

Annual AD Paperwork

This guide has been created to help AD's fill out the numerous forms required to make them active in the program annually. This process causes a heavy workload during the late winter into the spring season getting the paperwork completed correctly. The forms can be confusing to both first time AD's and seasoned AD's alike. It is our hope that you may use this guide to help you along the way. As always, if you have any questions or issues please reach out to NECC and we will be happy to help you get this completed.

On each form description you will see a line **Document Title**- this is how you should name your form when saving it.

APPLICATION FOR SPONSORSHIP

This document must be completed **annually** and is the first step in the process of becoming an AD for the season. It requires your basic information and the signature of your sponsoring official approving your sponsorship.

This is the primary form that we use for referencing your personal information and where we find your most up to date contact information.

Document Title:

Last Name_FirstName_Sponsorship_20XX

EASTERN REGION – US FOREST SERVICE FIRE & AVIATION MANAGEMENT Administratively Determined (AD) Hire APPLICATION FOR SPONSORSHIP

*AD's will be required to apply and participate on the EA IMT's to ensure each IMT is properly staffed throughout the EA IMT's availability period. This includes all mandatory NWCG IMT positions, and most discretionary IMT support qualifications (finance, logistics, aviation, planning, safety, information, and liaison functions). [NWCG IMT POSITIONS](#)
Operational qualifications below the Division Supervisor level are not included in this requirement.*

DATE	1/1/24				
APPLICANT NAME:	SMOKEY BEAR	PRIMARY PHONE:	111-111-1111		
ADDRESS:	123 BEAR LN	SECONDARY PHONE:	111-111-1112		
CITY:	ELLSWORTH	STATE:	NH	ZIP CODE:	11111
E-MAIL:	SMOKEY.BEAR@GOOGLE.COM				
IMT AFFILIATION:	NOT APPLICABLE				
IQCS/IQS EMPLOYEE #:	ASK YOUR FIRE REP IF YOU ARE UNSURE				
CURRENT FIRE QUALIFICATIONS – (INCLUDE TRAINEE POSITIONS):	FIRE QUALS- NOT CERTIFICATIONS EX. FFT2, FFT1-T, EDRC				
REMARKS:	ANY SPECIAL NOTES				
APPLICANT SIGNATURE	Daniel Redin	Digitally signed by Daniel Redin Date: 2023.10.10 14:03:54 -04'00'	DATE		
SPONSORSHIP STATUS:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED			
SPONSORING OFFICIAL SIGNATURE:					

APPLICATION FOR SPONSORSHIP

On the Application for Sponsorship there is a link to the NWCG IMT POSITIONS. Anyone who possesses any of these qualifications must also apply for the IMT.

"AD's will be required to apply and participate on the EA IMT's to ensure each IMT is properly staffed throughout the EA IMT's availability period. This includes all mandatory NWCG IMT positions, and most discretionary IMT support qualifications (finance, logistics, aviation, planning, safety, information, and liaison functions). [NWCG IMT POSITIONS](#) Operational qualifications below the Division Supervisor level are not included in this requirement."

**EASTERN REGION – US FOREST SERVICE
FIRE & AVIATION MANAGEMENT
Administratively Determined (AD) Hire
APPLICATION FOR SPONSORSHIP**

AD's will be required to apply and participate on the EA IMT's to ensure each IMT is properly staffed throughout the EA IMT's availability period. This includes all mandatory NWCG IMT positions, and most discretionary IMT support qualifications (finance, logistics, aviation, planning, safety, information, and liaison functions). [NWCG IMT POSITIONS](#) Operational qualifications below the Division Supervisor level are not included in this requirement.

Short Team Configuration (20 positions + 6 trainees)
Incident Commander
Deputy Incident Commander
Safety Officer
Public Information Officer
Operations Section Chief (2)
Air Operations Branch Director
Planning Section Chief
Logistics Section Chief
Finance Section Chief
Operations Branch Director or Division/Group Supervisor (2)
Geographic Information System Specialist
Computer Technical Specialist
Discretionary Positions (6)
IMT Trainee Positions (6)

APPLICATION FOR SPONSORSHIP

Required Fields:

- Primary Phone/Secondary Phone/Email

These contacts should be the most reliable ones to reach you at any time (not your office number or government email). If we do not have reliable ways to contact you it may cause you to miss out on receiving assignments.

- CIMT Affiliation

CIMT is a Complex Incident Management Team. If you are not on one select NO. If you are on one select YES and put its name under Remarks. If you do not hold a qualification pertinent to a CIMT then select NOT APPLICABLE.

- IQCS/IQS EMPLOYEE #

This number can be found by contacting your assigned IQCS/IQS representative. It is important to know who you are assigned to. This is the person that tracks your qualifications and ensures your records are correct.

Document Title:

Last Name_FirstName_Sponsorship_20XX

EASTERN REGION – US FOREST SERVICE FIRE & AVIATION MANAGEMENT Administratively Determined (AD) Hire APPLICATION FOR SPONSORSHIP

*AD's will be required to apply and participate on the EA IMT's to ensure each IMT is properly staffed throughout the EA IMT's availability period. This includes all mandatory NWCG IMT positions, and most discretionary IMT support qualifications (finance, logistics, aviation, planning, safety, information, and liaison functions). [NWCG IMT POSITIONS](#)
Operational qualifications below the Division Supervisor level are not included in this requirement.*

DATE	1/1/24				
APPLICANT NAME:	SMOKEY BEAR	PRIMARY PHONE:	111-111-1111		
ADDRESS:	123 BEAR LN	SECONDARY PHONE:	111-111-1112		
CITY	ELLSWORTH	STATE	NH	ZIP CODE	11111
E-MAIL	SMOKEY.BEAR@GOOGLE.COM				
IMT AFFILIATION	NOT APPLICABLE				
IQCS/IQS EMPLOYEE #:	ASK YOUR FIRE REP IF YOU ARE UNSURE				
CURRENT FIRE QUALIFICATIONS – (INCLUDE TRAINEE POSITIONS):	FIRE QUALS- NOT CERTIFICATIONS EX. FFT2, FFT1-T, EDRC				
REMARKS:	ANY SPECIAL NOTES				

APPLICANT SIGNATURE **Daniel Redin** Digitally signed by Daniel Redin
Date: 2023.10.10 14:03:54 -04'00' DATE

SPONSORSHIP STATUS: APPROVED NOT APPROVED

SPONSORING OFFICIAL SIGNATURE:

APPLICATION FOR SPONSORSHIP

Required Fields:

- Current Fire Qualifications

This field should only contain your Red Card qualifications (including trainee positions). It is not intended for you to list all classes and certificates not related to your red card.

