

IMET Timekeeping / Reimbursable Handbook

References: NWSI 10-402, NWS-NWSEO CBA;

National Interagency Agreement; Interagency Incident Business Management Handbook

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1) Resource Orders

When an IMET is dispatched to an incident, a Resource Order is generated by the requesting agency. This form contains information such as the Incident Order Number, Incident Phone Number, Agency with Jurisdiction and Location of Incident/Project. It is necessary for the IMET to leave a copy of the Resource Order with the WFO ASA as it contains information needed to complete the Travel Order and Voucher. **Under most circumstances, reimbursement cannot be made without a Resource Order!**

Incident / Project Order Number MT-CNF-000247		RESOURCE ORDER		1. Incident/Project Name		2. Incident/Project Order Number		3. Jurisdiction / Agency	
Overhead		MT-CNF-000247		Cathedral Peak		MT-CNF-000247		USFS - CLEAR NATIONAL FOREST	
5. Descriptive Location Fossil Basin Ranch (CP)		4. SEC LAT: 45.1954 N LONG: 109.5652 W		7.5-N RNG		8. Incident EMT Phone Number 406-996-2002, MT-400 (ARC/RMFT) 406-996-2002		9. Order/Agency Billing/Project Code	
11. Account Information		Radio Freq Type		Contract Name		Priority		Radio Site	
Billing 121 30 100 58 300 60		EMT-CNF/IN LVI BZN COO		AIR B/AIR AIR B/AIR AIR B/ROUND		122.830 126.225 169.200		SIL	
12. Request Number		From		To		Qty		Resource Requested	
0-111		DAVID 12:20 PM MST		STEVE CHRISTIN AN		MT-400 MT-400		1 HELICOPTER CREW MEMBER	
Special Need:		THIS IS FOR A-LION THE INCIDENT NR:JAV 810 DRY (1) WITH 0-116 JASON BEAR CRANE MT-CNF		Reporting Instructions:					
0-112		DAVID 07:41 PM MST		PARKER		MT-400		1 EMT MED. TECH BASIC	
Special Need:		Reporting Instructions:							
0-113		DAVID 07:41 PM MST		MARGAR ET		MT-400		1 RECEIVING & DISTRIBUTION MOR.	
Special Need:		Reporting Instructions:							
0-114		DAVID 07:24 AM MST		DAVID BRENCH		MT-400		1 INCIDENT METROLOGIST	
Special Need:		REPLACEMENT FOR ERIC EMMANSON NEEDED BY 08:00 ON 3/03/03		Reporting Instructions:					
0-115		DAVID 10:43 AM MST		KENT HABILTO N		MT-400		1 AIR TACTICAL GROUP SUPERVISOR	
Special Need:		Reporting Instructions:							
0-116		DAVID 12:15 PM MST		TOD MILLER		MT-400		1 DNR/ONGROUP SUPERVISOR	
Special Need:		Reporting Instructions:							

The WFO “Blanket Travel Authorization” permits an MIC or designee (such as a Lead Forecaster on nights or weekends) to sign travel orders for IMETs who are dispatched to incidents. The Travel Authorization form from Travel Manager, or NOAA Form 42-5, provides an ESTIMATE of costs, which takes some of the worry out of the many unknowns, i.e., length of assignment, or how transportation is being paid. **It is recommended that WFOs keep multiple hard copies of either the Travel Manager Authorization or Form 42-5 on hand in the event an IMET is dispatched when the MIC and/or ASA are out of the office.** Reference the Resource Order (Box 9) to determine the Agency with jurisdiction (which will indicate which Reimbursable Task Number to use below) and where the incident is located (to determine the per diem rate). When completing a Travel Authorization, remember the following:

- The Purpose Code is “9” for Emergency Travel;
- The Accounting Classification Code is your office organizational code and the appropriate Reimbursable Task Number, see below;
- IMETs are authorized to obtain a rental car if needed;
- If air travel is required, there may be an “extra baggage” charge to transport the All Hazards Meteorological Response System (AMRS). Please get a receipt for this and attach to your reimbursement form;
- If the form is completed when the MIC and/or ASA is not present, make a copy of the completed form and leave on the MIC’s and/or ASA’s desk.

A downloadable version of NOAA Form 42-5 is available here:
<http://www.corporateservices.noaa.gov/~noaaforms/numerical.html>

3) Reimbursable Numbers for FY 2009

In order to be reimbursed by fire and emergency response agencies for IMET costs, several tracking numbers must be placed on the reimbursement form in addition to the Resource Order number. This is done so that a cost can be matched to an incident/project. It is important to use the appropriate Task Numbers listed in the table on the next page on the IMET T&A for all overtime associated with IMET services. There is a Project Code for each Region. **Don’t forget to use the proper Project and Task Codes on your reimbursable form.**

A note regarding All-Hazard Dispatch Project Codes

The majority of dispatches to all-hazard non-fire incidents are at the request of FEMA or the Department of Homeland Security. Reimbursement vouchers for these dispatches should be sent directly to National Fire Weather Program Manager Heath Hockenberry (Heath.Hockenberry@noaa.gov), with a copy to your regional fire weather program manager. IMET dispatches to state and local incidents can sometimes be reimbursed through FEMA because the incident has generated a federal disaster declaration and the jurisdiction is being reimbursed by FEMA/DHS. Again, send the reimbursement vouchers to Heath Hockenberry with a copy to your regional office. If there are any questions about getting reimbursement for a non-FEMA incident, please contact your regional program manager.

Table 1: Federal Fire Dispatch Project Codes:

Region	Agency	Project Code	Task Code / Task Description
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Eastern Region	USDA Forest Service	47M7K10	For all federal fire agencies, the Task Code for IMET services is P2V.
	DOI Bureau of Land Management (BLM)	47M7K11	
	DOI National Park Service (NPS)	47M7K12	
	DOI Indian Affairs (IA)	47M7K13	
	DOI Fish & Wildlife (F&W)	47M7K14	
Southern Region	USDA Forest Service	47M7K20	For all USFS IMET dispatches, Block 7 on the Reimbursement form always uses: USDA Forest Service; Incident Business 101B Sun Avenue NW Albuquerque, NM 87109 Attention: Elizabeth Martin Telephone: 505-563-7937
	DOI Bureau of Land Management (BLM)	47M7K21	
	DOI National Park Service (NPS)	47M7K22	
	DOI Indian Affairs (IA)	47M7K23	
	DOI Fish & Wildlife (F&W)	47M7K24	
Central Region	USDA Forest Service	47M7K30	
	DOI Bureau of Land Management (BLM)	47M7K31	
	DOI National Park Service (NPS)	47M7K32	
	DOI Indian Affairs (IA)	47M7K33	
	DOI Fish & Wildlife (F&W)	47M7K34	
Western Region	USDA Forest Service	47M7K40	
	DOI Bureau of Land Management (BLM)	47M7K41	
	DOI National Park Service (NPS)	47M7K42	
	DOI Indian Affairs (IA)	47M7K43	
	DOI Fish & Wildlife (F&W)	47M7K44	
Alaska Region	USDA Forest Service	47M7K50	
	DOI Bureau of Land Management (BLM)	47M7K51	
	DOI National Park Service (NPS)	47M7K52	
	DOI Indian Affairs (IA)	47M7K53	
	DOI Fish & Wildlife (F&W)	47M7K54	
Pacific Region	USDA Forest Service	47M7K60	
	DOI Bureau of Land Management (BLM)	47M7K61	
	DOI National Park Service (NPS)	47M7K62	
	DOI Indian Affairs (IA)	47M7K63	
	DOI Fish & Wildlife (F&W)	47M7K64	
NCEP Region	USDA Forest Service	47M7K70	
	DOI Bureau of Land Management (BLM)	47M7K71	
	DOI National Park Service (NPS)	47M7K72	
	DOI Indian Affairs (IA)	47M7K73	
	DOI Fish & Wildlife (F&W)	47M7K74	
OCWWS	USDA Forest Service	47M7K80	
	DOI Bureau of Land Management (BLM)	47M7K81	
	DOI National Park Service (NPS)	47M7K82	
	DOI Indian Affairs (IA)	47M7K83	
	DOI Fish & Wildlife (F&W)	47M7K84	

Table 2: State Dispatch Project Codes:

The following states have reimbursable agreements with NOAA for IMET services.

STATE	DISPATCH PROJECT CODES	The single task code to be used for all IMET services/costs for these state-managed incidents is P4H.
OREGON	47M9W01	
CALIFORNIA	47M6J02	
WASHINGTON	47M9JFE	

Note: For IMET services to state-managed incidents in states other than those listed above, payment is usually made to NOAA via an agreement between that state and a federal agency in Table 1 (this is most often the USFS).

