



2022 Casual Hire Finance Guide

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Contact Information

Northwest Region	Patti Fairbanks	(360) 854-2814	patti.fairbanks@dnr.wa.gov
Northeast Region	Laurie Babbit	(509) 684-7474	Laurie.babbitt@dnr.wa.gov
Olympic Region	Mamie Perez	(360) 640-9903	Mamie.perez@dnr.wa.gov
Pacific Cascade	Suzan Deaver	(360) 575-5509	Suzan.deaver@dnr.wa.gov
Southeast Region	Deneen Mulvaney	(509) 925-0945	Deneen.mulvaney@dnr.wa.gov
South Puget Sound Region	Linzy Scott	(360) 802-7002	Linzy.scott@dnr.wa.gov
Wildfire Division	Sarah Thorson	(360) 280-0050	Sarah.thorson@dnr.wa.gov

Hiring paperwork

Prior to receiving your red card and hire letter each year, you must complete the following documents:

I9 Employment Eligibility Verification – must be completed in person with a DNR representative. Good for three years or when your identification expires, whichever is sooner.

The following must be done yearly – can be submitted via email:

- Current year W4 – Employee Withholding Certificate
- Current Year PEBB Benefit Form
- SSA-1945 Social Security Form

Documentation Requirements

What you must take with you to an incident:

1. Copy of your 2022 Hire Letter
2. Resource Order from Dispatch – IROC Order
 - a. Make sure this is correct before you leave
 - b. You can only be reimbursed for items approved on this order
 - c. You are paid as ordered

What you must bring back from an incident in order to be reimbursed.

1. Original OF-288 – Emergency Firefighter Time Report
 - a. White if computer generated – stamped original with original signatures
 - b. Travel Time should be closed out at the incident
 - c. White – Incident Time Report (new form) if handwritten
 - d. Pink – Emergency Firefighter Time Report (old form) if handwritten
2. Copy of CTRs – Crew Time Report
 - a. Yellow stays in your book
 - b. White Original stays at the incident
3. Original OF-286 – Emergency Equipment Use Invoice for equipment or mileage
 - a. Pink if handwritten
 - b. White if computer generated – stamped original with original signatures
4. Original Shift Tickets (OF-297) – for mileage and/or equipment use
 - a. Pink, signed original – bring back from incident.
 - b. Gold & white stay in your book
 - c. Blue stays with incident
5. Resource Order Card
6. Any other documentation that references how you are to be reimbursed
 - a. Example: Letter from IC authorizing lodging costs and/or meals
7. Original itemized receipts for any purchases you are authorized to be reimbursed for:
 - a. Rental car fuel
 - b. Lodging receipts
 - c. Any other purchase you are authorized to be reimbursed for with a resource order.

Payment & Reimbursement Process

All documents must be submitted electronically and in PDF format to your hiring unit.

Payroll

Processed twice monthly, paying on the 10th & 25th.

In order to process your payment we must have a copy of your original OF288 and resource order. Every effort is made to process your pay in soonest payroll after receipt.

- Paid as ordered on resource order & rate schedule listed in the current Wage & Equipment Rate Guide.
 - Trainees are paid at one level lower than the fully qualified rate.
- Paid according to DNR workweek: Monday 0001-Sunday 2400. First 40 hours are regular time, rest is overtime thru Sunday.

- Warrants will be mailed to the address on file unless you submit EFT authorization
- Your earnings statement will be mailed to you – we can email if you approve.

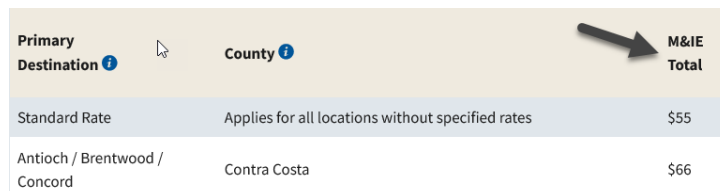
Travel

All travel expenses are reimbursed via the A.20 Travel Voucher. Electronic completed A20's are preferred. Fill out electronically, convert to PDF & sign. If you do not have access to a computer to complete them electronically handwritten vouchers may be accepted. If handwritten vouchers are submitted they need to be legible and completed in blue or black ink. Incomplete, inaccurate, or illegible vouchers cannot be processed and will be returned for corrections.

