4.50
q. 08
r. 17
s. 1830
t. 2100
u. 2.50
v. 08
w. 07
x. 0700
y. 2200
z. 15.00
aa. H 08
ab. 12
ac. 0700
ad. 1300
ae. 5.00
af. 08
ag. 15
ah. 1900
ai. 2400
aj. 5.00
ak. 08
al. 18
am. 0800
an. 8.50
ao. 08
ap. 18
aq. 1430
ar. T
as. 08
at. 09
au. 0600
av. 2100
aw. 15.00
ax. H 08
ay. 13
az. Day
ba. Off
bb. 08
bc. 16
bd. 1800
be. 2400
bf. 6.00
bg. 08
bh. 17
bi. 0001
bj. 0130
bk. 1.50
9. Total Hours 33.00
10. Gross Amount (Item 7 X Item 8) 63.00
11. Inclusive Dates 08/05-08/10
12. Time Officer's Signature
13. Date Signed XX/XX/XX
14. Fire Name Sun Creek
15. Fire No. OR-VAD-000092
16. Unit Code
17. Fire Location
18. State OR
19. Firefighter Classification VAD
20. Rate GS
21. Date and Time a. Year XXXX
b. No. 08
c. Day 11
d. Start 0700
e. Stop 1300
f. Hours 6.00
g. H 08
h. 15
i. 0330
j. 0800
k. 4.50
l. 08
m. 15
n. 0330
o. 0800
p. 4.50
q. 08
r. 17
s. 1830
t. 2100
u. 2.50
v. 08
w. 07
x. 0700
y. 2200
z. 15.00
aa. H 08
ab. 12
ac. 0700
ad. 1300
ae. 5.00
af. 08
ag. 15
ah. 1900
ai. 2400
aj. 5.00
ak. 08
al. 18
am. 0800
an. 8.50
ao. 08
ap. 18
aq. 1430
ar. T
as. 08
at. 09
au. 0600
av. 2100
aw. 15.00
ax. H 08
ay. 13
az. Day
ba. Off
bb. 08
bc. 16
bd. 1800
be. 2400
bf. 6.00
bg. 08
bh. 17
bi. 0001
bj. 0130
bk. 1.50
9. Total Hours 28.50
10. Gross Amount (Item 7 X Item 8) 33.00
11. Inclusive Dates 08/11-08/14
12. Time Officer's Signature
13. Date Signed XX/XX/XX
14. Fire Name Sun Creek
15. Fire No. OR-VAD-000092
16. Unit Code
17. Fire Location
18. State OR
19. Firefighter Classification VAD
20. Rate GS
21. Date and Time a. Year XXXX
b. No. 08
c. Day 15
d. Start 0001
e. Stop 0300
f. Hours 3.00
g. H 08
h. 15
i. 0330
j. 0800
k. 4.50
l. 08
m. 15
n. 0330
o. 0800
p. 4.50
q. 08
r. 17
s. 1830
t. 2100
u. 2.50
v. 08
w. 07
x. 0700
y. 2200
z. 15.00
aa. H 08
ab. 12
ac. 0700
ad. 1300
ae. 5.00
af. 08
ag. 15
ah. 1900
ai. 2400
aj. 5.00
ak. 08
al. 18
am. 0800
an. 8.50
ao. 08
ap. 18
aq. 1430
ar. T
as. 08
at. 09
au. 0600
av. 2100
aw. 15.00
ax. H 08
ay. 13
az. Day
ba. Off
bb. 08
bc. 16
bd. 1800
be. 2400
bf. 6.00
bg. 08
bh. 17
bi. 0001
bj. 0130
bk. 1.50
9. Total Hours 28.50
10. Gross Amount (Item 7 X Item 8) 33.00
11. Inclusive Dates 08/15-08/17
12. Time Officer's Signature
13. Date Signed XX/XX/XX
14. Fire Name Sun Creek
15. Fire No. OR-VAD-000092
16. Unit Code
17. Fire Location
18. State OR
19. Firefighter Classification VAD
20. Rate GS
21. Date and Time a. Year XXXX
b. No. 08
c. Day 17
d. Start 0800
e. Stop 1800
f. Hours 10.00
g. H 08
h. 18
i. 0030
j. 0500
k. 8.50
l. 08
m. 18
n. 0800
o. 1330
p. 5.50
q. 08
r. 10
s. 1330
t. 2030
u. 7.00
v. H 08
w. 14
x. Guar
y. antfee
z. 08
aa. 15
ab. 0001
ac. 0130
ad. 1.50
9. Total Hours 28.50
10. Gross Amount (Item 7 X Item 8) 33.00
11. Inclusive Dates 08/17-08/18
12. Time Officer's Signature
13. Date Signed XX/XX/XX
21. SHOW "Y" FOR HAZARD PAY AND "E" PLUS "%" OR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.
22. Commodity Record
a. Date 08/10/XX
b. Item Toothbrush, Toothpaste
c. Amount 5.00
08/14/XX
T-Shirt 13.50
Total 18.50
24. AEO Check Number and Stamp
23. Remarks
NOTE: The above items are correct and proper for payment from available appropriations.
25. Employee Signature
26. Time Officer's Signature
NSN 754 01-124-7633
OPTIONAL FORM 268 (Rev. 3/83)
USDA/USDI
90288-102