4) Emergency Fire Time Reports

Employees at fire and other incidents, including IMETS, record their hours of work on daily “CTRs”. Daily time on these sheets is consolidated on the Emergency Firefighter Time Report (FTR), also known as a “pink sheet” or “red dog”. The FTR contains information such as the employee’s name, social security number, address, incident name, incident accounting code, and hours worked (example on next page). This form is validated by an incident team supervisor. **IMETs should fill in final ending travel time on the FTR, so that WFO timekeepers do not need to change anything on the FTR except mathematical errors. IMETs must sign and verify the accuracy of their time reports before leaving fire camp.**

If the IMET is on an assignment at the end of a pay period, a copy of the FTR should be faxed to the WFO timekeeper from the fire. If this is not possible, the timekeeper can enter 80 hours worked for the employee and later file a corrected T&A once the FTR is received. The FTR is filed with the certified timesheet(s) as supporting documentation for hours worked, and a copy of both included in the reimbursable packet. Unless the IMET does not receive an FTR at the incident, CTRs should not be submitted in addition to or in lieu of the FTR for reimbursement. The FTR is the only official interagency document for timekeeping purposes. **The NWS sometimes encounters difficulty in getting reimbursement from agencies without an FTR.**

IMETs may accrue hazard pay according to procedures outlined in Section 4 of NWSI 10-402. When authorized, the IMET will enter hazard pay differential on the FTR (Red Dog) along with a signature from an approving official at the incident. Upon return, the IMET’s MIC will annotate the NWS employee’s time and attendance records and attach a copy of the incident time sheet. In addition, hazard pay hours must be separated from overtime hours and added to the reimbursable form for payment by the fire.

O-0144 Emergency FireFighter Time Report, OF-288 1. Identification Number
F - 845

2. Social Security Number: 123-45-6789
 3. Initial Employment (X one): Yes No
 4. Type of Employment (X one): Casual Regular Gov't Employee Other

5. 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): Misty Bear
 15. Name: _____

11. Street Address: 1234 E. Parkway
 16. Street Address: _____

12. City: ANYTOWN
 13. State: NV
 14. Zip Code: 12345
 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 CATHEDRAL			1. Fire Name CATHEDRAL			1. Fire Name CATHEDRAL					
2. Fire No. MT-CNF-247		3. Unit Code P13772 0108	2. Fire No. MT-CNF-247		3. Unit Code P13772 0108	2. Fire No. MT-CNF-247		3. Unit Code P13772 0108			
4. Fire Location CUSTER NF		5. State MT	4. Fire Location CUSTER NF		5. State MT	4. Fire Location CUSTER NF		5. State MT			
6. Firefighter Classification IMET		7. Rate	6. Firefighter Classification IMET		7. Rate	6. Firefighter Classification IMET		7. Rate			
8. Date and Time a. Year 2003			8. Date and Time a. Year 2003			8. Date and Time a. Year 2003					

Mo. h.	Day c.	Start d.	Stop e.	Hours f.	Mo. h.	Day c.	Start d.	Stop e.	Hours f.	Mo. h.	Day c.	Start d.	Stop e.	Hours f.
9	3	09:30	11:30	2.00	9	5	12:30	18:30	6.00	9	7	19:00	22:00	3.00
9	3	11:30	17:30	6.00	9	5	19:00	22:00	3.00	9	8	07:00	12:00	5.00
9	3	18:00	22:00	4.00	9	6	06:00	12:00	6.00	9	8	12:30	18:30	6.00
9	4	06:00	12:00	6.00	9	6	12:30	18:30	6.00	9	8	19:00	22:00	3.00
9	4	12:30	18:30	6.00	9	6	19:00	22:00	3.00	9	9	07:00	09:00	2.00
9	4	19:00	22:00	3.00	9	7	06:00	12:00	6.00	9	9	09:00	12:30	3.50
9	5	06:00	12:00	6.00	9	7	12:30	18:30	6.00					

9. Total Hours → 33.00
 10. Gross Amount (Item 7 x item 9) →
 11. Inclusive Dates → 9/3 - 9/5
 12. Time Officer's Signature: _____
 13. Date Signed: 9/9/03

21. Show "H" for Hazard Pay and "E" Plus % for Environmental Differential in the "HOURS" Column for Regular Employees.

A. Com. BO 3600	B. Rate	C. Miles/Hours	D. Accounting Classification			E. Object Class			F. Amount
			(a)	(b)	(c)	(d)	(e)	(f)	
			P13772 0108						
									Gross Salary or Equip. Rental

23. Remarks: _____
 24. ADO Check Number and Stamp: _____

NOTE: The above items are correct and proper for payment from available appropriations. **FINAL**
 25. Employee Signature: *Misty Bear*
 26. Time Officer (Signature): _____

5) Tours of Duty

The NWS-NWSEO Collective Bargaining Agreement assures that employees who are temporarily assigned to a different tour of duty are entitled to the same compensation they would otherwise have received, including premium pay, overtime and night differential. Therefore, the established home WFO work schedule must be referenced when determining proper T&A coding of an IMET's hours worked.

Travel to and from wildfires is considered hours of work, and therefore, compensable with regard to overtime and premium pay in accordance with the DOC Premium Pay Manual. All overtime is reimbursable from the agency receiving services from an IMET. Similarly, all overtime incurred at a WFO due to an IMET dispatch, including the rest period as defined below, is reimbursable and is accounted for on the reimbursable form.

First Day of Assignment: Scheduled hours of work for the dispatch day remain the same as if the employee was at his/her home unit, including night and/or Sunday differential. All extra hours, including travel time, are charged as overtime. The incident support workday begins as soon as the IMET is released from duty at the home office, and begins travel preparations. Overtime begins once the IMET works in excess of the hours scheduled at the home office that day. If the IMET is dispatched on a scheduled day off, all hours in travel status and worked are overtime. For example, an IMET was working 0800-1600 on a Monday and was dispatched to a fire at 1400 and worked or traveled until 2200. The T&A would show 8 hours as regular time and 5 hours as overtime.

Subsequent (Continuous) Days of Assignment: Starting at 12:01 am on the second day of an assignment, the employee begins working hours as set by the Incident Commander (IC) of the Fire/incident (i.e., 0600-2100 with a mandatory ½ hr meal break for every 6 hours worked). Any hours worked beyond the home WFO scheduled base hours are overtime. Employees are entitled to any differential pay they had been scheduled to earn at the WFO. Additionally, IMETs are entitled to night differential for hours worked prior to 6 a.m. which are not overtime hours.

Last Day of Assignment: The employee remains on the incident schedule for the last day of assignment (to provide closing briefings, etc.) and receives overtime after 8 hours worked, including travel time back home. IMETs should fill in final ending travel time on the FTR when they arrive back at their WFO.

IMETs who work a 14-day dispatch assignment, **excluding travel time**, are entitled to take 2 days of Administrative Leave beginning the next calendar day following their return from the incident before being inserted back into the WFO fixed schedule. Fire agencies will reimburse NOAA for the admin leave taken by the IMET as well as any office overtime incurred to allow this 48-hour rest period. **The rest period is allowed only if the IMET has regular work days scheduled upon return, not regular days off. If the IMET returns to a regular day(s) off, one or both days of administrative leave is forfeited.**

For dispatch periods of less than 14 days, **excluding travel**, the IMET may convert overtime earned during deployment into compensatory time, to be used as "rest time" immediately upon return home. **The maximum number of hours that may be converted and used is equal to two (2) operational shifts at the WFO.** If the IMET returns to a regular day(s) off, the combination of the day(s) off and any conversion/use of compensatory time cannot exceed the operational shift limitation above. There is no fire agency reimbursement to the NWS for office overtime resulting from an IMET rest period following dispatches less than 14 days. The IMET should list all overtime earned during the dispatch on the reimbursable form. Conversion of any IMET overtime to compensatory time only needs to be tracked internally.

Soon after returning from a dispatch, all IMETs are required to complete reports, submit travel voucher and reimbursable expenses to the ASA, and clean and repair equipment (AMRS) to prepare for the next dispatch, including scanning the AMRS laptop and any removable drives per NOAA IT security. The IMET may need some non-operational duty time to accomplish these tasks. Although not required, MICs should be sensitive to this need. Any administrative time provided does not count against the rest periods as defined above.

6) Completing Time and Attendance Reports

Coding overtime earned due to an incident assignment will entail using two different sets of accounting data. The employee's base time is charged to the normal salary code. All overtime earned due to the incident is charged to one of the Reimbursable Project Codes shown on Pages 4-5.

Both the WFO fixed schedule and the IMET's Fire Time Report (FTR) on Pages 5 and 6 need to be taken into consideration when preparing the T&A. For example, if the IMET was originally scheduled to work a shift with 6 hours of Night Differential, he/she is entitled to that amount of night differential even if those hours were not worked at the incident.

Example:

WFO Fixed Schedule: 9 hr Evening Shift (1500-2400)

FTR Hours Worked: 0500-2000 with two 30 minute meal breaks for a total of 14 hours worked.