- Remarks

This is where you can add additional PERTINENT training and experience. Why should we sponsor you?

Do not fill in the Sponsorship Status boxes or the Sponsoring Official Signature. That is the responsibility of the Sponsoring Official.

Document Title:

Last Name_FirstName_Sponsorship_20XX

EASTERN REGION – US FOREST SERVICE FIRE & AVIATION MANAGEMENT Administratively Determined (AD) Hire APPLICATION FOR SPONSORSHIP

*AD's will be required to apply and participate on the EA IMT's to ensure each IMT is properly staffed throughout the EA IMT's availability period. This includes all mandatory NWCG IMT positions, and most discretionary IMT support qualifications (finance, logistics, aviation, planning, safety, information, and liaison functions). [NWCG IMT POSITIONS](#)
Operational qualifications below the Division Supervisor level are not included in this requirement.*

DATE	1/1/24				
APPLICANT NAME:	SMOKEY BEAR	PRIMARY PHONE:	111-111-1111		
ADDRESS:	123 BEAR LN	SECONDARY PHONE:	111-111-1112		
CITY	ELLSWORTH	STATE	NH	ZIP CODE	11111
E-MAIL	SMOKEY.BEAR@GOOGLE.COM				
IMT AFFILIATION	NOT APPLICABLE ▾				
IQCS/IQS EMPLOYEE #:	ASK YOUR FIRE REP IF YOU ARE UNSURE				
CURRENT FIRE QUALIFICATIONS – (INCLUDE TRAINEE POSITIONS):	FIRE QUALS- NOT CERTIFICATIONS EX. FFT2, FFT1-T, EDRC				
REMARKS:	ANY SPECIAL NOTES				

APPLICANT SIGNATURE **Daniel Redin** Digitally signed by Daniel Redin
Date: 2023.10.10 14:03:54 -04'00' DATE

SPONSORSHIP STATUS: APPROVED NOT APPROVED

SPONSORING OFFICIAL SIGNATURE:

Casual Hire Form (CHF)

The CHF is an **initial hiring document**.

An Administratively Determined (AD) employee is a person who is hired and compensated under the AD Pay Plan for Emergency Workers. Also known as a Casual Hire. These employees are hired under contract for a pre-determined period of time, for a specific incident and as a specific qualification. This contract outlines the AD's rate of pay and entitlements for reimbursement for each specific assignment.

Document Title:

Last Name_First Name_CHF_Master

NWCG Single Resource Casual Hire Information

CASUAL INFORMATION			
Casual's Name (print):	Smokey Bear	Phone #: 111-111-1111	Start Date: LEAVE BLANK
Point-of-Hire:	City: YOUR HOME ADDRESS	State: YOUR STATE	ECT #: SEE NOTES FOR LINK
HIRING UNIT INFORMATION			
Office Name:	White Mountain National Forest	Hiring Location (example: ID-BOF):	NH-WMF
Hiring Official's Name (print):		Phone #:	603-536-6208
POSITION INFORMATION			
Job Title:	LEAVE BLANK	AD Class:	LEAVE BLANK
AD Rate:	\$ LEAVE BLANK	Request #:	LEAVE BLANK
FireCode:	LEAVE BLANK	Incident Order # (example: ID-BOF-000423):	LEAVE BLANK
Incident Location (City/State):	LEAVE BLANK		
Hiring of emergency personnel may be made according to the provisions of the current Administratively Determined Pay Plan for Emergency Workers when any of the following conditions exist. Reference the Pay Plan for specific determinations.			
<input type="checkbox"/> 1. To fight an ongoing fire.			
<input type="checkbox"/> 2. Unusually dry period or fire danger is high to extreme.			
<input type="checkbox"/> 3. Provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.			
<input type="checkbox"/> 4. Place firefighters on standby for expected dispatch.			
<input type="checkbox"/> 5. Temporarily replace members of fire suppression crews or fire management personnel who have been mobilized to incidents.			
<input type="checkbox"/> 6. Attend emergency incident training. Course Title: LEAVE BLANK			
<input type="checkbox"/> 7. Instruct emergency incident training when all other methods of hiring and contracting instructors have been exhausted.			
<input type="checkbox"/> 8. Cope with floods, storms, or any other all-hazard emergency.			
<input type="checkbox"/> 9. Carry out emergency stabilization work when there is an immediate danger of loss of life or property.			
<input type="checkbox"/> 10. Following a natural emergency, develop plans, and manage emergency stabilization efforts.			
<input type="checkbox"/> 11. Meet FEMA mission assignments.			
<input type="checkbox"/> 12. Provide public awareness for an emerging or projected incident, event, or situation.			
<input type="checkbox"/> 13. For hazardous fuel reduction projects (excludes mechanical or chemical treatments).			
TRAVEL/TRANSPORTATION/SUBSISTENCE			
Travel for casual hires will be processed in accordance with Federal Travel Regulations, AD Pay Plan, and agency policy.			
Casual is entitled to transportation to and from the incident: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Transportation method:			
<input type="checkbox"/> Airline			
<input type="checkbox"/> POV Mileage Reimbursement Authorized: <input type="checkbox"/> POV - TDY (higher rate) or <input type="checkbox"/> POV - Agency Vehicle Available (lower rate)			
<input type="checkbox"/> Rental Vehicle (must be on resource order): Rental provided by: <input type="checkbox"/> Casual or <input type="checkbox"/> Government			
<input type="checkbox"/> Other (such as bus, gov't vehicle, EERA):			
Subsistence:			
If Casual Is Subsisted by the Government, Those Expenses Shall Not Be Claimed on a Travel Voucher.			
HIRING DOCUMENTS			
Completed by:			
Agency			
<input type="checkbox"/> I-9, Employment Eligibility Verification (valid for 3 years)			
<input type="checkbox"/> State/federal government-issued photo ID verified and in casual's possession (required for all positions).			
<input type="checkbox"/> Incident qualification card (if required for position) verified and in casual's possession.			
<input type="checkbox"/> State-required certification verified, if required for position (e.g., CDL, driver's license, EMT certificate).			
Casual <input type="checkbox"/> Federal W-4 <input type="checkbox"/> State tax (if applicable) <input type="checkbox"/> Incident Behavior, PMS 935-1 <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Conditional Offer of FEHB			
I understand that I am being hired under the terms and conditions of the Administratively Determined Pay Plan for Emergency Workers.			
Casual's signature (required) _____ DO NOT SIGN THIS FORM UNTIL YOU ARE GOING ON ASSIGNMENT _____ Date _____			
Hiring official's signature (required) _____ Date _____			
Distribution: Follow agency hiring procedures.			
The individual hired under the Administratively Determined Pay Plan is considered a federal government employee.			
NON-DISCRIMINATION POLICY STATEMENT: The U.S. Government prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs).			