COPY 2 - EMPLOYEE COPY



EXHIBIT 5 – Continued

Instructions for form completion:

1. Emergency Time Report Number. Preprinted number. Used for commissary. Do not delete or cross out this number.
2. Social Security Number. Leave blank.
3. Initial Employment. Leave blank.
4. Type of Employee. For federal employees, check block "Regular Gov't Employee". For state, local and tribal government check "Other" for state, local, and tribal government employee.
5. Leave blank.
6. Hired At. Enter the employee's home unit identifier. (i.e. ID-BOD)
- 7-9 Leave blank.
10. Name. Enter regular government employee's full name. Do not use nicknames.
- 11-14. Street Address. Leave blank.
- 15-19. Accident Notification. Leave blank.
20. Fire Location Identification.
  - Column A, 1. Fire Name. Enter incident name.
  - Column A, 2. Fire No. Enter incident order number, e.g., MT-LNF-000016 or ID-BOD-000042. Do not use "P" number.
  - Column A, 3. Unit Code. (Organization code) Leave blank.

EXHIBIT 5 – Continued

- Column A, 4.            Fire Location. Enter incident agency's 3letter unit identifier for the specific location of the work assignment.
- Column A, 5.            State Code. Enter alphabetical code for state in which the employee was on-shift (Exhibit 3).
- Column A, 6.            Firefighter Classification. Enter the NWCG approved position code found in Appendix A – Acronyms & Position Codes if applicable, e.g., PTRC, FFT2, CREP. If the position code is THSP, specify in Remarks block the incident job title of the position to which the individual is assigned, e.g., Camp Crew Boss, Voucher Examiner. Each time an individual changes a job, close out that column, start a new column for the new job, and enter the new position code or job title if necessary.
- Column A, 7.            Rate. Leave blank.
- Column A, 8a.            Year. Enter the calendar year.
- Column A, 8b-8c.        Month/Day. Enter month and day on-shift. (Example: February 1 is 2/1). Enter dates consecutively from row to row and column to column.
- One exception is the posting of continuation of pay or posting of time when assigned to a complex with multiple incidents. In Remarks block enter reason for breaks in dates.
- Column A, 8d-8e.        Start/Stop. Enter military clock time for each period of on-shift time.

EXHIBIT 5 – Continued

Column A, 8f.

Hours. Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between 8d. and 8e. When applicable, enter "T" for travel status, "H" for hazardous duty, or "E" for environmental differential.

Compensable travel time to and from the incident and related waiting time should be recorded on separate lines from other compensable time, such as on-shift time.

When compensable time (work, travel, ordered standby) in a calendar day totals less than 8 hours, the Personnel Time Recorder shall enter a separate line on the OF-288, noting "Guarantee" in the Start/Stop columns and leave the Hours column blank. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply to the first and last day of assignment if these days fall on the individual's regularly scheduled day off.

Day(s) Off. No specific clock hours are to be entered. "Day Off" is entered in the Start/Stop columns, with the Hours column left blank. If an employee is sick on the incident, record "Day Off" with the Hours column left blank and a notation in the Remarks block for sick leave.