In this example, the IMET is entitled to night differential from 1800 to 2400 per the WFO fixed schedule even though hours at the incident were from 0500-2000. The WFO timekeeper notes that the IMET is entitled to 6 hours of night differential per the fixed WFO schedule. Enter "differential per fixed home schedule" in the Remarks box on the web T&A. Additionally, since the IMET began the work day at the incident at 0500, an additional hour of night differential is earned by the IMET, bringing the total of night differential to 7 hours in this example.

The Interagency Agreement states that the requesting agency will pay all overtime worked by an IMET at an incident. Similarly, all overtime accrued by WFO staff who filled in for the IMET during the fire assignment is reimbursed. For example, if Misty Bear is on a fire and Jim Dandy earns overtime by covering her shift, both employees' overtime is charged to the Reimbursable Task Number. **The NWS pays for all other time including Compensatory, Base, Holiday, Holiday-worked and Night and Sunday Differentials.**

If an employee's scheduled holiday is a day other than the actual holiday, "Holiday Worked" is coded for that scheduled "in lieu of" holiday for the number of base hours the employee is scheduled to work. All other hours worked on the "in lieu of" holiday will be overtime. If the employee is scheduled for an "in lieu of" holiday, all hours worked on the actual holiday will be coded to overtime.

When completing Commerce Department Form 81, Authorization for Paid Overtime, all overtime earned due to the fire incident falls under category # 7, Reimbursable. Completed CD-81s should be submitted per regional policy.

A downloadable version of CD Form 81 is available here: http://www.ossec.doc.gov/forms/direct.htm
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7) Exceeding the Pay Cap

The Federal Employees Pay Comparability Act (FEPCA) provides for a waiver of limitations on premium pay in emergency/rescue work which meet certain criteria. This waiver is used for the IMET program.

LIMITATION ON PREMIUM PAY

Applicability

GS FLSA EXEMPT employees are subject to a biweekly limitation on premium pay. GS FLSA NONEXEMPT employees' overtime pay is not subject to the limitation but all other premium pay is covered.

Biweekly maximum limitation on pay - general rule

Generally, the total of premium pay and basic pay that a GS EXEMPT employee may receive in any biweekly pay period is limited to the maximum rate for GS-15, Step 10, at the employee's location, in effect on the last day of the calendar year in which the pay was earned (5 U.S.C. 5547). A GS-12 will likely exceed the biweekly pay cap after 60 hours of overtime (base pay).

NONEXEMPT GS overtime pay not subject to the biweekly limitation

The overtime pay of any NONEXEMPT GS employee is excluded from the biweekly maximum limitation because it is paid under FLSA rather than Title 5. However, the total of basic pay and other forms of premium pay paid to NONEXEMPT GS employees in any biweekly pay period is limited to the maximum rate of GS-15.

Waiver to the biweekly maximum earnings limitation for emergencies

Heads of operating units or their designees may grant an exception from the biweekly maximum earnings limitation for employees performing work directly connected with resolving or coping with an emergency or its aftermath. "Emergency" is defined as a temporary condition posing a direct threat to human life and property, e.g., natural disasters, such as hurricanes, tornadoes, floods, forest fires, etc. This waiver is used for IMETs providing technical support to incidents such as those listed above. The effective date of an exception is the first day of the pay period in which the emergency begins (i.e., the day the IMET is dispatched), and ends when the IMET returns home.

Calendar year limitation

An employee who is authorized premium pay under the annual limitation may not exceed the local GS-15, Step 10 limitation on a calendar year basis under any circumstances and is subject to the biweekly limitation for all pay periods in which an emergency exception has not been granted. It is the MIC and IMET's joint responsibility to ensure this does not occur. A sample form for accomplishing the pay projection and for documenting an approved exception is provided in Appendix C.

If the ASA forgets to code for exceeding the Pay Cap and the pay cap is exceeded, the employee will receive notice on their next Earnings and Leave Statement, which will have a note on the bottom stating the following: "OVR EARN LIMIT", including the hours and dollar amount they were not paid due to the pay cap. If this happens, you must submit a corrected T&A. This will allow the National Finance Center (NFC) to waive the Salary Cap and pay the employee the hours which were not paid in the original submission.

A copy of the "Request for Biweekly Pay Cap Waiver" is available for your use in Appendix B. This form must always be completed, signed by the MIC (or by WRH if MIC, SOO or WCM is requesting waiver), and

submitted with the reimbursable packet to WRH/MSD whenever the Biweekly Pay Cap is exceeded by an IMET. A completed example follows on the next page.

Additional notes for IMETs on Exceeding the Bi-Weekly Pay Cap:

1. If you exceed the biweekly pay cap due to overtime worked to meet emergencies caused by natural disasters (such as fires, floods, earthquakes, etc.), a corrected T&A will need to be done in order for you to get paid.
2. How will you know if you exceeded the pay cap? Your leave and earnings statement will state that you exceeded the pay cap. The statement will appear in the "Year to Date Leave Status" Section which is located at the bottom. As a rule, a GS-12 Step 1 will exceed the pay cap if he/she has 62 hours of overtime in one pay period.
3. If you exceed the pay cap, notify your supervisor so a waiver can be filled out and approved. A copy of the waiver should be filed locally with your T&A and a copy sent to your regional office as part of the reimbursement package.

Helpful References:

Calendar Year GS Salary Tables are available at (these change every year – use this 2009 link!):

<http://www.opm.gov/oca/09tables/index.asp>

Calendar Year Bi-Weekly Pay Cap Limits and related information is available at:

<https://www.opm.gov/oca/pay/html/09GSCap.asp#top>

Additional information on time and attendance is available here:

http://ww2.wrh.noaa.gov/amd/T&A-Training/wr_time.php



Request for Biweekly Pay Cap Waiver



Employee for whom waiver is requested:

Employee name: Misty Bear

Employee SSN: 000-00-0000

Employee Grade: GS-1340- 12/4

Nature of emergency:

Incident name: South Slope Fire

Incident location: Figueroa Mountain

Nearest city, state to incident: Los Olivos City, CA State

District name: Sisquoc

Forest/Park/Area Name: Los Padres NF

Request received from: USFS / NICC

The work to be performed is weather forecast and advisory support to the incident management team supervising emergency activities.

The employee will be working alone as the only meteorologist providing on-site forecast and advisory support to the Incident Management Team. In this capacity, the employee will be under the supervision of the Incident Commander (IC), who will dictate the work hours. The employee will record hours of work with certification accomplished by the on-site management team.

Disapproved

Approved

MIC/HIC

Date

- ✓ When the employee returns from the fire, the original travel voucher is submitted to the appropriate Finance Office to cover travel and per diem costs (the same as any other NWS travel).
- ✓ If the employee is in a self-contained incident camp where food and lodging are provided, \$3.00/day for incidentals can be claimed. If the employee stays in a hotel, use the per diem rates listed in the Federal Travel Regulations for that location and submit receipts as usual.
- ✓ Note that the IMET receives 3/4 per day M&IE at the incident location on their travel days (usually the first and last days of their fire assignment), **minus the local value of any meals provided at the incident.**
- ✓ The Purpose Code is "9" Emergency Travel.
- ✓ The Accounting Classification Code is your office organizational code and the Reimbursable Project and Task Numbers.
- ✓ The Travel Order/Authorization should already contain most of this information.
- ✓ As with all Vouchers, the IMET must provide receipts for all travel costs.
- ✓ **A complete copy of the IMET Travel Voucher must be submitted with the Reimbursable Form in order for the reimbursement request to be submitted.** A copy of the Travel Authorization is not needed. Under most circumstances, the per diem total on the travel voucher and reimbursement request form should match exactly.
- ✓ Nearly all costs associated with an IMET dispatch should be claimed on the reimbursable form. These include legible copies of receipts for (fire agencies will reject receipt copies that are illegible) –
 - * Rental car if required;
 - * shipping costs for AMRS equipment if required;
 - * Airline tickets including service fees if air transportation not arranged by requesting agency, including excess baggage fees and/or shipping fees for the AMRS/ATMU equipment;
 - * ATM fees
 - * Lodging expenses during travel to and/or from the incident

9) Required Paperwork

The following paperwork is required from the IMET and WFO to process and submit reimbursable IMET expenses to the requesting agency, NOAA Finance and ultimately the Interagency Payment and Collection System (IPAC):

- ▶ Correct, completed and signed IMET Reimbursable Expenses Form...*This form tallies the employee's overtime, per diem costs, and all other overtime earned in relation to this particular fire assignment, including overtime earned by the home office staff as a result of the IMET's absence; Complete info in Box 7 is very important!*

- ▶ Legible Copies of...
 - Resource Order;
 - Fire Time Report;
 - Certified T & A for IMET with correct project code is used;
 - Certified T & A (s) for WFO employee(s) who worked overtime to cover shifts of dispatched IMET;
 - Travel Voucher, including any additional receipts and justification; and
 - If needed, signed Pay Cap Waiver Request for IMET and/or other appropriate WFO employees.