Casual Hire Form (CHF)

Required Fields:

“CASUAL INFORMATION” header

- Fill out this section in its entirety **except for the Start Date** (this field is filled out for each of your assignments)
- The **Point of Hire should reflect your home address**. This is what will be used to calculate any mileage you put in to have reimbursed when working within your home unit.
- The Employee Common Identifier (ECI) can be found by going to fs.usda.gov/sites/default/files/2023-10/ECI-I-9.pdf, clicking the ECI report link and looking up your name. If are new to the program you will not have an ECI number yet. One will be issued to you after your first assignment. If this is the case put a placeholder of “99999” in the field.

Document Title:

Last Name_First Name_CHF Master

NWCG Single Resource Casual Hire Information

CASUAL INFORMATION			
Casual's Name (print):	Phone #:	Start Date:	LEAVE BLANK
Point-of-Hire:	City:	State:	ECI #:

Casual Hire Form (CHF)

Required Fields:

“HIRING UNIT INFORMATION” header

All AD’s sponsored through NECC should fill in the header like this, leaving "Hiring Official's Name" blank. This will be filled in by whoever signs the CHF.

Document Title:

Last Name_First Name_CHF_Master

HIRING UNIT INFORMATION

Office Name: White Mountain National Forest Hiring Location (example: ID-BOF): NH-WMF
Hiring Official’s Name (print): -----LEAVE BLANK----- Phone #: 603-536-6208

Casual Hire Form

Required Fields:

The rest of this document is for internal office use only. Do not fill out any of it. We will fill this portion in for each of your assignments, so it reflects what you are being ordered as and the entitlements you are to be given for reimbursement as an AD.

DO NOT SIGN THE INITIAL HIRING COPY OF THIS FORM, we are just making a master copy to start with.

It does not get signed until you are actually getting put on a resource order.

Document Title:

Last Name_First Name_CHF Master

POSITION INFORMATION	
Job Title: _____	AD Class: _____ AD Rate: \$ _____ Request #: _____ FireCode: _____
Incident Order # (example: ID-BOF-000423): _____	Incident Location (City/State): _____
Hiring of emergency personnel may be made according to the provisions of the current <i>Administratively Determined Pay Plan for Emergency Workers</i> when any of the following conditions exist. Reference the Pay Plan for specific determinations.	
<input type="checkbox"/> 1. To fight an ongoing fire.	
<input type="checkbox"/> 2. Unusually dry period or fire danger is high to extreme.	
<input type="checkbox"/> 3. Provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.	
<input type="checkbox"/> 4. Place firefighters on standby for expected dispatch.	
<input type="checkbox"/> 5. Temporarily replace members of fire suppression crews or fire management personnel who have been mobilized to incidents.	
<input type="checkbox"/> 6. Attend emergency incident training. Course Title: _____	
<input type="checkbox"/> 7. Instruct emergency incident training when all other methods of hiring and contracting instructors have been exhausted.	
<input type="checkbox"/> 8. Cope with floods, storms, or any other all-hazard emergency.	
<input type="checkbox"/> 9. Carry out emergency stabilization work when there is an immediate danger of loss of life or property.	
<input type="checkbox"/> 10. Following a natural emergency, develop plans, and manage emergency stabilization efforts.	
<input type="checkbox"/> 11. Meet FEMA mission assignments.	
<input type="checkbox"/> 12. Provide public awareness for an emerging or projected incident, event, or situation.	
<input type="checkbox"/> 13. For hazardous fuel reduction projects (excludes mechanical or chemical treatments).	
TRAVEL/TRANSPORTATION/SUBSISTENCE	
Travel for casual hires will be processed in accordance with Federal Travel Regulations, AD Pay Plan, and agency policy.	
Casual is entitled to transportation to and from the incident: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Transportation method:	
<input type="checkbox"/> Airline	
<input type="checkbox"/> POV Mileage Reimbursement Authorized: <input type="checkbox"/> POV - TDY (higher rate) or <input type="checkbox"/> POV - Agency Vehicle Available (lower rate)	
<input type="checkbox"/> Rental Vehicle (must be on resource order): Rental provided by: <input type="checkbox"/> Casual or <input type="checkbox"/> Government	
<input type="checkbox"/> Other (such as bus, gov't vehicle, EERA): _____	
Subsistence:	
If Casual Is Subsisted by the Government, Those Expenses Shall Not Be Claimed on a Travel Voucher.	
HIRING DOCUMENTS	
Completed by:	
Agency	
<input type="checkbox"/> 1-9, Employment Eligibility Verification (valid for 3 years)	
<input type="checkbox"/> State/federal government-issued photo ID verified and in casual's possession (required for all positions).	
<input type="checkbox"/> Incident qualification card (if required for position) verified and in casual's possession.	
<input type="checkbox"/> State-required certification verified, if required for position (e.g., CDL, driver's license, EMT certificate).	
Casual <input type="checkbox"/> Federal W-4 <input type="checkbox"/> State tax (if applicable) <input type="checkbox"/> Incident Behavior, PMS 935-1 <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Conditional Offer of FEHB	
I understand that I am being hired under the terms and conditions of the <i>Administratively Determined Pay Plan for Emergency Workers</i>.	
Casual's signature (required) _____	DO NOT SIGN UNTIL ON AN ORDER _____ Date _____
Hiring official's signature (required) _____	_____ Date _____
Distribution: Follow agency hiring procedures.	
<i>*The individual hired under the <i>Administratively Determined Pay Plan</i> is considered a federal government employee.*</i>	
NON-DISCRIMINATION POLICY STATEMENT: <i>The U.S. Government prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs).</i>	