A remittance will be emailed to you once payment has been approved.

• Meals

- Reimbursed for travel to & from incident and/or when incident does not provide meals
 - Reimbursed by meal period B: 0700-0800, L: 1200-1300, D: 1800-1900
- In state rates found at <https://ofm.wa.gov/accounting/administrative-accounting-resources/travel>
- Out of state travel found at <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>
 - Use M&IE daily total, break down as follows: B=25%, L=30%, D=45%
 - \$5 incidental is included in the daily M&IE rate, not paid separately



Primary Destination ⓘ	County ⓘ	M&IE Total
Standard Rate	Applies for all locations without specified rates	\$55
Antioch / Brentwood / Concord	Contra Costa	\$66

• Lodging

- Lodging for travel that requires an overnight stay does not need special approval – it is considered travel. Typically 10+ hour drives.
- If you are required to pay for lodging you must obtain approval from the incident.
- Always ask for government rate (rates found at links above). If unavailable at per diem an “Authorization to Exceed the Maximum Allowable Lodging Rates” may be obtained. If a blanket authorization is in not in effect for fire suppression at the time of your travel, you must contact { } Region to complete the required form and obtain approval in advance. If applying the 150% lodging waiver document on receipt that no lodging was available at per diem and we will reimburse up to 150% of the allowable rate.
- Must have itemized receipt – cannot pay for extra fees: pet fee, safe, laundry, booking fees, etc. Lodging rate + required taxes & fees.

• Vehicles

- Mode of transportation must be authorized on the resource order – POV, NERV Rental, regular rental. AOV are always authorized
- POV reimbursed at .585/mile – must be documented via shift ticket
 - POV are not authorized for fire line use.
- AOV paid to district - .585/ mile for non-line positions, 1.14 for line positions
 - If you check out a DNR pool vehicle no mileage reimbursement
- NERV rental – submit fuel receipts with travel voucher

- Regular rental – rental receipt & fuel receipts submitted with travel voucher. All fuel receipts must be itemized.

FORM A20-A (REV. 1/91)		STATE OF WASHINGTON TRAVEL EXPENSE VOUCHER		REGULARLY SCHEDULED WORK HOURS 0800-1630 M-F												
AGENCY NAME Department of Natural Resources		AGENCY NO. 490		NAME AND ADDRESS OF CLAIMANT Peter Cottontail 713 Bowers Road E-burg, WA 98926												
				MONTH/YEAR Sep-11												
				OFFICIAL STATION Ellensburg												
				PHONE (SCAN) NUMBER												
				OFFICIAL RESIDENCE												
DATE	TRIP INFORMATION		PER DIEM				MOTOR VEHICLE				OTHER		GRAND TOTAL	PURPOSE OF TRIP		
	FROM	TO	TRIP TIME		PER MEAL ENTITLEMENT				LODGING COSTS	TOTAL	MILES DRIVEN	Reimbursement			Mileage Allowance	PER DETAIL
	DEPART	RETURN	B	L	D	SUB TOTAL	Rept Req'd	PT. to PT.	VIC-INITIAL	Reimbursement	Reimbursement	Reimbursement				
09/10	Eburg	Goldendale	6:00 AM		11.00	14.00	21.00	46.00	84.32	130.32					130.32	Monastery Complex
09/11	Goldendale	Eburg		8:00 PM	11.00	14.00	21.00	46.00		46.00					46.00	221 ABC
Use one line for each day.			Meals claimed other than while traveling to and from incident require written approval/justification from the incident. Per Diem cannot be claimed when meals are provided by the incidents.			Lodging receipt must be itemized (taxes separated out)			Incident Name			Fire Code Assigned to Incident				
DETAIL OF OTHER EXPENSES			TOTAL		22.00	\$28.00	\$42.00	92.00	\$ 84.32	\$176.32					\$176.32	
DATE	PAID TO	FOR	AMOUNT	DOC. DATE	PMT DUE DATE	CURRENT DOC. NO.	REF. DOC. NO.	VENDOR NUMBER	VENDOR MESSAGE	USE SSN TAX						
				TRANS CODE	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	ORG INDEX	AMOUNT				INVOICE NUMBER	
I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.																
SIGNATURE		DATE		SIGN HERE												
APPROVED BY		DATE		SIGN HERE		ING APPROVAL FOR PAYMENT										
						DATE										
						WARRANT TOTAL										
						WARRANT NUMBER										