Remember that the **original** travel authorization and voucher paperwork is submitted to your servicing finance office as for all travel. **The IMET reimbursable packet should be submitted to the Regional Fire Weather Program Manager within 5 business days of availability of the IMET's verified T & A(s) applicable to the period of dispatch. Federal fire agencies now have a 60 day deadline for the NWS to request IMET cost reimbursement.**

Some Additional Notes:

- A. Remember to indicate the correct project and task number when the overtime is due to reimbursable incidents;
- B. Do not charge regular time, Holiday worked, Sunday differential, or night differential to the fire weather reimbursable number - **overtime ONLY**;
- C. In order to bill the responsible agency for reimbursable fire weather expenses, the T&A, travel voucher, and/or bankcard statement (if any supplies or services were purchased for the fire) must reflect the correct project and task number (national or state);
- D. By agreement with fire agencies, the IMET is automatically entitled to get a rental vehicle to get to the incident with the AMRS equipment. IMETs are also authorized to pay any airline or freight baggage fees as needed to get the AMRS equipment to the incident

A sample completed IMET Reimbursable Expenses Form follows on the next page. A blank form is available in Appendix F and from the IMET. Sections highlighted in **red** are to be completed by IMET. Sections highlighted in **yellow** are to be completed by the IMET, ASA and MIC. Sections completed in **green** are to be completed by the regional office, including cell phone costs where needed.

NWS IMET REIMBURSABLE EXPENSES REPORT FORM

Version March 2009 (Older forms obsolete)

COMPLETED AT INCIDENT:

NOTE TO IMET: Upon check-in at incident, check with Finance Section Chief to see if they are familiar with the national agreement. Provide copy if needed, emphasizing that you are under this agreement; expenses should be appropriately obligated each day. Please advise the Finance Section Chief to provide a copy of this information to the individual identified in the "Agency Unit/Division Finance Officer" section. All information required from IMET/WFO below must be supplied or NWS Regional Office will return to you for completion. See Page 3 for Project Codes

1) IMET Name: Jack Frost	2) NWS Office: WFO Riverton
3) Dates of Service (including travel time): 10/1/09 – 10/16/09	4) Agency Served (underline lead agency for incident): USFS / BLM/ BIA / NPS / FEMA / State _____ USCG / NOAA HAZMAT / Other _____
5) Agency Unit/Division Served: Bighorn National Forest; Ten Sleep Ranger District	6) Incident Name: Lightning Flat
7) Agency Unit/Division Finance Officer (Name, Address, Telephone number): USDA Forest Service; Incident Business 101B Sun Avenue NW Albuquerque, NM 87109 Attention: Elizabeth Martin Telephone: 505-563-7937	8) Resource Order Number (copy attached): O-BH510 9) Incident Number and/or P Number: BP-BBM-120905

COMPLETED AT WFO:

A. IMET ADMIN LEAVE CHARGES (if earned)

Departure (Date/Time): 10/1/09 0900 MDT	Return (Date/Time): 10/16/09 2100 MDT
14 Day Dispatch (do not include travel): yes / no	Rest Period Dates: 10/17-18/2009
Hours of Reimbursable Admin Leave Used: 16 X	Hourly Pay Rate: \$35 = Total A: \$560

B. IMET ON-SITE OVERTIME (including travel time to and from incident):

Hours Worked 124 X	Hourly Pay Rate: \$35 = Total B: \$ 4340.00
--------------------	--

C. IMET M&IE PER-DIEM FOR PERFORMING ON-SITE ASSISTANCE (insert additional lines as needed):

	Days	X	Rate	= Subtotal	- Incident Meals	Subtotal
Travel (Rate is 3/4 of per diem at incident location minus any incident meals)	To 1	X	\$36	= \$36	- \$16	= \$20
	From 1	X	\$36	= \$36	- \$10	= \$26
At Incident (Rate is \$3 per day if meals supplied by incident. Otherwise, rate is per diem rate at incident location)	14	X	\$3	= \$42	Total C (add final subtotals above right)	\$88

D. RELATED OFFICE OVERTIME (insert additional lines as needed. Includes office OT related to IMET rest period above):

Employee Name	Hours Worked	X	Rate	= Subtotal	
Woodsy Owl	16	X	\$51	= \$816	
Mark Trail	24	X	\$31	= \$744	
Owlie Skywarn	20	X	\$35	= \$700	
				Total D (add above subtotals):	\$2260

E. OTHER DIRECTLY RELATED COSTS (lodging costs as needed, tolls, rentals, POV, equipment repair/replacement, general supplies etc): (receipt copies included with travel voucher copy)

Rental Car and Gasoline (receipt copies attached)	Total E:
	\$950

F. Total A + Total B + Total C + Total D + Total E =	\$8198
---	---------------

G. NOAA-PROVIDED COMMUNICATION SERVICES:

BGAN Used? yes	Dates Used: 8/4 – 8/10
Gov't IMET Cell Phone Used? yes	IMET Gov't Cell Phone Number: 888-555-1212

Jack Frost

Tim Twister

11/1/09

IMET Signature

MIC Signature

Date

COMPLETED AT REGIONAL/NATIONAL OFFICES

H: CELL PHONE EXPENSE (CR and AR Only)	\$38
--	------

INCIDENT TOTAL (Total F + H)	\$8236
Project Code: 47M7K30	Task Code: P2W

Smokey Bear

11/10/09

REGIONAL PROGRAM MANAGER

Date

IMET Reimbursable Package Checklist

Before submitting to your regional office, please ensure copies of the following are included!

- *Page 1 completed and signed by IMET and MIC*
- *Resource Order*
- *Fire Time Report*
- *Certified T & As for IMET and WFO staff who worked overtime to support the dispatch/rest period attached and correct project/task code is used*
- *Copy of Travel Voucher and any associated receipts attached*

Note...

- *Remember that original copies of some items are needed for your travel voucher*
- *Always keep a copy of everything at your WFO for 3 years.*

Reimbursable Project Codes:

Region	Agency	Project Code	Task Code / Task Description
Eastern Region	USDA Forest Service	47M7K10	Note: For all Federal Incidents, the Task Code for
	DOI Bureau of Land Management (BLM)	47M7K11	
	DOI National Park Service (NPS)	47M7K12	

	DOI Indian Affairs (IA)	47M7K13	all IMET services is P2V.	
	DOI Fish & Wildlife (F&W)	47M7K14		
Southern Region	USDA Forest Service	47M7K20	STATE	DISPATCH PROJECT CODES
	DOI Bureau of Land Management (BLM)	47M7K21		
	DOI National Park Service (NPS)	47M7K22		
	DOI Indian Affairs (IA)	47M7K23		
	DOI Fish & Wildlife (F&W)	47M7K24		
Central Region	USDA Forest Service	47M7K30	OREGON	47M9W01
	DOI Bureau of Land Management (BLM)	47M7K31	CALIFORNIA	47M6J02
	DOI National Park Service (NPS)	47M7K32	WASHINGTON	47M6JFE
	DOI Indian Affairs (IA)	47M7K33		
	DOI Fish & Wildlife (F&W)	47M7K34		
Western Region	USDA Forest Service	47M7K40	The single task code to be used for all IMET services/costs for state-managed incidents in the above states is P4H.	
	DOI Bureau of Land Management (BLM)	47M7K41		
	DOI National Park Service (NPS)	47M7K42		
	DOI Indian Affairs (IA)	47M7K43		
	DOI Fish & Wildlife (F&W)	47M7K44		
Alaska Region	USDA Forest Service	47M7K50	For all USFS IMET dispatches, Block 7 on the Reimbursement form uses: USDA Forest Service; Incident Business 101B Sun Avenue NW Albuquerque, NM 87109 Attention: Elizabeth Martin Telephone: 505-563-7937	
	DOI Bureau of Land Management (BLM)	47M7K51		
	DOI National Park Service (NPS)	47M7K52		
	DOI Indian Affairs (IA)	47M7K53		
	DOI Fish & Wildlife (F&W)	47M7K54		
Pacific Region	USDA Forest Service	47M7K60		
	DOI Bureau of Land Management (BLM)	47M7K61		
	DOI National Park Service (NPS)	47M7K62		
	DOI Indian Affairs (IA)	47M7K63		
	DOI Fish & Wildlife (F&W)	47M7K64		
NCEP Region	USDA Forest Service	47M7K70		
	DOI Bureau of Land Management (BLM)	47M7K71		
	DOI National Park Service (NPS)	47M7K72		
	DOI Indian Affairs (IA)	47M7K73		
	DOI Fish & Wildlife (F&W)	47M7K74		
OCWWS	USDA Forest Service	47M7K80		
	DOI Bureau of Land Management (BLM)	47M7K81		
	DOI National Park Service (NPS)	47M7K82		
	DOI Indian Affairs (IA)	47M7K83		
	DOI Fish & Wildlife (F&W)	47M7K84		

10) Reimbursement for NWS-Provided Training

IMETs and other NWS staff are frequently requested to provide fire weather training for fire crews as part of such interagency fire behavior courses as S190 and S290. Policy guidelines for fulfilling these requests are outlined in NWSI 10-405.