Column A, 9.

Total Hours. Add column and enter total hours.

Column A, 10.

Gross Amount. Leave blank.

EXHIBIT 5 – Continued

- Column A, 11. Inclusive Dates. Enter dates covered in the month/day column. For example, enter 9/4-9/7 for September 4 through September 7.
- Column A, 12. Time Officer's Signature. The OF-288 should be signed in other than black ink by the Time Unit Leader or other authorized official. A Personnel Time Recorder will usually sign this block verifying that posting is accurate and complete for each column.
- Column A, 13. Date Signed.
21. Leave entire section blank. Home units may utilize this space to record agency specific cost accounting data.
22. Commissary Record. Itemize all commissary purchases here. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, but this form should not be attached to the OF-288. Enter total amount of commissary purchases.
23. Remarks. Indicate environmental differential/hazard information, job title changes, etc.
24. ADO Check Number and Stamp. Leave blank.
25. Employee Signature. All incident personnel are required to sign the OF-288 in other than black ink.
26. Time Officer's Signature. The form should be signed by the Time Unit or other authorized official in other than black ink.

EXHIBIT 6
EMERGENCY FIREFIGHTER TIME REPORT, OF-288
FOR CASUALS

EMERGENCY FIREFIGHTER TIME REPORT
1. Identification Number: F 7114470
2. Social Security Number: XXX-XX-0000
3. Incent Employment (X One): Yes
4. Type of Employment (X One): Casual
5. Transferred from: ID-BOD
6. Employee Has (X One): None
7. Enlisted to Return: No
8. Enlisted to Return: No
9. ZIP CODE MUST BE ENTERED BELOW: ID XXXXX
10. Name (First, Middle, Last): Smokey T. Bear
11. Street Address: 123 Smokey Lane
12. City: Boise
13. State: ID
14. Zip Code: XXXXX
15. Name:
16. Street Address:
17. City:
18. State:
19. Telephone No. (include Area Code):
20. FIRE LOCATION IDENTIFICATION
21. Summary of fire incidents with columns for Mo, Day, Start, Stop, Hours, and Amount.
22. Commodity Report table with columns for a. Date, b. Item, c. Amount.
23. Remarks: 06/12 Released due to family emergency
24. ADO Check Number and Stamp
25. Employee Signature and Time Officer (Signature)

\* Equipment rentals must be supported with OF-284 and OF-287 NSN 764-01-124-7633 OPTIONAL FORM 288 (Rev. 3/83) US/M/USDI 50288-102

COPY 1 - FILE COPY

EXHIBIT 6 – Continued

Instructions for form completion:

***Items that are bolded and italicized are mandatory fields for payment processing.***

1. Emergency Firefighter Time Report Number. Preprinted number. Used for commissary. Do not delete or cross out this number.
2. ***Social Security Number***. (mandatory) Enter the last 4 digits of the individuals' SSN. If using electronic time recording system, Time Unit ensures last 4 digits of SSN are handwritten on payment copy of the OF-288.
3. Initial Employment. Check "Yes" if individual is being hired for the first time this calendar year.
4. ***Type of Employee***. (mandatory) Check "Casual".
5. Transferred From. If the casual was transferred from another incident, enter incident name and check current OF-288 against any earlier one to prevent overlapping time and duplicate payments.
6. ***Hired At***. (mandatory) Enter state abbreviation and hiring agency's 3 letter unit identifier, e.g., AK-GAD, CA-ENF, ID-BOD.
7. Employee Has. Check box at time of release if casual has been discharged or quit.
8. ***Entitled To Return Travel Time***. (mandatory) Check "Yes" or "No" at the time of release.
9. Entitled to Return Transportation. Check "Yes" or "No" at the time of release.
10. ***Name***. (mandatory) Enter casual's full name, exactly as shown on identification. Do not use nicknames.

EXHIBIT 6 – Continued

11-14 **Street Address**. (mandatory) Show casual's permanent mailing address, including city, state, and zip code. This will be used to verify the check mailing address if there is no direct deposit initiated.

15-19 **Accident Notification**. Leave blank.

20. **Fire Location Identification**.

Column A, 1. **Fire Name**. Enter incident name.