OF-288 – Incident Time Report

The **OF-288** is the official pay document for fire time posted by timekeepers. At the end of the incident you will be given the original OF-288. This is your pay – do not lose it. You should keep a copy. The original (pink or white with all original signatures & stamped ORIGINAL) must be submitted with the reimbursement invoice from your district.

Prior to signing: make sure the posted time is complete and accurate before walking away from the Timekeepers. Once the form is signed, no additional time may be added and any changes must be made by the timekeeper at the fire

- You cannot add hours for travel or other work done before or after leaving the fire.
- You must submit ALL hours you charge to the incident on a signed CTR to the timekeeper.
- You cannot add to your hours once you return.
 - You can deduct travel time if necessary.
- Travel time must be closed out by timekeeper at incident.
 - Most direct route / 45mph = allowable travel time
 - Cannot drive more than 10 hours per day solo driver / 16 with pair
 - Cannot go over 2:1 work rest ratio

INCIDENT TIME REPORT												1. Hired At (e.g., ID-BOF) WHERE THEY TRAVELED FROM	
2. Employee Common Identifier <small>PERSONNEL NUMBER OR LAST FOUR OF SSN</small>						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) <small>TO IDENTIFY HOME UNIT FOR CONTACTING OR FAXING INFORMATION</small>				
5. Name (First, Middle, Last) <small>FULL LEGAL NAME (NO NICKNAMES)</small>						6. Hiring Unit Phone Number <small>FOR CONTACTING HOME UNIT</small>			7. Hiring Unit Fax Number <small>FOR FAXING TARS, SUPPS, OF-288s</small>				
Column A		Column B		Column C		Column D							
8. Incident Name <small>FIRE NAME</small>		8. Incident Name <small>Same as Column A</small>		8. Incident Name <small>Same as Column A</small>		8. Incident Name <small>Same as Column A</small>							
9. Incident Order Number (e.g., ID-BOF-000123) <small>WA-NES NUMBER</small>		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) <small>INCIDENT # & ALPHA</small>		11. Resource Request Number (e.g., O-33) <small># PROVIDED BY DISPATCH</small>		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., CRWB-T) <small>POSITION ON INC.</small>		13. AD Class (e.g., B)		14. AD Rate		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)		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		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		Mo Day Start Stop Hours		Mo Day Start Stop Hours			
07	04	1130	1230	T									
07	04	1230	1730										
07	04	1800	2000										
07	05	0600	1230										
07	05	1300	1800										
07	05	1800	1900	T									
Year		16. Total Hours		FISCAL		Year		16. Total Hours		Year			
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	
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)		18d. Reimbursement	18e. Deduction	18f. Fire Code		DATES AND TIMES MAY ONLY BE ENTERED BY THE ASSIGNED TIMEKEEPER, NOT THE EMPLOYEE. IF YOU ARE BOTH, YOU MUST HAVE A HIGHER POSITION TRANSFER YOUR TIME FROM THE CTR AND SIGN AS TIMEKEEPER. A SUBORDINATE MAY NOT APPROVE TIME FOR THEIR SUPERVISOR AS TIMEKEEPER. IT MUST BE ENTERED BY A HIGHER POSITION IN THE CHANGE OF COMMAND.					
Total \$				\$				20. Employee Signature					
19. Remarks <small>USE THIS AREA FOR DOCUMENTATION.</small>						EMPLOYEE SIGNS HERE							
						21. Time Officer Signature							
						EMPLOYEE SIGNS HERE							