Requests for training by NWS personnel are not made using resource orders. Rather, both the USDA Forest Service and Department of Interior utilize training request forms that can be used by the NWS to get reimbursement for travel costs associated with the provision of weather training. The USDA Forest Service uses a form called the (AD-672). The Department of Interior does not have a single, standard form. However, a template form (1681-3) is included below that can be presented to the DOI requestor. Please note that it is the responsibility of the requesting Agency to provide an appropriate Agreement document for training. A sample completed form follows below and a blank form for your use is available in Appendix D.

If the request for training comes via a state agency, the NWS must use a NOAA General Counsel template also included for your use in Appendix D. Training requests from California, Oregon and Washington do not need to use this form as their requests are covered by the same agreement used for IMET dispatches for those states.

There are no standard forms for gaining travel expense reimbursements from local agencies or colleges. Requesting agencies should pre-pay all travel expenses for instructors who must travel to the course, or at least cover lodging costs. If the requesting agency does not offer to arrange for pre-payment of some or all travel costs, MICs should negotiate cost-sharing of travel expenses with the requesting entity, or decline to provide an instructor.

A secondary, more cumbersome option is for requesting agencies to reimburse the NWS by writing a check to the U.S. Department of Commerce for the amount of the travel voucher. If this is done however, the WFO must attach a “Gifts and Bequeaths Form” to the voucher prior to submission to their Finance Office.

MICs and Regions should keep in mind that overhead costs involved in trying to obtain reimbursement can quickly exceed the actual cost for provision of training. A general rule of thumb is if the cost to a WFO to provide fire weather training does not exceed \$250-\$300, and if reimbursement cannot be easily obtained, the MIC should consider providing the training without reimbursement. To help justify the expense, the NWS instructor should perform outreach with students and/or fire agency office staff as part of the trip. Outreach can range from reviewing fire weather services and accessibility from the NWS in a classroom and/or at a dispatch office to spotter recruitment from fire agencies. **Under no circumstances can the requesting entity personally reimburse the NWS instructor for travel costs.**

Questions and concerns regarding specific training reimbursements should first be sent to your Regional Office. Further assistance can be provided by National Fire Weather Program Manager Heath Hockenberry (Heath.Hockberry@noaa.gov), who will contact with the appropriate agency representative for resolution.

A sample training request form from the USFS follows:

REIMBURSEMENT OR ADVANCE OF FUNDS AGREEMENT

1. AGREEMENT NUMBER (25)	2. FISCAL YEAR (4) 2006	3. ESTIMATED AMOUNT (11) 260	4. AGY. BILL IND. (1)	5. TRANS CODE (1)	6. ACTION CODE (1)
7. AGENCY REQUESTING SERVICE			8. AGENCY PERFORMING SERVICE		
NAME (32) USDA Sequoia National Forest			NAME (32) National Weather Service		
1ST LINE ADDRESS (32)			1ST LINE ADDRESS (32)		

2. FISCAL YEAR - Enter 4 Positions, e.g. 1984
2006

3. ESTIMATED AMOUNT - Enter up to \$999,999,999.99
omit commas and decimal point.

4. AGENCY BILLING INDICATOR - Enter 1,2,3, or 4

1 - Requesting Agency is an agency serviced by NFC's MISC system
2 - Requesting Agency is a Government Agency, Bill SF 1081

3 - Requesting Agency is a Government Agency, Bill SF 1080

4 - Requesting Agency is other than Federal Government. Bill AD-631

5. TRANSACTION CODE - Enter 0, 1, 2, A, B, C

0 - Revenue - Government

1 - Refund - Government

2 - Reimbursement - Government

A - Revenue - Public

B - Refund - Public

C - Reimbursement - Public

6. ACTION CODE - Enter 1,2,3, or 4

1 - Add New Agreement

2 - Change Existing Agreement

3 - Delete Existing Agreement

4 - Issue Bill for Method of Payment upon demand or upon completion of work

7. NAME AND ADDRESS OF REQUESTING AGENCY

Name (32 positions)

1st Line Address (32 positions)

2nd Line Address (32 positions)

City (21 positions)

State (2 positions)

Zip Code

8. NAME AND ADDRESS OF PERFORMING AGENCY -

Same as item number seven.

9. SERVICES TO BE PERFORMED - Enter brief narrative.

10. LIST REFERENCES FOR CORRESPONDENCE - Enter reference

data that the Requesting Agency requires for Correspondence or Billing
(e.g. Requesting Agency Agreement Number) or authority for Agreement
(e.g. Public Law 97-212).

11. DURATION OF AGREEMENT

EFFECTIVE DATE - Enter month, day, year.

CONTINUING THROUGH - Enter month, day, year.

3 - Semi-annually

4 - Upon completion of work

5 - Upon demand

TYPE OF ACCOUNT

0 - Transfer of Appropriation Account

1 - Consolidated Working Fund

13. FINANCING (Requesting Agency- When NOT serviced by
NFC)

Complete this block only when the requesting agency does not
participate

in the Central Accounting System processed by the USDA's
National

Finance Center

14. FINANCING (Requesting Agency - When serviced by NFC)

Complete this block only when the requesting agency does
participate in the Central Accounting System processed by the
USDA's

National Finance Center.

Agency Code - Enter 2-digit NFC assigned agency code

Fund Code - Enter 2-digit NFC assigned fund code

Accounting Station - Enter assigned accounting station code.

Accounting Classification Code - Enter accounting classification code
of requesting agency

Object Class - Self Explanatory

Amount - Enter the estimated agreement amount allowable to
each

accounting classification

15. FINANCING (Performing Agency) - Enter agency code,
accounting

station, accounting classification code object class and amount
stated in 14 above. Accounting codes used in this agreement
cannot be duplicated in any other agreement number

16. LEAVE FACTOR - If leave is to be considered in billing
the Requesting Agency for services, enter the leave factor.

Enter 10.6%

as 010/60 or 10/6

17. FICA FACTOR - If FICA taxes paid are to be considered in
billing the

Requesting Agency for services, enter the FICA factor. Enter
6.85%

as 006/85 or 6/85

18. OVERHEAD FACTOR - If overhead is to be considered in
billing the

Requesting Agency for services, enter the overhead factor.

Enter 18%

as 018/00 or 18/0.

19. APPROVAL FOR REQUESTING AGENCY - Self
explanatory.

20. APPROVAL FOR PERFORMING AGENCY - Self explanatory.



UNITED STATES DEPARTMENT OF THE INTERIOR

INTER/INTRA-AGENCY AGREEMENT (IAA)

1. Period of Performance



START	END

Buyer has work performed for them by the Seller named in item 6b.

Seller to perform work as described herein for the agency named in item 6a.

SEE INSTRUCTIONS ON PAGE 2

2. Common Document Number (Agreement Number)

3. Check appropriate box

Original Modification No.

4. Under the authority of (Cite authorities):

43 U.S.C. 1701 et seq., (FLPMA)

Working Capital Fund (WCF)

Department of the Interior Appropriation Act for FY

Other: _____

31 U.S.C. 1535 (the Economy Act)

5. Description of Work (If more space is needed, attach additional sheets):

PROJECT TITLE:

Buyer	Seller
6a. Agency: Address: Address: Administrative POC Email: Phone Fax Technical Point of Contact: Email: Phone Fax	6b. Agency: Address: Address: Administrative POC: Email: Phone Fax: Technical Point of Contact: Email: Phone Fax:

ACCOUNT DATA	BUYER	SELLER
7. Agency Location Code	7a.	7b.
8. BPN Number (DUNS #) FSN	8a.	8b.
9. Treasury Account Symbol (TAS)	9a.	9b.
10. Standard General Ledger	10a.	10b.
11. Cost Structure/Account	11a.	11b.
12. Business Event Type Code	12a.	12b.
13. Requisition Number for Buyer/Project Account for Seller	13a.	13b.
14. Contract Line Number for Buyer/ Proposal Number or other data for Seller	14a.	14b.
15. Buyer provide Expiration of Funding Source (Date or indefinite)	15a.	15b. NOTE: Seller, ensure project completion by this date (Seller must not incur additional costs) See Block 15a

16. Amount Obligated by Buyer	17. Bill To (Name and Address, including zip code of Finance Office):
a. Initial or current obligation: \$	Name:
b. Modification Amount (check one) \$	Address:
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Address:
c. Total obligation: \$	

18. Billing for Federal Agencies and DOD will be processed via IPAC. (billing will be done bi-weekly monthly quarterly in advance)

Upon Approval, this agreement constitutes an obligation against Buyer requesting the work; or authority to proceed with work by Seller for the herein named agency in anticipation of reimbursement.