Incident Behavior Form

The Incident Behavior Form is an **annual document** outlining general behavioral and common-sense guidelines that must be followed when assigned to any incident.

Read, understand, sign and date this form. It goes in your file for the year as confirmation that you know and understand the expectations.

--- Failure to comply may result in termination of sponsorship ---

Document Title:

Last Name_First Name_IBF_Year

Incident Behavior

Common Responsibilities Volunteers and Single Resource Casual Hires

Inappropriate Behavior:

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

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

Drugs and Alcohol:

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

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

Signature

Date

Emergency Notification Form

This is an **initial hiring** form and only needs to be updated as information changes.

Fill out all required fields- this will be kept in case of an emergency.

Document Title:

Last Name_First Name_Emergency_Contact

EMERGENCY NOTIFICATION INFORMATION		
Agency:		Date:
EMPLOYEE INFORMATION		
* LAST NAME	* FIRST	MI
* ADDRESS		
* CITY	* STATE	* ZIP CODE
* HOME PHONE	Cell Number	Area of Birth
PRIMARY NEXT-OF-KIN NOTIFICATION		
* RELATIONSHIP		
* LAST NAME	* FIRST	* RELATIONSHIP
* ADDRESS (NOT POST OFFICE BOX)		
* CITY	STATE	
* PRIMARY PHONE NUMBER	* SECONDARY PHONE NUMBER	
PRIMARY NEXT-OF-KIN'S PLACE OF WORK	PHONE NUMBER AT WORK	
ADDRESS		
CITY STATE		
CHILDREN (optional)		
LAST NAME	FIRST	PHONE NUMBER
ADDRESS		
CITY STATE		
LAST NAME	FIRST	
ADDRESS		
CITY STATE		
* ANY KNOWN MEDICAL CONDITIONS TO BE ADVISED OF WHEN MAKING ANY NOTIFICATION TO THE NEXT-OF-KIN?		
WHO WOULD YOU LIKE TO MAKE A NOTIFICATION OF MAJOR INJURY OR DEATH TO YOUR NEXT-OF-KIN?		PHONE NUMBER TO REACH THIS PERSON

* Indicates those items that would be most helpful to the Agency.

SECONDARY NEXT-OF-KIN NOTIFICATION	
PLEASE INDICATE A SECOND NEXT-OF-KIN WHOM YOU WOULD LIKE TO BE NOTIFIED AFTER THE PRIMARY NEXT-OF-KIN HAS BEEN NOTIFIED?	
WHOM WOULD YOU LIKE TO MAKE THIS NOTIFICATION?	PHONE NUMBER
NAME (SECONDARY NEXT-OF-KIN)	PHONE NUMBER
ADDRESS (NOT A POST OFFICE BOX)	
CITY	STATE
MEDICAL (Optional Information)	
* IN THE EVENT OF A MAJOR INJURY, AND YOU ARE UNCONSCIOUS WHAT ARE YOUR WISHES REGARDING LIFE SUPPORT SERVICES?	
* WHO HAS RIGHTS TO CARRY OUT YOUR WISHES REGARDING LIFE SUPPORT SERVICES?	
NAME OF PHYSICIAN TO BE NOTIFIED (Optional) AND PHONE NUMBER/HOSPITAL	
* WHAT ARE YOUR WISHES REGARDING BLOOD TRANSFUSIONS?	YOUR BLOOD TYPE?
NAME OF CLERGY, PRIEST, MINISTER, TO BE NOTIFIED (OPTIONAL)	
DENOMINATION (OPTIONAL)	*Medical Plan, Group #, Subscriber #, Plan #, Planet
ARE THERE ANY PEOPLE WHO YOU WOULD NOT LIKE NOTIFIED IN CASE OF MAJOR INJURY OR DEATH?	
ANNUAL VERIFICATION SECTION: Initial and Date that information has been updated/verified: (should be done when information changes and/or at performance evaluations)	
Instructions	
<p>Supervisor: This form should be made available to employees and completed upon hiring and updated at performance evaluations or at least annually. Inform employees that use of this form is not mandatory, but is necessary in the event that an emergency occurs. If they choose to have emergency data on file, check the entries carefully to determine they are complete and understandable. This may be your only source of information in case of an emergency. Completed forms should be kept in the Emergency Contact Notification binder in the locked personnel cabinets.</p> <p>Employee: If you choose to have emergency data on file, complete this form when you enter on duty and give it to your work Supervisor or personnel staff. It is your responsibility to update the entries when there is a change in information. All information on this form is requested on a voluntary basis under the authority of Title 5 U.S. C. 301,7CFR. 6.60. It will be used only in the event of an emergency.</p> <p>I have read and understood the above instructions. I understand that I may elect not to use this form or leave sections intentionally blank but that doing so, may delay emergency services/notifications that would be otherwise available.</p>	
Employee Signature: _____	Date: _____

Declaration for Federal Employment (OF-306)

This is an **annual document**. The information collected on this form is used to determine your acceptability for Federal contract employment.