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

Department of the Interior (Bureau of Land Management)
Department of Agriculture (U.S. Forest Service)

OPTIONAL FORM 288 (REV. 2/2016)

CTR – Crew Time Report

This is the document that you fill out showing the time you worked at the incident. It is signed by your incident supervisor and given to timekeeping. The information provided on your CTR is used to create your OF288. It must include:

1. Division on the incident
2. Resource order number
3. Agency with jurisdiction of incident; WA-SPS, CA-MNF, WA-OWF, OR-MHF, etc.
4. Fire Name
5. Fire Number (ex: 221-ABC, PNB6, etc.) found on upper right of Resource Order – Financial Codes
6. Name (Last, First)
7. Time worked
 - a. Travel time to & from the incident should be listed separately
 - b. All time should be listed in military format (0001-2400)
 - c. Meal breaks must be shown in the on off section
 - d. Each column is for a different day, you can put up to two days on each CTR
 - e. Remarks – any comments that help clarify the time that you show worked and/or any other important information. No meals/lodging provided, etc.

Compensable Time: Travel to and from the incident & Time worked at incident

Non-Compensable Time: Meal Breaks (Breakfast, Lunch & Dinner), Muster, Rehab, Sleeping periods, time required for equipment maintenance, crew swaps, off shift time.

You can find a video of how to correctly complete your CTR here:

www.nwcg.gov/publications/training-courses/psm-001

CREW TIME REPORT				(1) CREW NAME		(2) CREW NUMBER	
(3) OFFICE RESPONSIBLE FOR FIRE		(4) FIRE NAME		(5) FIRE NUMBER			
WA-DWF		PNW 2 SCHNEIDER STATION		0-213.98 WA-DWF-453			
(6) RE-MARKS NO.		(7) NAME OF EMPLOYEE		(8) DATE DATE Military Time ON OFF		(9) DATE DATE Military Time ON OFF	
(1)		KUPFERLING, JOE		0504 0530 1200		(6.5)	
(2)		"		1230 2130		(9)	
(3)		"		11 0530 1200 0530 1200		(6.5)	
(4)		"		11 1230 2130 2130		(9)	
(11) REMARKS							
(1) TUL TO BASE STRUCTURE GROUP							
(2) STRUCTURE GROUP							
(3) TUL TO BASE, STRUCTURE GROUP							
(4) STRUCTURE GROUP							
(12) OFFICER-IN-CHARGE (Signature)				(13) OFFICER-IN-CHARGE (Print)			
[Signature]				[Signature]			
(14) NAME (Print) Training or Emergency Time Report						(15) DATE	
[Signature]						[Signature]	

Shift Tickets

This is the document that you fill out showing equipment usage at an incident. It is signed by your Incident Supervisor and given to timekeeping. The information provided on the shift tickets is used to create an OF286. You may be asked to fill out an electronic shift ticket at the incident – if that is the case you will be given direction by the incident. Please keep copies of anything you submit in case they are unable to provide a copy to you after submission to your supervisor.

1. Agreement Number
2. District Name (WA DNR SPS Casual Hire)
3. Incident Name
4. Incident number
5. Operator Name
6. Equipment Make
7. Equipment Model
8. Operator – check Contractor Box
9. Equipment Serial # - last 6 of VIN is ok.
10. License Plate number
11. Supplies furnished by – check Contractor (wet) box
12. Date – Month, Day & Year
 - a. Must show use by day. If no use on a day, indicate that the vehicle was not driven.
 - b. You can show up to four days on one shift ticket – daily is best.
13. Equipment Use – starting odometer and ending odometer and total miles.
14. Remarks - Indicate any other information that needs to be communicated in this box.
15. Leave blank
16. Leave blank
17. Sign Name
18. Incident Supervisor signature
19. Supervisor date signed