19. Approved for Buyer: _____ (Contracting Officer or other Authorized Signature) *other only for WCF	20. Approved by Seller: _____ (Seller's Authorizing Signature)
19a. Name (Type):	20a. Name (Type):
19b. Title:	20b. Title:
19c. Date:	20c. Date:

INSTRUCTIONS FOR INTER/INTRA-AGENCY AGREEMENT (IAA)

NOTE: Information **highlighted** is to be completed by, or obtained from, the Seller Agency

IAA – BUYER TO HAVE WORK PERFORMED BY A PARTICIPATING (SELLER) AGENCY

***Note: Complete Items below for a single funding line – continuation page is required for multiple lines of funding**

The Buyer executes this form, completes and obligates information under Buyer data elements.

1. Enter the start and end date (period of performance) in which work will be completed.
2. Enter the Common Document Number (Inter/intra Agency Agreement number).
3. Check “Original” if first submission, “Modification” and enter modification number if modification.
4. Check 31 U.S.C. 1535” unless another specific legislative authority exists, in which case that authority is shown under “other”. If 31 U.S.C. 1535 is checked, an Economy Act Determination **must** be prepared by the project manager and approved by a warranted Contracting Officer with delegated authority.
5. Provide a Project Title and description of the work to be performed in accordance with Acquisition, Section 1510-17.5.
6. Enter the Buyer Agency office name, city, state, zip code, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address.
- 6a. Enter the Seller Agency office name, city, State, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address. These fields can be completed by the Seller if unknown to the Buyer.

This data will be referenced on your Treasury IPAC bill

- 7a. Provide your 8 digit Agency Location Code (ALC) assigned by Treasury.
- 8a. Type your Business Partner Network Number (DUNS No.) as registered in Federal Register, this is also referred to as the FSN for DOD.
 - 9a. Provide the Treasury Account Symbol (TAS) for this funding line.
- 10a. Determine the Treasury Standard General Ledger accounts (SGL) for this funding request.
- 11a. Enter the account cost structure for your Agency. This may include an office identifier, program and budget object class.
- 12a. Provide the Business Event Type Code (BETC) for this action.
- 13a. Type the Requisition Number referenced to support this Agreement.
- 14a. Contract Line Number for this funding.
- 15a. Provide the Fund Expiration date, or type ‘Indefinite’ (for no year funds).

***Items 9a – 14a are specific for each line of funding on the obligation document. See * above.**

7b-14b. Seller Agency completes these items.

This data will be used to cross-reference the IA with the Seller’s reimbursable account.

16. For an original IA; enter the amount to complete items a, c, and d. For modification; complete items a, b, c, and d.
- 16a. Enter the Initial or current obligation amount
- 16b. Enter the Modification Amount
- 16c. Check appropriate box to indicate if the funding is being increased or decreased by this action.
17. Enter the Buyer Agency, Bill To - Finance Office address, include office name, city, state, and zip code.

Forward a copy of this draft Agreement for completion of the Seller Agency account data.

Obtain a signed, accepted copy of this Agreement from the Buyer Agency.

Ensure that the data elements in 7b-14b have been completed.

18. Check the preferred billing schedule for the Buyer Agency and ensure that the term is acceptable for both Buyer and Seller.
 19. IA must be signed by a warranted Contracting Officer with delegated authority. IA is not signed by the Buyer until approved in block 20 by the participating agency.
 20. Signature of approving official for the participating agency.
- Send a fully executed copy of this Agreement to the Seller Agency after obligation is recorded in the Financial System via the IDEAS/PRISM system.**

PARTICIPATING SELLER AGENCY TO SUPPORT THE BUYER AGENCY

The Draft IAA is received for completion by the Seller Agency.

This data will be used to cross-reference the IAA with the Seller Agency’s reimbursable account in FFS or SAP.

APPENDIX A

BIWEEKLY EARNINGS LIMITATION WORKSHEET

Employee Name:

Position Title, Series, Grade:

Agency/Office:

Type of Emergency (Fire, Flood, etc.):

Nature of Work to be Performed:

The following information is as of the end of pay period ____ which covers
_____ (date) through _____ (date):

Current Base Salary: \$
Applicable Biweekly Pay Cap: \$
Applicable Annual Pay Cap: \$

- A. Dollar amount of projected annual base salary if less than a GS-15, Step 10 (includes any projected increase or decrease in base salary, e.g., locality-base comparability pay, interim geographic adjustment, within-grade increase, promotion, general increase, change to lower grade, etc.).
- B. Dollar amount of annual base salary received to date (beginning with Pay period 25 or 26 through end of the current pay period).
\$
- C. Annual base salary remaining to be paid in current calendar year (A minus B).
- D. Total amount of premium pay received to date in current calendar year.

<u>Type</u>	<u>Total</u>
Sunday Differential	
Sunday Diff w/Night Diff	
Night Differential	
Overtime over 8	
Overtime over 40	
OT over 40 w/Night Diff	
OT over 8 w/Night Diff	
Overtime Call-back	
Holiday Worked	
Compensatory Time	
FLSA	
AUO/Standby/Availability	

- E. Total annual base salary and premium pay received to date and base salary left to be paid in the remainder of the calendar year (B plus C plus D).
- F. Total amount available for premium pay of any type for the remainder of the Current calendar year (annual pay cap minus E). \$

Certification: I certify that the above figures are correct to the best of my knowledge. I understand that any increases or decreases in my base salary or premium pay entitlements may increase or decrease the amount of additional premium pay I can earn in the remainder of the current calendar year. I also understand that the total of base salary and premium pay I receive may not exceed the applicable annual pay cap of a GS-15, step 10, in a calendar year. Consequently, if the total of base salary and premium pay I receive at the end of the calendar year exceeds the applicable pay cap of a GS-15, step 10, any excess premium pay becomes an overpayment regardless of whether some or all of it was performed in conjunction with an emergency. The amount of the overpayment will be recouped, regardless of administrative error or oversight in the computation above. This statement constitutes evidence of my knowledge of the applicable biweekly and annual pay cap and my responsibility for monitoring premium pay to ensure that premium pay does not exceed the appropriate pay cap. I do not abrogate my right to request a waiver of any overpayment; however, a waiver of overpayment is not likely to be granted as a result of my certification of this statement.

Employee Date

First Level Supervisor Date

Second Level Supervisor Date



Request for Biweekly Pay Cap Waiver



Employee for whom waiver is requested:

Employee name: _____
 Employee SSN: _____
 Employee Grade: GS-1340- _____

Nature of emergency:

Incident name: _____
 Incident location: _____
 Nearest city, state to incident: _____, _____
City State
 District name: _____
 Forest/Park/Area Name: _____
 Request received from: _____

The work to be performed is weather forecast and advisory support to the incident management team supervising emergency activities.

The employee will be working alone as the only meteorologist providing on-site forecast and advisory support to the Incident Management Team. In this capacity, the employee will be under the supervision of the Incident Commander (IC), who will dictate the work hours. The employee will record hours of work with certification accomplished by the on-site management team.

Disapproved

Approved

_____ Date

MIC/HIC

APPENDIX C **NWS IMET REIMBURSABLE EXPENSES REPORT FORM**

Version March 2009 (Older forms obsolete)

COMPLETED AT INCIDENT:

NOTE TO IMET: Upon check-in at incident, check with Finance Section Chief to see if they are familiar with the national agreement. Provide copy if needed, emphasizing that you are under this agreement; expenses should be appropriately obligated each day. Please advise the Finance Section Chief to provide a copy of this information to the individual identified in the "Agency Unit/Division Finance Officer" section. All information required from IMET/WFO below must be supplied or NWS Regional Office will return to you for completion. See Page 3 for Project Codes

1) IMET Name:	2) NWS Office:
2) Dates of Service (including travel time):	3) Agency Served (underline/circle lead agency for incident): USFS / BLM/ BIA / NPS / FEMA / State _____ USCG / NOAA HAZMAT / Other _____
4) Agency Unit/Division Served:	5) Incident Name:
6) Agency Unit/Division Finance Officer (Name, Address, Telephone number):	7) Resource Order Number (copy attached):
	8) Incident Number and/or P Number:

COMPLETED AT WFO:

A. IMET ADMIN LEAVE CHARGES (if earned)

Departure (Date/Time):	Return (Date/Time):
14 Day Dispatch (do not include travel): yes / no	Rest Period Dates:
Hours of Reimbursable Admin Leave Used: _____	X Hourly Pay Rate: _____ = Total A:\$

B. IMET ON-SITE OVERTIME (including travel time to and from incident):

Hours Worked _____	X Hourly Pay Rate: _____ = Total B:\$
--------------------	--

C. IMET M&IE PER-DIEM FOR PERFORMING ON-SITE ASSISTANCE (insert additional lines as needed):

	Days	X	Rate	= Subtotal	-	Incident Meals	Subtotal
Travel (Rate is 3/4 of per diem at incident location minus any incident meals)	To	X	\$	= \$	-		= \$
	From	X	\$	= \$	-		= \$
At Incident (Rate is \$3 per day if meals supplied by incident. Otherwise, rate is per diem rate at incident location)		X	\$	= \$		Total C (add final subtotals above right)	\$

D. RELATED OFFICE OVERTIME (insert additional lines as needed. Includes office OT related to IMET rest period above):

Employee Name	Hours Worked	X	Rate	= Subtotal
		X	\$	= \$
		X	\$	= \$
		X	\$	= \$
				Total D (add above subtotals): \$

E. OTHER DIRECTLY RELATED COSTS (lodging costs as needed, tolls, rentals, POV, equipment repair/replacement, general supplies etc): (receipt copies included with travel voucher copy)

	Total E:
	\$

F. Total A + Total B + Total C + Total D + Total E =	\$
---	-----------

G. NOAA-PROVIDED COMMUNICATION SERVICES:

BGAN Used?	Dates Used:
Gov't IMET Cell Phone Used?	Gov't IMET Cell Phone Number:

IMET Signature

MIC Signature

Date

COMPLETED AT REGIONAL/NATIONAL OFFICES

H: CELL PHONE EXPENSE (AR and CR Only)	\$
--	----

INCIDENT TOTAL (Total F + H)	\$
Project Code:	Task Code:

REGIONAL PROGRAM MANAGER

Date

IMET Reimbursable Package Checklist

Before submitting to your regional office, please ensure copies of the following are included!