Required Fields:

The **Required fields on this document are sections 1-17a**. The instructions on this form are very straight forward Yes/No type answers. Be sure to complete all fields before submitting.

Document Title:

Last Name_First Name_OF306

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆ Smokey T. Bear

2. **SOCIAL SECURITY NUMBER**

◆ XXX-XXX-XXXX

3a. **PLACE OF BIRTH** (Include city and state or country)

◆ Beans Purchase, NH

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)

◆ 12/25/1962

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

◆

6. **PHONE NUMBERS** (Include area codes)

Day ◆ 111-111-1111

Night ◆ 111-111-1112

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

Declaration for Federal Employment (OF-306)

This is an **annual document**. The information collected on this form is used to determine your acceptability for Federal contract employment.

Required Fields:

The **Required fields on this document are sections 1-17a**. The instructions on this form are very straight forward Yes/No type answers. Be sure to complete all fields before submitting.

Document Title:

Last Name_First Name_OF306

Declaration for Federal Employment*

Form Approved
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relativeworks. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: <input type="text"/>	Date: <input type="text"/> (MM / DD / YYYY)	Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY <input type="text"/>
17b. Appointee's Signature: <input type="text"/>	Date: <input type="text"/> (MM / DD / YYYY)	

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	Date: <input type="text"/> (MM / DD / YYYY)
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 18 to identify the type(s) of insurance for which waivers were not canceled.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW

Application for Authorization to Operate Government Vehicles & Equipment FS-7100

The FS-7100 is your authorization to drive government vehicles (this includes rentals reimbursed by the government). This is an **annual form**. Once the application is accepted you will be issued an In-Lieu of Authorization letter that NECC will hold in case it is needed in the event of an accident.

Document Title:

Last Name_First Name_FS7100



Section I - To Be Completed By Applicant (Forest Service Employees Only)
Instructions: Answer all questions completely; include your private, commercial, and government equipment experience.

Original Authorization Renewal Authorization Replacement Temporary Authorization (ADs)

Name: Job Title:

Name and Address of Employing Office (Forest / District/ Town/ State)

Your Sponsoring Agency Address

List your driving / operating experience for the past 5 years, add continuation sheet if necessary

Months of Experience	Type of Equipment / Vehicle	Size	Yearly Estimate Hours / Miles	Special Training or Endorsements
72	Personal Vehicle	3/4 Pickup	2600 hours	

PRIVACY ACT STATEMENT

The Privacy Act System of Records USDA/OP-1 Personnel and Payroll System for USDA Employees permits the collection of this information from USDA Employees. Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to select and retain only those drivers who can operate motor vehicles in a manner which will assure a reasonable degree of safety to self, others, and property. The information is used for the issuance or re-issuance of Official Form 346, U.S. Government Motor Vehicle Operators Identification Card (OF-346). The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Return completed form to applicant's supervisor. DO NOT COPY.

Application for Authorization to Operate Government Vehicles & Equipment FS-7100

Required Fields:

Page 1

- Check the box **Temporary Authorization (AD's)**
- Fill in Name and Job Title "Casual Hire"

Name and Address of Employing Office

- Name: Sponsoring Agency
- Agency Address: Sponsoring Agency Office Location

You must fill in driving experience. Even if it is just your personal vehicle you must show some form of driving experience here

Document Title:

Last Name_First Name_FS7100



Section I - To Be Completed By Applicant (Forest Service Employees Only)
Instructions: Answer all questions completely; include your private, commercial, and government equipment experience.

Original Authorization
 Renewal Authorization
 Replacement
 Temporary Authorization (ADs)

Name: Job Title:

Name and Address of Employing Office (Forest / District/ Town/ State)

Your Sponsoring Agency Address

List your driving / operating experience for the past 5 years, add continuation sheet if necessary

Months of Experience	Type of Equipment / Vehicle	Size	Yearly Estimate Hours / Miles	Special Training or Endorsements
72	Personal Vehicle	3/4 Pickup	2600 hours	

PRIVACY ACT STATEMENT

The Privacy Act System of Records USDA/OP-1 Personnel and Payroll System for USDA Employees permits the collection of this information from USDA Employees. Solicitation of this information is authorized by 40 U.S.C. 491 and 5 CFR Part 930 Subpart A, which require OPM to regulate Federal employees use of Government-owned or -leased motor vehicles. It is used to select and retain only those drivers who can operate motor vehicles in a manner which will assure a reasonable degree of safety to self, others, and property. The information is used for the issuance or re-issuance of Official Form 346, U.S. Government Motor Vehicle Operators Identification Card (OF-346). The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise. However, failure to complete when requested may result in you not being permitted to operate a Government vehicle.

Application for Authorization to Operate Government Vehicles & Equipment FS-7100

Required Fields:

Page 2

Fill any of the sections that apply to you, **if none, state "NONE"**. Forms left with blanks or labeled N/A will be rejected and returned

Sign and date the Certifications at the bottom and check the box

Document Title:

Last Name_First Name_FS7100

List any medical conditions known or listed on the applicant's State issued Driver's License.

IF NONE, WRITE NONE- DO NOT LEAVE ANY OF THESE FIELDS BLANK

List any restrictions placed upon your license during the last 5 years.

IF NONE, WRITE NONE- DO NOT LEAVE ANY OF THESE FIELDS BLANK

List all arrests or summons for violations (tickets) you have received during the last 5 years, including the date, location, type of offense, disposition, or driver's license revocation. If driver's license was revoked, provide beginning and end dates.

IF NONE, WRITE NONE- DO NOT LEAVE ANY OF THESE FIELDS BLANK

List any motor vehicle accidents within the last 5 years: include the date, place, circumstances, and cost of repairs.