Overhead Mileage

Example A

0-20

EMERGENCY EQUIPMENT SHIFT TICKET					
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER 93-096965		2. CONTRACTOR (name) County FD #50			
3. INCIDENT OR PROJECT NAME Big Fire		4. INCIDENT NUMBER WASES 123		5. OPERATOR (name) Jeff Stevens	
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL Explorer		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER 987654		10. LICENSE NUMBER 321456E		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) DIV J travel & line mileage	
START STOP		WORK		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	
7/2/18 102 102		249 travel			
7/2/18 102 102		75 line			
				16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Jeff Stevens			18. GOVERNMENT OFFICER'S SIGNATURE Supervisor		19. DATE SIGNED 7/3/18

FINANCE

Example B

0-20

EMERGENCY EQUIPMENT SHIFT TICKET					
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER 93-096965		2. CONTRACTOR (name) County FD #50			
3. INCIDENT OR PROJECT NAME Big Fire		4. INCIDENT NUMBER WASES 123		5. OPERATOR (name) Jeff Stevens	
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL Explorer		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER 987654		10. LICENSE NUMBER 321456E		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR		13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) DIV J - line Start 102780 end 102856	
START STOP		WORK		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	
7/3/18 0700 2000		76 miles			
				16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Jeff Stevens			18. GOVERNMENT OFFICER'S SIGNATURE Supervisor		19. DATE SIGNED 7/4/18

FINANCE

TRAVEL AND EMPLOYEE EXPENSES

Meals & Lodging:

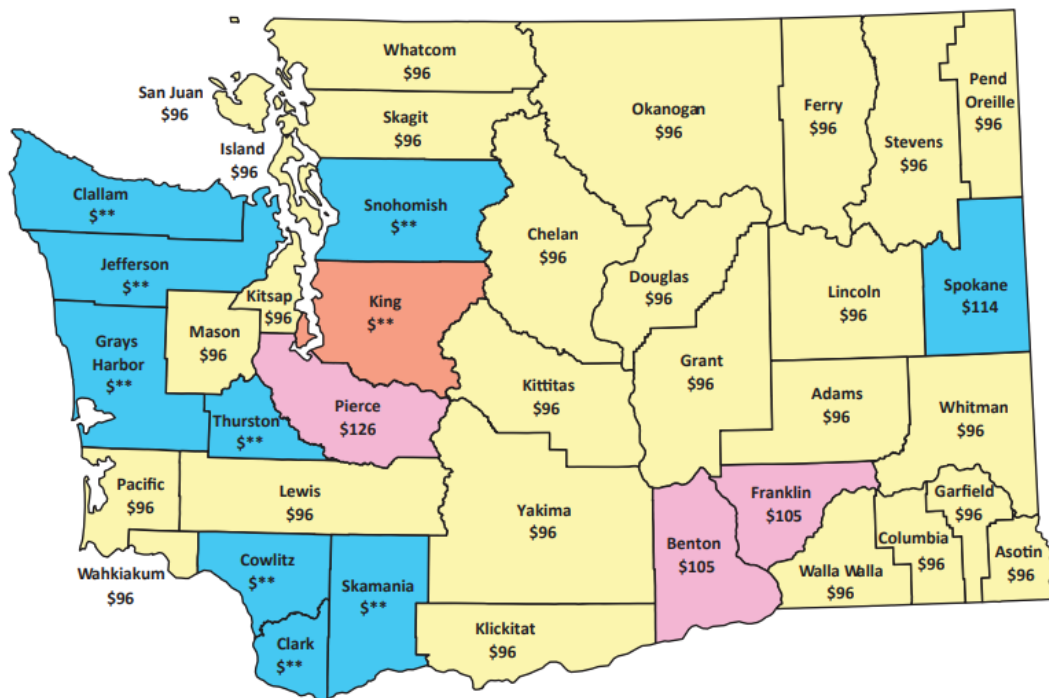
Meals and Lodging are only reimbursed when approved by the IC of the incident. The incident typically provides meals and a place to sleep. If you are asked to be self-sufficient, you must have written documentation from the incident stating this. A good place to document this is on your CTR, or get a letter from Finance stating the situation and what is approved.