- *Page 1 completed and signed by IMET and MIC*
- *Resource Order*
- *Fire Time Report*
- *Certified T & As for IMET and WFO staff who worked overtime to support the dispatch/rest period attached and correct project/task code is used*
- *Copy of Travel Voucher and any associated receipts attached*

Note...

- *Remember that original copies of some items are needed for your travel voucher*
- *Always keep a copy of everything at your WFO for 3 years.*

Reimbursable Project Codes:

Region	Agency	Project Code	Task Code / Task Description	
Eastern Region	USDA Forest Service	47M7K10	Note: For all Federal Incidents, the Task Code for all IMET services is P2V.	
	DOI Bureau of Land Management (BLM)	47M7K11		
	DOI National Park Service (NPS)	47M7K12		
	DOI Indian Affairs (IA)	47M7K13		
	DOI Fish & Wildlife (F&W)	47M7K14		
Southern Region	USDA Forest Service	47M7K20	STATE	DISPATCH PROJECT CODES
	DOI Bureau of Land Management (BLM)	47M7K21		
	DOI National Park Service (NPS)	47M7K22		
	DOI Indian Affairs (IA)	47M7K23		
	DOI Fish & Wildlife (F&W)	47M7K24		
Central Region	USDA Forest Service	47M7K30	OREGON	47M9W01
	DOI Bureau of Land Management (BLM)	47M7K31	CALIFORNIA	47M6J02
	DOI National Park Service (NPS)	47M7K32	WASHINGTON	47M6JFE
	DOI Indian Affairs (IA)	47M7K33		
	DOI Fish & Wildlife (F&W)	47M7K34		
Western Region	USDA Forest Service	47M7K40	The single task code to be used for all IMET services/costs for state-managed incidents in the above states is P4H.	
	DOI Bureau of Land Management (BLM)	47M7K41		
	DOI National Park Service (NPS)	47M7K42		
	DOI Indian Affairs (IA)	47M7K43		
	DOI Fish & Wildlife (F&W)	47M7K44		
Alaska Region	USDA Forest Service	47M7K50	For all USFS IMET dispatches, Block 7 on the Reimbursement form uses:	
	DOI Bureau of Land Management (BLM)	47M7K51		
	DOI National Park Service (NPS)	47M7K52		
	DOI Indian Affairs (IA)	47M7K53		
	DOI Fish & Wildlife (F&W)	47M7K54		
Pacific Region	USDA Forest Service	47M7K60	USDA Forest Service; Incident Business 101B Sun Avenue NW Albuquerque, NM 87109 Attention: Elizabeth Martin Telephone: 505-563-7937	
	DOI Bureau of Land Management (BLM)	47M7K61		
	DOI National Park Service (NPS)	47M7K62		
	DOI Indian Affairs (IA)	47M7K63		
	DOI Fish & Wildlife (F&W)	47M7K64		
NCEP Region	USDA Forest Service	47M7K70		
	DOI Bureau of Land Management (BLM)	47M7K71		
	DOI National Park Service (NPS)	47M7K72		
	DOI Indian Affairs (IA)	47M7K73		
	DOI Fish & Wildlife (F&W)	47M7K74		
OCWWS	USDA Forest Service	47M7K80		
	DOI Bureau of Land Management (BLM)	47M7K81		
	DOI National Park Service (NPS)	47M7K82		
	DOI Indian Affairs (IA)	47M7K83		
	DOI Fish & Wildlife (F&W)	47M7K84		

		A	B	C	D	E	CLASS				
16. LEAVE FACTOR (3) (2) /		17. FICA FACTOR (3) (2) /		18. OVERHEAD FACTOR (3) (2) /							
19. REQUESTING AGENCY APPROVAL					20. PERFORMING AGENCY APPROVAL						
SIGNATURE				DATE		SIGNATURE			DATE		
TITLE					TITLE						
PERSON TO CONTACT		PHONE (Area Code and No.) () -		FTS	COMM	PERSON TO CONTACT		PHONE (Area Code and No.) () -		FTS	COMM

FORM AD-672 USDA (Revised 9/86)

INSTRUCTIONS FOR FORM AD - 672 (Revised 9/86)

1. AGREEMENT NUMBER - Enter the Performing Agency's Agreement Number. Enter up to 25 Positions Alpha/Numeric,

First 6 Positions must be

- 1 - 2 - Agency Code
- 3 - 4 - Fund Code
- 5 - 6 - Fiscal Year

2. FISCAL YEAR - Enter 4 Positions, e.g. 1984

3. ESTIMATED AMOUNT - Enter up to \$999,999,999.99 omit commas and decimal point.

12. METHOD OF PAYMENT

BILLING FREQUENCY - Enter 0, 1, 2, 3, 4, or 5

- 0 - Immediately
- 1 - Monthly
- 2 - Quarterly
- 3 - Semi-annually
- 4 - Upon completion of work
- 5 - Upon demand

TYPE OF ACCOUNT

4. AGENCY BILLING INDICATOR - Enter 1,2,3, or 4

1 - Requesting Agency is an agency serviced by NFC's MISC system

2 - Requesting Agency is a Government Agency, Bill SF 1081

3 - Requesting Agency is a Government Agency, Bill SF 1080

4 - Requesting Agency is other than Federal Government. Bill AD-631

5. TRANSACTION CODE - Enter 0, 1, 2, A, B, C

0 - Revenue - Government

1 - Refund - Government

2 - Reimbursement - Government

A - Revenue - Public

B - Refund - Public

C - Reimbursement - Public

6. ACTION CODE - Enter 1,2,3, or 4

1 - Add New Agreement

2 - Change Existing Agreement

3 - Delete Existing Agreement

4 - Issue Bill for Method of Payment upon demand or upon completion of work

7. NAME AND ADDRESS OF REQUESTING AGENCY

Name (32 positions)

1st Line Address (32 positions)

2nd Line Address (32 positions)

City (21 positions)

State (2 positions)

Zip Code

8. NAME AND ADDRESS OF PERFORMING AGENCY -

Same as item number seven.

9. SERVICES TO BE PERFORMED - Enter brief narrative.

10. LIST REFERENCES FOR CORRESPONDENCE - Enter reference data that the Requesting Agency requires for Correspondence or Billing (e.g. Requesting Agency Agreement Number) or authority for Agreement

(e.g. Public Law 97-212).

11. DURATION OF AGREEMENT

EFFECTIVE DATE - Enter month, day, year.

CONTINUING THROUGH - Enter month, day, year.

0 - Transfer of Appropriation Account

1 - Consolidated Working Fund

13. FINANCING (Requesting Agency- When NOT serviced by NFC)

Complete this block only when the requesting agency does not participate in the Central Accounting System processed by the USDA's National Finance Center

14. FINANCING (Requesting Agency - When serviced by NFC)

Complete this block only when the requesting agency does participate in the Central Accounting System processed by the USDA's National Finance Center.

Agency Code - Enter 2-digit NFC assigned agency code

Fund Code - Enter 2-digit NFC assigned fund code

Accounting Station - Enter assigned accounting station code.

Accounting Classification Code - Enter accounting classification code

of requesting agency

Object Class - Self Explanatory

Amount - Enter the estimated agreement amount allowable to each accounting classification

15. FINANCING (Performing Agency) - Enter agency code, accounting station, accounting classification code object class and amount stated in 14 above. Accounting codes used in this agreement cannot be duplicated in any other agreement number

16. LEAVE FACTOR - If leave is to be considered in billing the Requesting Agency for services, enter the leave factor. Enter 10.6% as 010/60 or 10/6

17. FICA FACTOR - If FICA taxes paid are to be considered in billing the Requesting Agency for services, enter the FICA factor. Enter 6.85% as 006/85 or 6/85

18. OVERHEAD FACTOR - If overhead is to be considered in billing the Requesting Agency for services, enter the overhead factor. Enter 18% as 018/00 or 18/0.