IF NONE, WRITE NONE- DO NOT LEAVE ANY OF THESE FIELDS BLANK

CERTIFICATIONS

I certify that the statements I have made in this application are true, complete, correct to the best of my knowledge, and made in good faith. I authorize the Forest Service to obtain information regarding my State driver's license history for use in determining if authorization will be given to operate Government owned and leased equipment. I understand all information will remain confidential, and any negative results will be forwarded to my supervisor for review. I further certify that I have received and understand vehicle fuel and maintenance purchasing regulations as per USDA Departmental Regulation (DR) 5400-06 and Forest Service policy.

Employee Signature

Smokey Bear

Date

1/1/24

Defensive and Distracted Driving

- You will be sent a document containing 3 links to videos on the subject. Put the date you viewed each video next to the link on the form and sign and date the bottom of the form. Completion of this task is valid for **4 years**.

- Links are also located in the AD Annual Letter.

Document Title:

LastName_FirstName_Defensive_Driving



US FOREST SERVICE

DEFENSIVE AND DISTRACTED DRIVING TRAINING

Please upload this form to your agencies Pinyon/Box Inbox with your AD On-boarding packet. Record the date each video was completed in the box next to the link.

- [Distracted Driving Nov2021 01 – YouTube \(3:56 min\)](#)
- [Defensive Driving: Driving Mountain Roads on Vimeo \(9:19 min\)](#)
- [Defensive Driving: Backing up and Turning Around on Vimeo \(6:50 min\)](#)

By signing below, I certify that I have watched the above videos as per instructed as part of the 2024 USFS requirements.

(Signature)

(Print name)

Firenet Internet Security Training

All AD's who use government computers are required to take an **annual** internet security training course. You will be sent a Word document with a link to follow. Upon completion forward the certificate to NECC to have on record for the year.

For anyone requiring a FireNet account, this certificate must be sent to FireNet Admin by NECC staff through a Forest Service email account.

Links are also located in the AD Annual Letter.

FIRENET INTERNET SECURITY LINK:

[Non Federal Users | FIRENET](#)

<https://www.firenet.gov/node/27>

(Ctrl+Click On Key for Link)



Tax and Financial Documents

Employment Eligibility Verification Form I-9

Federal law requires employers to verify the identity and employment authorization of new employees. We require this form to be completed **every 3 years**. This form will require you to see your sponsoring official in person so they can verify the required documents that prove your eligibility to work in the United States are valid.

Document Title:

Last Name_First Name_I9



START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name) Bear	First Name (Given Name) Smokey	Middle Initial (if any) T	Other Last Names Used (if any)	
Address (Street Number and Name) 123 Bear LN		Apt. Number (if any)	City or Town Beans Purchase	State NH
ZIP Code 11111		Date of Birth (mm/dd/yyyy) 12/25/1962	U.S. Social Security Number X X X X X X X X	Employee's Email Address smokey.bear@gmail.com
Employee's Telephone Number (111) 111-1111		I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		
Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than item numbers 2. and 3. above) authorized to work until (exp. date, if any)		If you check item number 4., enter one of these: USCIS A-Number OR Form I-84 Admission Number OR Foreign Passport Number and Country of Issuance		
Signature of Employee Smokey T Bear		Today's Date (mm/dd/yyyy) 01/01/2024		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information
Most common is either a Passport on List A
OR
Drivers License in list B AND Birth Certificate in list C
READ PAGE 2 FOR INSTRUCTIONS!

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employment Eligibility Verification Form I-9

Required Fields:

Section 1

Personal information and your citizen status.

- Fill out all highlighted fields
- If checking any box other than 1. follow the additional instructions.
- Sign and date the form

Document Title:

Last Name_First Name_I9



START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number (if any)	City or Town	State ▼
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address	
				Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.				Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):	
				<input type="checkbox"/> 1. A citizen of the United States	
				<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)	
				<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)	
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
If you check item Number 4., enter one of these:					
USCIS A-Number		OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.					

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority	Most common is either a Passport on List A OR Drivers License in list B AND Birth Certificate in list C READ PAGE 2 FOR INSTRUCTIONS				
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	First Day of Employment (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employment Eligibility Verification Form I-9

Required Fields:

Section 2

This section is for your employer to fill out. This is for physically verifying that your identification documents are valid

This must be done in person

Referencing the guide of acceptable documents on page 2, you must provide:

- 1 document from list A

OR

- 1 document from list B **and** 1 document from list C

Sponsoring Official must fill out Signature Of Employer block

Document Title:

Last Name_First Name_I9

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
	List A	OR	List B AND List C
Document Title 1			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)		Additional Information	
Issuing Authority		<p>Most common is either a Passport on List A</p> <p>OR</p> <p>Drivers License in list B AND Birth Certificate in list C</p> <p>READ PAGE 2 FOR INSTRUCTIONS</p> <p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>	
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employee's Withholding Certificate W-4

The W-4 only needs to be completed once unless you need to make changes to your withholdings or address. This form tells your employer what you would like withheld from your income to go towards your federal income tax. Depending on what state you live in you may also have to fill out a state W-4 as well. We will outline the sections of this form that must be completed but actual withholdings and deductions are solely the responsibility of the person filing the paperwork.

Document Title:

Last Name_First Name_W4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		2022
Step 1: Enter Personal Information	(a) First name and middle initial	Last name		(b) Social security number
	Address			▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App , and privacy.				
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.			
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here		3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ▶ Employee's signature (This form is not valid unless you sign it.) _____ ▶ Date _____			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q		Form W-4 (2022)

Employee's Withholding Certificate W-4

Required Fields:

Highlighted are the required fields. You may also need to do steps 2 & 4 if they apply to you

- Step 1- Personal Info and Marital Status
- Step 3- Claim dependents, add each line and write total
- Step 5- Sign and Date

For minimal withholdings claim Single in box (c) and zero for step 3.