Column A, 2. **Fire No.** (mandatory) Enter incident order number (e.g., MT-LNF-00016). Do not use "P" number.

Column A, 3. **Unit Code**. Leave blank.

Column A, 4. **Fire Location**. Enter incident agency's 3 letter unit identifier for the specific location of the work assignment.

Column A, 5. **State Code**. Enter alphabetical code for state in which the casual was on-shift. Reference Exhibit 3.

Column A, 6. **Firefighter Classification**. (mandatory) Enter the NWCG approved position code found in Appendix A – Acronyms & Position Codes if applicable, e.g., PTRC, FFT2, CREP and AD classification. If the position code is THSP, specify in the Remarks block the position title to which the individual is assigned e.g., Camp Crew Boss, Laborer. Each time an individual changes a job, close out that column, start a new column for the new job, and enter the new position code or job title if necessary.

Column A, 7. **Rate**. (mandatory) Enter AD hourly pay rate.

Column A, 8a. **Year**. (mandatory) Enter calendar year.

EXHIBIT 6 – Continued

Column A, 8b-8c. **Month/Day**. (mandatory) Enter month and day on-shift. (Example: February 1 is 2/1). Enter dates consecutively from row to row and from column to column. One exception is the posting of continuation of pay or posting of time when assigned to a complex with multiple incidents. In Remarks enter reason for breaks in dates.

Column A, 8d-8e. **Start/Stop**. (mandatory) Enter military clock time for each period of on-shift time.

Column A, 8f. **Hours**. (mandatory) Enter hours in single digits for whole hours, e.g., 1.00 for one hour, decimals for half and quarter hours, e.g., 0.50 for a half hour and 0.25 for a quarter hour. Show the net difference between d. and e. For hours in travel status, enter a "T" in the Hours column.

Compensable travel time to and from the point of hire and related waiting time is recorded on separate lines from other compensable time, such as on-shift time. Do not use a separate column when reporting travel time. Reference AD Pay Plan for Emergency Workers for compensable travel for casuals (Exhibit 1).

When compensable time (work, travel, ordered standby) in a calendar day totals less than 8 hours, the Personnel Time Recorder shall enter a separate line on the OF-288 noting "guarantee" after the month/day and posting the necessary additional hours to the Hours column. Clock time for guaranteed hours should not be shown. Guaranteed hours do not apply on the first and last day.



EXHIBIT 6 – Continued

Day(s) Off. No specific clock hours are to be entered. Enter “Day Off” in the Start/Stop column with “8” in the Hours column.

- Column A, 9. Total Hours. Add column and enter total hours.
- Column A, 10. Gross Amount. Leave blank.
- Column A, 11. Inclusive Dates. Enter dates covered in the month/day column. For example, enter 9/4-9/7 for September 4 through September 7.
- Column A, 12. *Time Officer's Signature*. (mandatory) The OF-288 should be signed in other than black ink by either the Time Unit Leader or other authorized official. A Personnel Time Recorder will usually sign this block verifying that posting is accurate and complete for each column.
- Column A, 13. *Date Signed*. (mandatory) Self-explanatory.
21. Leave entire section blank. Home units may utilize this space to record agency specific cost accounting data.
22. Commissary Record. Itemize all commissary purchases here. Purchases must be supported by a Commissary Issue Record, OF-287, or equivalent form, but this form should not be attached to the OF-288. Enter total amount of commissary purchases.
23. Remarks. Specify incident job title if THSP; promotion; reason for discharge; transfer; position changes, etc.
24. ADO Check Number and Stamp. Do not write in this Block. It will be used by payment personnel.
25. Employee (Signature). Self-explanatory. All casuals are required to sign the OF-288 in other than black ink.

EXHIBIT 6 – Continued

26. Time Officer's Signature. The form should be signed by either the Time Unit Leader or other authorized official in other than black ink.

EXHIBIT 7
EMPLOYMENT ELIGIBILITY VERIFICATION FORM, I-9

Form available at http://www.uscis.gov/files/form/i-9.pdf

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last First Middle Initial Maiden Name
Fulaski Jane J Morelli
Address (Street Name and Number) Apt. # Date of Birth (month/day/year)
21 East Hwy 21 01/01/1990
City State Zip Code Social Security #
Nampa ID 83651 000-00-0000

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.