19. APPROVAL FOR REQUESTING AGENCY - Self explanatory.

20. APPROVAL FOR PERFORMING AGENCY - Self explanatory.

 UNITED STATES DEPARTMENT OF THE INTERIOR INTER/INTRA-AGENCY AGREEMENT (IAA)		1. Period of Performance					
   		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">START</th> <th style="width:50%;">END</th> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		START	END		
START	END						
Buyer has work performed for them by the Seller named in item 6b. Seller to perform work as described herein for the agency named in item 6a.							
SEE INSTRUCTIONS ON PAGE 2							
2. Common Document Number (Agreement Number)		3. Check appropriate box <input type="checkbox"/> Original <input type="checkbox"/> Modification No.					
4. Under the authority of (Cite authorities):							
<input type="checkbox"/> 43 U.S.C. 1701 et seq., (FLPMA)		<input type="checkbox"/> Working Capital Fund (WCF)					
<input type="checkbox"/> Department of the Interior Appropriation Act for FY		<input type="checkbox"/> Other: _____					
<input type="checkbox"/> 31 U.S.C. 1535 (the Economy Act)							
5. Description of Work (If more space is needed, attach additional sheets):		PROJECT TITLE:					
Buyer		Seller					
6a. Agency: Address: Address: Administrative POC Email: Phone Fax		6b. Agency: Address: Address: Administrative POC: Email: Phone Fax					
Technical Point of Contact: Email: Phone Fax		Technical Point of Contact: Email: Phone Fax					
ACCOUNT DATA		BUYER					
		SELLER					
7. Agency Location Code	7a.	7b. 8b. 9b. 10b. 11b. 12b. 13b. 14b. 15b. NOTE: Seller, ensure project completion by this date (Seller must not incur additional costs) See Block 15a					
8. BPN Number (DUNS #) FSN	8a.						
9. Treasury Account Symbol (TAS)	9a.						
10. Standard General Ledger	10a.						
11. Cost Structure/Account	11a.						
12. Business Event Type Code	12a.						
13. Requisition Number for Buyer/Project Account for Seller	13a.						
14. Contract Line Number for Buyer/ Proposal Number or other data for Seller	14a.						
15. Buyer provide Expiration of Funding Source (Date or indefinite)	15a.						
16. Amount Obligated by Buyer				17. Bill To (Name and Address, including zip code of Finance Office): Name: Address: Address:			
a. Initial or current obligation:	\$						
b. Modification Amount (check one) <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$						
c. Total obligation:	\$						
18. Billing for Federal Agencies and DOD will be processed via IPAC. (billing will be done <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> in advance)							
Upon Approval, this agreement constitutes an obligation against Buyer requesting the work; or authority to proceed with work by Seller for the herein named agency in anticipation of reimbursement.							
19. Approved for Buyer: _____ (Contracting Officer or other Authorized Signature) *other only for WCF		20. Approved by Seller: _____ (Seller's Authorizing Signature)					
19a. Name (Type):		20a. Name (Type):					
19b. Title:	19c. Date:	20b. Title:	20c. Date:				

INSTRUCTIONS FOR INTER/INTRA-AGENCY AGREEMENT (IAA)

NOTE: Information **highlighted** is to be completed by, or obtained from, the Seller Agency

IAA – BUYER TO HAVE WORK PERFORMED BY A PARTICIPATING (SELLER) AGENCY

***Note: Complete Items below for a single funding line – continuation page is required for multiple lines of funding**

The Buyer executes this form, completes and obligates information under Buyer data elements.

1. Enter the start and end date (period of performance) in which work will be completed.
2. Enter the Common Document Number (Inter/intra Agency Agreement number).
3. Check “Original” if first submission, “Modification” and enter modification number if modification.
4. Check 31 U.S.C. 1535” unless another specific legislative authority exists, in which case that authority is shown under “other”. If 31 U.S.C. 1535 is checked, an Economy Act Determination **must** be prepared by the project manager and approved by a warranted Contracting Officer with delegated authority.
5. Provide a Project Title and description of the work to be performed in accordance with Acquisition, Section 1510-17.5.
6. Enter the Buyer Agency office name, city, state, zip code, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address.
- 6a. Enter the Seller Agency office name, city, State, Buyer technical and administrative contact names and phone nos. with area code, also include fax and Email address. These fields can be completed by the Seller if unknown to the Buyer.

This data will be referenced on your Treasury IPAC bill

- 7a. Provide your 8 digit Agency Location Code (ALC) assigned by Treasury.
- 8a. Type your Business Partner Network Number (DUNS No.) as registered in Federal Register, this is also referred to as the FSN for DOD.
 - 9a. Provide the Treasury Account Symbol (TAS) for this funding line.
- 10a. Determine the Treasury Standard General Ledger accounts (SGL) for this funding request.
- 11a. Enter the account cost structure for your Agency. This may include an office identifier, program and budget object class.
- 12a. Provide the Business Event Type Code (BETC) for this action.
- 13a. Type the Requisition Number referenced to support this Agreement.
- 14a. Contract Line Number for this funding.
- 15a. Provide the Fund Expiration date, or type ‘Indefinite’ (for no year funds).

***Items 9a – 14a are specific for each line of funding on the obligation document. See * above.**

7b-14b. Seller Agency completes these items.

This data will be used to cross-reference the IA with the Seller’s reimbursable account.

16. For an original IA; enter the amount to complete items a, c, and d. For modification; complete items a, b, c, and d.
- 16a. Enter the Initial or current obligation amount
- 16b. Enter the Modification Amount
- 16c. Check appropriate box to indicate if the funding is being increased or decreased by this action.
17. Enter the Buyer Agency, Bill To - Finance Office address, include office name, city, state, and zip code.

Forward a copy of this draft Agreement for completion of the Seller Agency account data.

Obtain a signed, accepted copy of this Agreement from the Buyer Agency.

Ensure that the data elements in 7b-14b have been completed.

18. Check the preferred billing schedule for the Buyer Agency and ensure that the term is acceptable for both Buyer and Seller.
 19. IA must be signed by a warranted Contracting Officer with delegated authority. IA is not signed by the Buyer until approved in block 20 by the participating agency.
 20. Signature of approving official for the participating agency.
- Send a fully executed copy of this Agreement to the Seller Agency after obligation is recorded in the Financial System via the IDEAS/PRISM system.**

PARTICIPATING SELLER AGENCY TO SUPPORT THE BUYER AGENCY

The Draft IAA is received for completion by the Seller Agency.

This data will be used to cross-reference the IAA with the Seller Agency’s reimbursable account in FFS or SAP.

State:

AGREEMENT No. _____

THROUGH WHICH

[STATE: _____]

[Describe State Entity]

IS PURCHASING Fire Services From
National Oceanic and Atmospheric Administration (NOAA) National Weather Service (NWS)

1. NWS SERVICES & DURATION OF ACTIVITIES:

Services: (hydrometeorological on-site; training; other special service)

Start date: _____ End date: _____

2. AUTHORITY:

A. The Intergovernmental Cooperation Act, 31 U.S.C. §§ 6501-6508, authorizing NWS to conduct statistical and other studies and compilations, development projects, technical tests and evaluations, technical information, training activities, surveys, reports, and other similar services to a STATE or local government¹ when (1) a written request is made by the STATE or local government; and (2) The STATE or local government pays all identifiable NWS costs.

B. NWS program authority includes 15 U.S.C. § 313; 15 C.F.R. § 946.4; and NWS Instruction 10-405.

C. STATE authority (if desired): _____

3. TERMS:

STATE will pay NWS \$_____, (monthly, quarterly, in advance), to NWS's estimated cost for providing fire services. Cost adjustments must be made to reflect actual costs. Under Office of Management and Budget Circular A-97, STATE certifies that the services requested cannot be procured reasonably and expeditiously by ordinary business channels. Should disagreement arise on the interpretation of the provisions of this agreement that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If agreement on interpretation is not reached within thirty days, the parties shall forward the written presentation of the disagreement to respective higher officials for appropriate resolution.

¹ "STATE" means a State of the United States, the District of Columbia, a territory or possession of the United States, and an agency, instrumentality, or fiscal agent of a State. "Unit of general local government" means a county, city, town, village, or other general purpose political subdivision of a State. 31 U.S.C. § 6501.

4. NOAA CONTACT:

Name: _____
Address: _____
Phone: _____
Email: _____

STATE CONTACT:

Name: _____
Address: _____
Phone: _____
Email: _____

5. SIGNATORIES:

NOAA: _____
Title: _____
Date: _____

STATE: _____
Title: _____
Date: _____

Attachments:

- 1) STATE written request
- 2) NWS cost estimates
- 3) Services to be performed by NWS