- This is not required-

It is only information on the simplest way to fill out the form

Document Title:

Last Name_First Name_W4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.</p>		2022
Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number	
	Address			▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>			
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____</p>			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .		4(c) \$ _____	
Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>▶ <u>Employee's signature (This form is not valid unless you sign it.)</u> ▶ <u>Date</u></p>			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	

Direct Deposit Sign-Up Form

This form only needs to be **filled out once** unless you need to make changes.

Required Fields:

Section 1

- A/B- Your name and address.
- C- Leave blank
- D- Choose account type
- E- Your account number
- F- Select Fed. Salary/Mil. Civilian Pay
- G- Leave Blank

Sign and Date under Payee/Joint Payee Certification

If a joint account- The joint account holder has to sign under Joint account Holders' Certification

Document Title:

LastName_FirstName_Direct_Deposit

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) Bear, Smokey, T			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ADDRESS (street, route, P.O. Box, APO/FPO) 123 Bear Ln			E DEPOSITOR ACCOUNT NUMBER 0 0 0 1 2 3 4 5 6 7 8 9		
CITY Beans Purchase		STATE NH	ZIP CODE 11111		F TYPE OF PAYMENT (Check only one)
TELEPHONE NUMBER AREA CODE 111-111-1111			<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other (specify)		
B NAME OF PERSON(S) ENTITLED TO PAYMENT Bear, Smokey, T			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)		
C CLAIM OR PAYROLL ID NUMBER LEAVE THIS BLANK Prefix Suffix			TYPE LEAVE THIS AMOUNT BLANK		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE SIGN HERE		DATE	SIGNATURE JOINT ACCOUNT HOLDER SIGNS HERE		DATE
SIGNATURE		DATE	SIGNATURE JOINT ACCOUNT HOLDER SIGNS HERE		DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME USDA FOREST SERVICE	GOVERNMENT AGENCY ADDRESS 71 White Mountain Drive Campton NH, 03223
---	--

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION THIS SECTION SHOULD BE FILLED OUT BY YOUR BANK		ROUTING NUMBER 0 4 4 0 7 2 3 2 4		CHECK DIGIT 4
DEPOSITOR ACCOUNT TITLE				
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Reset

YOUR NAME 1234 Main Street Anywhere, OH 00000 123

DATE _____

PAY TO THE ORDER OF \$ _____ DOLLARS

044072324 000123456789 123

ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

Direct Deposit Sign-Up Form

Required Fields:

Section 2

Government Agency Name: USDA Forest Service

Government Agency Address: 71 White Mountain Drive
 Campton NH, 03223

Section 3

To be filled out by your financial institution.

Document Title:

LastName_FirstName_Direct_Deposit

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>) Bear, Smokey, T			D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) 123 Bear Ln			E DEPOSITOR ACCOUNT NUMBER 0 0 0 1 2 3 4 5 6 7 8 9		
CITY Beans Purchase		STATE NH	ZIP CODE 11111		F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input checked="" type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other _____ (<i>specify</i>)
TELEPHONE NUMBER AREA CODE 111-111-1111					
B NAME OF PERSON(S) ENTITLED TO PAYMENT Bear, Smokey, T			G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)		
C CLAIM OR PAYROLL ID NUMBER LEAVE THIS BLANK Prefix Suffix			TYPE LEAVE THIS AMOUNT BLANK		
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE		DATE	SIGNATURE		DATE
SIGN HERE			JOINT ACCOUNT HOLDER SIGNS HERE		
SIGNATURE		DATE	SIGNATURE		DATE
			JOINT ACCOUNT HOLDER SIGNS HERE		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME USDA FOREST SERVICE	GOVERNMENT AGENCY ADDRESS 71 White Mountain Drive Campton NH, 03223
--	---

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION THIS SECTION SHOULD BE FILLED OUT BY YOUR BANK		ROUTING NUMBER 0 4 4 0 7 2 3 2 4				CHECK DIGIT 4
		DEPOSITOR ACCOUNT TITLE				
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.						
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER		DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
 THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Reset

Vendor Code Information Worksheet FS 6500-231

Individual completes section A and section B

Section C and D will be completed by NECC Hiring Official.

This Form is required in order to set up a profile in the Travel System (Concur/ETS2). This travel system must be used to process reimbursements for AD's when one of the 3 criteria is met:

1. Travel is Training related
2. Traveler goes over Per Diem for lodging
3. Traveler needs rental car reimbursed

Document Title:

Last Name_First Name_Vendor_Form

VENDOR CODE INFORMATION WORKSHEET

(Internal Use Only)

FSH 6509.11K, § 56.16

The information on this form is requested under the provisions of 31 U.S.C. 3325 and 31 U.S.C 3332, for the purpose of disbursing Federal money. Disclosure of the information is mandatory; failure to furnish information will delay payment. See instructions on Page 2.

