

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number

F 8421057

2. Social Security Number

3. Initial Employment (X one)
 Yes No

4. Type of Employment (X one)
 Casual Regular Gov't. Employee Other

Transferred From

6. Hired At

7. Employee Has (X one)
 Been Discharged Quit

8. Entitled To Return Travel Time (X one)
 Yes No

9. Entitled to Return Transportation (X one)
 Yes No

ZIP CODE MUST BE ENTERED BELOW

IN CASE OF ACCIDENT NOTIFY

10. Name (First, Middle, Last) 15. Name

11. Street Address 16. Street Address

12. City 13. State 14. Zip Code 17. City 18. State 19. Telephone No. (Include Area Code)

20. FIRE LOCATION IDENTIFICATION

Column A Column B Column C Column D

1. Fire Name		2. Fire Name		3. Fire Name		4. Fire Name													
2. Fire No.	3. Unit Code	2. Fire No.	3. Unit Code	2. Fire No.	3. Unit Code	2. Fire No.	3. Unit Code												
4. Fire Location		4. Fire Location		4. Fire Location		4. Fire Location													
5. State	5. State	5. State	5. State	5. State	5. State	5. State	5. State												
5. Firefighter Classification		6. Firefighter Classification		6. Firefighter Classification		6. Firefighter Classification													
7. Rate	7. Rate	7. Rate	7. Rate	7. Rate	7. Rate	7. Rate	7. Rate												
6. Date and Time		6. Date and Time		6. Date and Time		6. Date and Time													
a. Year		a. Year		a. Year		a. Year													
Mo.	Day	Start	Stop	Hours	Mo.	Day	Start	Stop	Hours	Mo.	Day	Start	Stop	Hours	Mo.	Day	Start	Stop	Hours
8. Total Hours		9. Total Hours		9. Total Hours		9. Total Hours													
9. Gross Amount (item 7 x item 9)		10. Gross Amount (item 7 x item 9)		10. Gross Amount (item 7 x item 9)		10. Gross Amount (item 7 x item 9)													
11. Inclusive Dates		11. Inclusive Dates		11. Inclusive Dates		11. Inclusive Dates													
12. Time Officer's Signature		12. Time Officer's Signature		12. Time Officer's Signature		12. Time Officer's Signature													
13. Date Signed		13. Date Signed		13. Date Signed		13. Date Signed													

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. BO 2800	B. Rate	C. Miss./Hours	D. Accounting Classification			E. Object Class			F. Amount
			(a)	(b)	(c)	(a)	(b)	(c)	
									Gross
									Salary
									or
									Equip.
									Rental
									Total
23. Remarks									
NOTE: The above items are correct and proper for payment from available appropriations.									
24. ADO Check Number and Stamp									
25. Employee (Signature) 26. Time Officer (Signature)									

*Equipment rentals must be supported with OF-294 and OF-297.

NSN 7540-01-124-7833

OPTIONAL FORM 288 (Rev. 3/83)
 USDA/USDI
 50288-102

ORIGINAL-PAYROLL COPY