Employee Signature (Handwritten Signature)

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

- [X] A citizen of the United States
[ ] A noncitizen national of the United States (see instructions)
[ ] A lawful permanent resident (Alien #)
[ ] An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee Signature Date (month/day/year) 05/13/2010

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature Print Name
Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A OR List B AND List C
Document title: Idaho Driver's License Social Security Card
Issuing authority: #000000 000-00-0000
Document #:
Expiration Date (if any): 06/11/XX Exp Date

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States.

Signature of Employer or Authorized Representative Print Name Title
Tom Planks Admin Officer
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)
USFS 323 Highway 5 Grangeville, ID 83702 5/13/2010

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.
Document Title: Document #: Expiration Date (if any):

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 Date (month/day/year)

**EXHIBIT 7 – Continued**

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 08/31/12

**Form I-9, Employment Eligibility Verification****Instructions**  
**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

**What is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

**When Should Form I-9 Be Used?**

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

**Filling Out Form I-9****Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (EVerify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

**Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

**Employers must record in Section 2:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

Form I-9 (Rev. 08/07/09) Y

**EXHIBIT 7 – Continued**

**For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USC IS Forms and Information."**

**Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

**What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

**USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

**Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

**Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 08/07/09) Y Page 2

EXHIBIT 7 – Continued**Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

EXHIBIT 7 – Continued

**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be unexpired

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien’s nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter’s registration card		5. Native American tribal document
		5. U.S. Military card or draft record		
		6. Military dependent’s ID card		
		7. U.S. Coast Guard Merchant Mariner Card		6. U.S. Citizen ID Card (Form I-197)
		8. Native American tribal document		7. Identification Card of Use of Resident Citizen in the United States (Form I-179)
	9. Driver’s license issued by a Canadian government authority			
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		8. Employment authorization document issued by the Department of Homeland Security
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

EXHIBIT 8  
CHECKLIST FOR CLOSING OUT EMERGENCY  
FIREFIGHTER TIME REPORTS, OF-288s

The TIME shall establish a daily audit process to ensure accurate posting of time and commissary issues. A list of missing time should be established, posted, and updated daily so that incident supervisors can be notified of omissions. This can be accomplished by use of a log that records hours posted per operational period for crews and incident personnel.

1. Time Unit personnel should verify the following when auditing OF-288s:
  - A. SSN present for casual employees.
  - B. Type of employment indicated.
  - C. Complete mailing address for casuals.
  - D. Home unit identifier.
  - E. Incident name and incident order number indicated in all columns.
  - F. AD classification, pay rate, position title and NWCG position code for casuals. Cross check AD classification with position title to ensure proper pay rate is applied.
  - G. NWCG position code indicated for incident personnel.
  - H. Time posted chronologically. Verify time posted against Crew Time Report, SF-261.
  - I. Columns totaled (hours only), inclusive dates indicated and columns signed.
2. When notified that the crew/individual will be demobilized, determine if the crew/individual is going home or to another incident.



EXHIBIT 8 – Continued

If the crew/individual is going home, the OF-288 will be closed out and beginning travel time posted. Follow agency procedures for disposition of the OF-288.

If the crew/individual is going to another incident, close out the OF-288 as below and initiate travel time to the new incident on a CTR.

- A. Ensure all commissary issues have been posted. Total the commissary amounts per individual.
  - B. Ensure time has been properly documented on a CTR and CTRs have been posted.
  - C. Ensure travel has been posted according to home/hiring agency procedures. Post beginning travel time and sign on the next line. Leave remainder of column open for home unit supervisor to post and approve ending travel time.  
  
Estimate and record return travel time for casuals and close out final columns.
  - D. Cross out unused and blank time entry columns.
  - E. The Time Unit Leader coordinates transmission of the required pay documents for casuals.
  - F. Forward original injury documents per home unit agency guidelines. Temporary copies are sent home with employee or destroyed.
3. Once all these items have been verified and completed, all incident personnel will sign their OF-288 in other than black ink. The crew representative/individual is given the original and employee copy of the OF-288. The file copy is retained for the Incident Finance Package (Exhibit 36).