Meal Rates

Meal rates are based on fire location, not where you purchase the meal or stop to eat. Rates include tax and tip. If you exceed the allowed amount, the purchaser is responsible to pay the overage.

<https://www.ofm.wa.gov/accounting/administrative-accounting-resources/travel>

Per Diem Rates - As of October 1, 2021



Meal Rates				
TOTAL	B	L	D	
\$59	\$15	\$18	\$26	
\$69	\$17	\$21	\$31	
\$74	\$19	\$22	\$33	
\$79	\$20	\$24	\$35	

\$ Maximum Lodging Rate

** Seasonal Lodging Rates for Counties:

Clark, Cowlitz, & Skamania	06/01 - 10/31	\$182
	11/01 - 05/31	\$152
Clallam & Jefferson	07/01 - 08/31	\$161
	09/01 - 06/30	\$104
Grays Harbor	07/01 - 08/31	\$137
	09/01 - 06/30	\$111
King	05/01 - 10/31	\$232
	11/01 - 04/30	\$176
Snohomish	06/01 - 08/31	\$139
	09/01 - 05/31	\$116
Thurston	09/01 - 10/31	\$112
	11/01 - 08/31	\$133

POV Mileage Rate

The privately owned vehicle mileage reimbursement rate is \$0.585 per mile. (effective 1/1/2022)

For Out-of-State Per Diem Rates, refer to the GSA website at: <https://www.gsa.gov>. To get the total meal and incidental expense rate breakdown of individual meal allowances, refer to the State Administrative and Accounting Manual (SAAM), Subsection 10.40.10.c.

Resource Order Example

RESOURCE ORDER	Initial Date/Time	2. Incident / Project Name				3. Incident / Project	Financial Codes
OVERHEAD	08-17-2020 1144 PST	AUGUST COMPLEX				CA-MNF-000753	PWNGW4 (1325) P5NFP420 0508 [P] CFAA
5. Descriptive Location		6. TWN	RNG	SEC	Base MDM	8. Incident Base / Phone Number	9. Jurisdiction / Agency
AUGUST COMPLEX CA-MNF-000753		21N	8W	SN19	Mt. Diablo, CA	MNF Expanded (530) 934-1125	Mendocino National Forest
		LAT. 39° 39' 34" N				10. Ordering Office	
		LONG. 122° 48' 32" W				Mendocino National Forest Dispatch Center	

11. Aircraft Information							
Bearing	Distance	VOR	Contact Name	Frequency Type	Assigned Frequency	Reload Base	Other Aircraft / Hazards
NaN°	31	UK	AUGUST COMPLEX NORTH	AirTactics	NORTH AIR TACTICS 166.9500	UKI	
293.43°	34	MXW	AUGUST COMPLEX SOUTH	AirTactics	SOUTH AIR TACTICS 172.4500	CIC	
211.40°	37	RBL	AUGUST COMPLEX NORTH	AirToAir	NORTH ROTOR VICTOR 132.7750	RDD	
			AUGUST COMPLEX NORTH	AirToAir	NORTH TFR VICTOR 124.3750	STS	
			AUGUST COMPLEX SOUTH	AirToAir	SOUTH ROTOR VICTOR 133.2750		
			AUGUST COMPLEX SOUTH	AirToAir	SOUTH TFR VICTOR 124.2250		
			AUGUST COMPLEX NORTH	AirToGround	NORTH TACTICAL A/G 170.5625		
			AUGUST COMPLEX NORTH	AirToGround	NORTH COMMAND A/G 171.8375		
			AUGUST COMPLEX SOUTH	AirToGround	SOUTH COMMAND A/G 168.3375		
			AUGUST COMPLEX SOUTH	AirToGround	SOUTH TACTICAL A/G 172.3500		
			AUGUST COMPLEX NORTH	Command	NORTH COMMAND SHF forest TX 165.0125 X RX 171.575 12		
			AUGUST COMPLEX SOUTH	Command	SOUTH COMMAND MNF Fire Net TX 164.500 RX 171.550 2		
			AUGUST COMPLEX NORTH	GroundtoGround	NORTH GROUND TACTICS MULTIPLE		
			AUGUST COMPLEX SOUTH	GroundtoGround	SOUTH GROUND TACTICS MULTIPLE		