Section A. Vendor Information		
1. Taxpayer Identification No. YOUR SOCIAL SECURITY #	2. DUNS+4 LEAVE BLANK	3. Vendor Code (for Updates) LEAVE BLANK
4. Name SMOKEY BEAR		5. Contact Name LEAVE BLANK
6. Address 123 BEAR LN		7. Contact Phone Number 111-111-1111
8. City BEANS PURCHASE	9. State NH	10. Zip Code+4 11111
Section B. Banking Information for Electronic Funds Transfer		
1. <input checked="" type="checkbox"/> EFT Information is provided below <input type="checkbox"/> EFT Information is not needed because one or more of the below criteria apply: <ul style="list-style-type: none"> <input type="checkbox"/> DUNS+4 is provided above and vendor is registered in CCR <input type="checkbox"/> One-time payment request <input type="checkbox"/> Payee is in a foreign country <input type="checkbox"/> Vendor transactions are limited to Billings & Collections (if no refund will be processed) <input type="checkbox"/> Vendor transactions are limited to Billings & Collections (if refund will be processed) <input type="checkbox"/> Request re-activation of inactive vendor code for obligation modification only <input type="checkbox"/> Request re-activation of inactive vendor code for final payment <input type="checkbox"/> Payee has signed waiver statement in Section E 		
2. Bank Name BEAR BANK		
3. Bank City BERLIN	4. Bank State NH	5. Bank Zip Code+4 11112
6. ABA Routing Number SEE PICTURE BELOW	7. Account Number SEE PICTURE BELOW	8. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Section C. Request Submitted by (Forest Service use only)		
1. Name	2. Region/Unit	3. Date
4. E-Mail	5. Phone Number	6. FAX Number
Section D. Explanation of Request (Forest Service use only)		
<input type="checkbox"/> 1. New Vendor <input type="checkbox"/> 2. Change to Vendor Information <input type="checkbox"/> 3. Assignment of Claim <input type="checkbox"/> 4. Volunteer (CCR Registration not required) <input type="checkbox"/> 5. Other. Please explain:		
Section E. EFT Exemption Certification		
I certify that I am exempt from the requirement to receive payment by electronic funds transfer for the following reason:		
<input type="checkbox"/> a) I do not have an account with a financial institution. <input type="checkbox"/> b) Payment by electronic funds transfer would impose a hardship due to a physical or mental disability or a geographic, language, or literacy barrier, or would impose a financial hardship.		
Signature		Date


YOUR NAME 1234 Main Street Anywhere, OH 00000	123	DATE _____
PAY TO THE ORDER OF _____	\$ _____	
_____ DOLLARS		
⑆044072324	⑆000123456789	⑆123
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

Information Security Request Form

FS 6500-214

- This request can only be accessed by a Forest Service Hiring Official. The Vender Code Information Form provides data required to complete the request for a new profile.
- FS 6500-214 also allows Hiring Officials to modify roles, deactivate traveler profiles and update routing lists for approving reimbursement authorizations and vouchers.

7/21/22, 9:24 AM Financial Information Security Request Form -



U. S. Forest Service
 FS-6500-214 (Rev. 02/2007)
 OMB 0596-0204(Exp 2/2015)

Click here to Print Click here to start creating a new request (Do NOT use the back button in your web browser. This will cause an error. You must use the link provided to generate a new request.)
 U.S. Forest Service Request ID: 346835 AD Name: FS-6500-214 (Rev. 02/2007)

Financial Information Security Request Form			
Processing may take a minimum of 10, but no longer than, 15 business days. For E-GOV Travel System, email to SM.FS.PNR@usda.gov or fax to 1-866-326-9046... Please do NOT send a Cover Page.			
Name: Jessica Marunowski	Date of Request: 07/21/2022		
E-Mail: jess.marunowski@gmail.com	Telephone: Jessica Marunowski		
Title: AD Casual Hire			
Agency, Region, Unit (i.e. 11, 13, 28):	Agency	Region/Station/Area	Unit
	11	09	22
<input checked="" type="checkbox"/> Federal Employee	Social Security Number: xxx-xx-xxxx		
<input type="checkbox"/> Non-Employee (i.e. contractor)	Please enter expiration date: 7/21/2025		
Permanent			
Access Requested			
System	Action	User Id	
E-Gov Travel System	Add		
Agreement			
The following statement must be read and signed by the individual being designated for access. I HEREBY acknowledge the following: I recognize that FPMI and all other NFO systems contain data concerning individuals and commercial entities which is private or sensitive in nature. I agree not to use the information in these systems for unauthorized purposes, including those that result in the intrusion of the privacy of an individual or a commercial entity, or the unwaranted disclosure of personal or proprietary information. I agree not to share my access ID and/or password with others. I agree not to alter data in any FPMI document or table, or data elements in any NFO information system, for purposes of personal benefit or those that could result in theft or misuse of public funds. Only legible wet signatures or eSignatures done with a VALID LinePass will be accepted.			
Signature of Applicant: Daniel Redin	On Behalf of: Jessica Marunowski	Date:	
Users Supervisor - I certify that the user has received security instructions for the systems and/or applications as indicated, and I approve his/her access to these systems and/or applications, and the associated profiles. Only legible wet signatures or eSignatures done with a VALID LinePass will be accepted.			
Supervisor's Name: Lisa P Spiess	Telephone: 601-812-7819		
Signature of Applicant's Supervisor: Lisa P. Spiess	Date:		
Signature of ABC Security Administrator:	Date:		
PRIVACY ACT NOTICE			
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA. Disclosure of your SSN and other information is mandatory. Failure to provide the requested information will result in the denial of the requested computer access authority.			
Special Request			
Individual is a Casual Hire with the Northeast AD Hub Program and sponsored by the White Mountain National Forest. Resource will need a travel profile for occurrences of training related travel, reimbursement for rental vehicles and/or and lodging that goes over per diem. Individual is not available to sign in person due to area expansion of AD Hub Program and inability to travel the distance required to sign. Signature will be on behalf of individual by NECC staff member.			

E-Gov Travel System Access Request			
ROLES:	TRAVELER		
TRAVELER:	Profile Only - No Activation: <input type="checkbox"/> Current E-Gov Travel System Profile Exists: No Traveler Action: ADD Routing Name: 0922 WHITE MNT FIRE TEAM EMPL Government Credit Card: No		
INVITATIONAL TRAVELER:	Invitational Travel Arranger Email: Invitational Traveler Action: ADD Has traveled for Forest Service: -- Routing:		
TRAVEL ARRANGER:	Travel Arranger Action: ADD Organization:		
REVIEWER:	Reviewer Action: ADD ROUTING STAMP ROUTING NAME		
APPROVING OFFICIAL:	Approving Official Action ACTION DOCUMENT ROUTING NAME		
ASC FATA:	ASC FATA Action:		
Agency FATA:	Agency FATA Action:		
NAME CHANGE AD:	Name Change is for an AD: <input type="checkbox"/>		
TRAVELER NAME:	Change Last Name:		