EXHIBIT 8 – Continued

If the incident agency is processing payments, payment procedures will be followed and facilitated by the TIME to ensure all payment documents are provided to the incident agency.

4. Reference Chapter 30 for procedures regarding non-returned property and the resulting documentation and OF-288 deductions.

Each crew and single resource will present a Demobilization Checklist to the Time Unit. Time Unit personnel will verify that all other sections of the checklist have been completed. Once the OF-288 has been closed out, signed, and file copies made, the Demobilization Checklist can be signed and given to the crew representative/individual for completion of the demobilization process.

EXHIBIT 9
SINGLE RESOURCE CASUAL HIRE INFORMATION FORM, PMS 934

Single Resource Casual Hire Information Form

HIRING UNIT INFORMATION
Office Name: Unit ID: Date:
Address: City: State: Zip:
Hiring Official Name: Print Telephone:

CASUAL INFORMATION
Casual's Name: Phone No: Start Date:
Print

POSITION INFORMATION
Job Title: AD Class: AD Rate: \$
Incident Order #: Fire code: Request #:

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

- 1. To fight a going fire.
2. Unusually dry period or fire danger is high to extreme.
3. To provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.
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.
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 stabilization work when there is an immediate danger of loss of life or property.
10. Following a natural emergency to develop plans and manage emergency stabilization efforts (not to exceed 90 calendar days).
11. To meet mission assignments issued by FEMA.
12. 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: Agency:
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

I understand that I am being hired under the terms and conditions of the Administratively Determined Pay Plan for Emergency Workers.

Casual Signature (Required) Date Hiring Official Signature (Required) Date

Distribution: Follow Hiring Agency procedures

EXHIBIT 9 – Continued**Non-Discrimination Policy Statement**

"The U.S. Government prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) "

Forest Service hires: to file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

EXHIBIT 10  
INCIDENT BEHAVIOR FORM (ENGLISH), PMS 935-1

## Incident Behavior

Common Responsibilities  
Volunteers and Single Resource Casual Hires

### Inappropriate Behavior:

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment. **Harassment in any form will not be tolerated.** When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities
  - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

### Drugs and Alcohol:

- Non-prescription unlawful drugs and alcohol are not permitted at the incident.
- Use of medical marijuana on incidents is prohibited.
- Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

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Signature

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Date

PMS 935-1 (English) (August 2012)

EXHIBIT 10 - INCIDENT BEHAVIOR FORM (SPANISH), PMS 935-2**Comportamiento En Incidentes****Responsabilidades Comunes  
Empleo Casual de Voluntarios y Recursos Individuales****Comportamiento inapropiado:**

Es extremadamente importante que comportamiento inapropiado sea reconocido y tratado con prontitud. Comportamiento inapropiado es todo tipo de acoso incluyendo sexual y racial. **Acoso de cualquier tipo no será tolerado.** Cuando usted observe o escuche comportamiento inapropiado usted debe:

- Informar y educar al personal de sus derechos y responsabilidades. Dígame al acosador(a) que pare su conducta ofensiva.
- Proporcionar apoyo a la victima.
- Reportar el incidente a su supervisor y al supervisor de esa persona, si el comportamiento continúa. Una acción disciplinaria puede ser necesaria.
- Desarrollar medidas apropiadas de corrección.
- Documente todo comportamiento inapropiado y repórtelo al jefe del incidente o al oficial de agencia apropiado.
- Al trabajar en o alrededor de propiedad privada, reconozca y respete toda propiedad privada.

**Drogas y Alcohol:**

- Drogas ilegales no recetadas y alcohol no son permitidas en incidentes.
- El uso de la marihuana medicinal en los incidentes está prohibido.
- Posesión o uso de estas sustancias resultara en una acción disciplinaria.
- Durante periodos de descanso en incidentes, todo personal es responsable por su conducta apropiada y mantenimiento de condición física para cumplir con sus deberes. Abuso de drogas y alcohol que resulte en incapacidad para cumplir con sus deberes resultara en una acción disciplinaria.
- Sea un modelo positivo. No se involucre en el abuso de drogas y alcohol.
- Reporte cualquier observación de abuso de drogas o alcohol a su supervisor.