12. Request Number	Ordered Date/Time	From	To	Qty	Resource Requested	Needed Date/Time	Deliver To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	M/D Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To
O-1226.45	2020-09-28 0142 PDT	MNF Expanded Overhead (South) 530-934-1185	OR-NWC	1	PERSONNEL TIME RECORDER	2020-09-28 0800 PDT	Mendocino National Forest	WA-SPC	WA-SPC	2020-09-28 0722 PDT	WA-SPS	SCOTT, LINZY GRACE	M	2020-09-28 0900 PDT	2020-09-29 1000 PDT		
Travel mode		Financial Code		Named Request		Special needs					Navigation/Reporting Instructions						
G		P5NFP420 0508		SCOTT, LINZY GRACE		To Replace assigned NIMO and Ad-hoc Type 3 Team with some staff having minimal T2 qualifications for South Zone of the August					825 N. Humboldt Avenue Willows, CA. 95988						
						Complex. These folks have extended to 21 days following the timing out of the previous T1 IMT. Urgent need as current team will be timing out with the next 3 days. With the continued UTFs of essential personnel, there will be very limited capability to staff this incident. See attached documents. In-Briefing _09/282020 @ 0800_ Location: 825 N. Humboldt Avenue Willows, CA. 95988											
						CFAA Approved: Use of and reimbursement for rental vehicles for Local Govt. IMT personnel is authorized for basic car rental only unless IC approves 4x4 to meet the needs of the assignment. No optional insurances or accessories. Federal Agency IMT personnel are authorized to use the NERV BPA for use on incidents where one of the following needs are required. 1. Vehicle is traveling off the maintained road 2. 4x4 ¾ or 1 ton pickup to meet the needs of the assignment. 3. Vehicles will be managed by ground support and utilized by multiple resources. 4. AD's that are not self-sufficient and obtained approval to order a vehicle on their resource order. All rental vehicles requests using the NERV website must be process by the Local Dispatch Center.											

13. User Documentation		
Req. No.	Documentation	Entered By
O-1226.45	RequestRules: CA-MNF-000753 : O-1226 setting child request preposition release option to: P	tpierce 2020-09-28 0142 PDT
O-1226.45	WILL RON IN REDMOND 9/28. AOU0019	sgoldsbary 2020-09-28 0723 PDT

Rental Vehicles

When rental vehicles are authorized on your Resource Order, the USFS Region 6 Rental Vehicle Process (option 2) is to be followed. It is the responsibility of the individual driving the vehicle to mail the rental vehicle information to the correct location. **DNR is not responsible for mailing the documentation**

- Rental is **typically** for **line rated positions only** through the USFS NERV Agreement
 - Your resource order will indicate approved modes of transportation
- Resource will be directed to reservation website at time of dispatch.
- Resource will be responsible for completing and submitting required paperwork after incident.
 - **Paperwork is to be emailed to USFS R6 at the address on the cover sheet**
- District will be responsible for purchasing fuel and submitting receipts to DNR for reimbursement.
 - You may use fuel truck for NERV rental – they are considered agency vehicles
- DNR will be billed by the USFS for the cost of the rental vehicle.
- NERV Rental Website: <https://sites.google.com/a/firenet.gov/nerv/>

NERV (National Emergency Rental Vehicle) Payment Cover Sheet

****This sheet must be filled out and submitted for EACH vehicle rented under the NERV BPA****

REMIT COMPLETED PACKET TO:

Scan and Email entire package to: SM.FS.NERV@usda.gov

Package must be combined to one PDF format file
with naming convention:
AB-CDE-000000_O-1-Plate#

RESOURCE HOST DISPATCH OFFICE & PHONE #:

ENTERPRISE RENTAL AGREEMENT # (on rental agreement from Vendor - example: 5K910V):

VEHICLE LICENSE #, MAKE & MODEL:

- This cover sheet is to REMAIN WITH THE VEHICLE until it is ready to be returned to Enterprise.
- It is the responsibility of each operator/host to ensure this sheet is filled out for each incident.
- The last operator or host is responsible for submitting the package to NERV.