Yo he leído y entiendo el comportamiento y responsabilidades durante incidentes descrito arriba:

---

Firma

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Fecha

EXHIBIT 11  
EXEMPT / NONEXEMPT POSITIONS

<b>Position</b>	<b>Exempt</b>	<b>Nonexempt</b>
Administrative Payment Team (APT) Leader	X	
Administrative Payment Team (APT) Member		X
Agency Representative	X	
Air Attack Group Supervisor	X	
Air Support Group Supervisor	X	
Air Tanker Coordinator	X	
Aircraft Base Radio Operator		X
Aircraft Timekeeper		X
BAER Team Leader & Members	X	
Buying Team Leader	X	
Buying Team Member		X
Claims Specialist		X
Commissary Manager	X	
Communications Technician		X
Communications Unit Leader	X	
Compensation for Injury Specialist		X
Compensation/Claims Unit Leader	X	
Computer Technical Specialist		X
Contracting Officer Representative		X
Cook		X
Cook's Helper		X
Cost Apportionment Team Leader		X
Cost Team Member		X
Cost Unit Leader	X	
Crew Representative	X	
Deck Coordinator		X
Demobilization Recorder		X
Demobilization Unit Leader	X	
Display Processor		X
Dispatch Recorder		X

## EXHIBIT 11 – Continued

<b>Position</b>	<b>Exempt</b>	<b>Non Exempt</b>
Dispatcher		X
Division/Group Supervisor	X	
Documentation Recorder		X
Documentation Unit Leader		X
Dozer Boss (Crew Boss)		X
Dozer/Tractor Plow Operator		X
Driver/Operator		X
EMT – Basic		X
EMT – Intermediate		X
EMT – Paramedic		X
ESF4 Primary Leader	X	
ESF4 Structure Support	X	
ESF4 Wildland Support	X	
Engine Boss		X
Equipment Manager		X
Equipment Time Recorder		X
Expanded Dispatch Coordinator	X	
Facilities Maintenance Specialist		X
Facilities Unit Leader	X	
Felling Boss (Crew Boss)		X
FEMA ESF4 Administrative Support		X
Field Observer		X
Finance/Administration Section Chief	X	
Fire Behavior Analyst	X	
Firefighter		X
Firing Boss (Crew Boss)	X	
Fixed Wing Base Manager	X	
Food Unit Leader	X	
Ground Support Unit Leader	X	
Hand Crew Boss	X	
Helibase Manager	X	
Helicopter Coordinator	X	
Helicopter Manager (Crew Boss)	X	
Helispot Manager		X



## EXHIBIT 11 – Continued

<b>Position</b>	<b>Exempt</b>	<b>Non Exempt</b>
Human Resources Specialist	X	
Incident Business Advisor	X	
Incident Commander	X	
Incident Head Dispatcher	X	
Incident Meteorologist	X	
Information Officer	X	
Infrared Interpreter	X	
Interagency Resource Rep		X
Liaison Officer	X	
Loadmaster		X
Logistics Section Chief	X	
Mechanic		X
Medical Unit Leader	X	
Messenger		X
Operations Branch Director	X	
Operations Section Chief	X	
Ordering Manager		X
Parking Tender		X
Personnel Time Recorder		X
Planning Section Chief	X	
Prevention Team Leader	X	
Prevention Team Members		X
Probe-eye Operator		X
Procurement Unit Leader	X	
Receiving/Distribution Manager	X	
Recorder		X
Resource Unit Leader	X	
Safety Officer	X	
Security Manager	X	
Security Personnel		X
Service Branch Director	X	
Situation Unit Leader	X	
Squad Boss		X
Staging Area Manager		X
Status/Check-in Recorder		X
Supply Unit Leader	X	

EXHIBIT 11 – Continued

<b>Position</b>	<b>Exempt</b>	<b>Non Exempt</b>
Supervisory Dispatcher	X	
Support Branch Director	X	
Support Dispatcher		X
Take Off/Landing Coordinator		X
Task Force/Strike Team Leader	X	
Time Unit Leader	X	
Tool and Equipment Helper		X
Tool and Equipment Specialist		X
Training Specialist		X
Weather Observer		X