INCIDENT NAME	INCIDENT NUMBER (ex: OR-DEF-000146)	RESOURCE ORDER # (ER/OR/CR or AR on resource order)	START DATE ON INCIDENT	END DATE ON INCIDENT	PAY CODE (on resource order)	OPERATOR/GROUND SUPPORT PRINT NAME & E-MAIL

□ REQUIRED SUPPORTING DOCUMENTS TO INCLUDE WITH THIS PAYMENT COVER SHEET

- Resource Order(s) for EACH Incident the vehicle is utilized on.
- Rental Agreement from vendor (provided at the time the vehicle is picked up or delivered)
- Copy of Inspection from Ground Support (Only if there was inspection done – not required)
- ALL Documentation of Damage (include pictures, damage report, accident report and contact names/numbers for all involved)

Questions? E-mail: SM.FS.NERV@usda.gov

For additional copies of this sheet or guidance of this BPA visit the NERV website: <https://sites.google.com/a/firenet.gov/nerv/>

VEHICLE USE FOR EMERGENCY DISPATCH



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APPLICATION: All Washington State Department of Natural Resources (DNR) Employees, Fire Districts, and Casual Hires. Additionally, IMT members assigned to a DNR incident are subject to these terms.

OBJECTIVE: This guideline provides direction on privately owned vehicle (POV) use by department employees, Fire District resources, Casual Hires, and IMT members. The agency head or immediate supervisor, may authorize the use of a (POV) in the conduct of official state business when it is more advantageous or economical to the state that a state driver travel by a POV rather than a common carrier or a state-owned or lease motor vehicle. When these employees travel to/from an emergency incident, the following guidance applies:

GUIDANCE:

- DNR employees and Fire District employees will use their respective agency vehicles when available.
- POV's may not be used for fire line functions or transporting to fire line. Fire District employees and Casual Hires must utilize the Region 6 Blanket Policy Rental Agreement (BPA) instead of using a POV. See DEFINITIONS section below.
- Anyone who anticipates the need for fire line vehicles (rentals) are required to procure vehicle prior to mobilization using the Region 6 Blanket Policy Rental Agreement (BPA): <https://sites.google.com/site/r6incidentvehiclebpa/>
- Employees who choose to travel in an RV/Trailer for the purpose of personal comfort will not be reimbursed for mileage to and from the incident*
 - *If resource has non line position and an agency vehicle is not available POV use is authorized with reimbursement for mileage only to exclude RV/Trailer

Reimbursement for the use of a POV on official state business is to be at the private vehicle mileage reimbursement rate specified on the U.S. General Services Administration website at: www.GSA.gov

DEFINITIONS

The **Region 6 Enterprise Incident BPA** is intended for use on incidents where the vehicle is anticipated to be traveling OFF ROAD and a 4x4 pickup or SUV is needed. The vehicle must be rented under the BPA for the terms and conditions of the BPA to apply.

VEHICLE USE FOR EMERGENCY DISPATCH



WASHINGTON STATE DEPT OF
**NATURAL
RESOURCES**

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BACKGROUND

With the state having the ability to use the Region 6 Blanket Policy Rental Agreement (BPA) it provides access to rental vehicles that are capable of off-road use for all risk incident operations.

Approval Date: 5/1/18
Month-Day-Year

Approved By: 
Chuck Turley
Division Manager

SEE ALSO

SAAM 10.50.20.a
RCW Chapters 46.29 and 46.30