

OVERHEAD CHECK-IN SHEET

Request Number: O-300

PLANS INFORMATION

Last Name: LOPEZ First Name: BETH

Agency: BLM Check-In Date: 07/12/2003 Check-In Time: 0815
(e.g., NPS, FS, BIA)

Home Unit: CA-SUD Demob City: SUSANVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV **POV** **AIR** **BUS**

If Air: Jetport/Airport: _____ Jetport Code: _____
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: DODGE DAKODA
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? **YES** **NO**

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: COST, PTRC

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: 999-99-9999 Fed/Other: FED

Position Held on Fire: TIME
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: SUSANVILLE DISTRICT

Home Unit Address: 145 MAIN STREET
SUSANVILLE, CA 99999

Home Unit Phone #: (530) 288-3231

Home Unit Fax #: (530) 288-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? **YES** **NO**

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date : 07/11/2003
Length of Assignment 14
Checked in by (initials): _____

- Red Card Checked
- T-Card Completed
- Entered into IRSS
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into ITS by (initials): _____

OVERHEAD CHECK-IN SHEET

Request Number: O-301

PLANS INFORMATION

Last Name: TATE First Name: DONNA

Agency: FS Check-In Date: 07/14/2003 Check-In Time: 1700
(e.g., NPS, FS, BIA)

Home Unit: CA-ENF Demob City: PLACERVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV **AIR** BUS

If Air: Jetport/Airport: SACRAMENTO Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: _____
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: _____
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES **NO**

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: STEN, CRWB,

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: 999-99-9999 Fed/Other: FED

Position Held on Fire: DIVS
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: EL DORADO NATIONAL FOREST

Home Unit Address: 100 FORNI ROAD
PLACERVILLE, CA 95667

Home Unit Phone #: (530) 555-3231

Home Unit Fax #: (530) 555-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

| | |
|--------------------------------------|--|
| Mobilization Date: <u>07/12/2003</u> | <input checked="" type="checkbox"/> Red Card Checked |
| Length of Assignment: <u>12</u> | <input type="checkbox"/> T-Card Completed |
| Checked in by (initials): _____ | <input type="checkbox"/> Entered into IRSS |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

| |
|---|
| <input type="checkbox"/> Employee Information Received and Complete |
| <input type="checkbox"/> Entered into ITS by (initials): _____ |

OVERHEAD CHECK-IN SHEET

Request Number: O-302

PLANS INFORMATION

Last Name: CHAMBERS First Name: HEIDI

Agency: FS Check-In Date: 07/12/2003 Check-In Time: 1800
(e.g., NPS, FS, BIA)

Home Unit: CA-TNF Demob City: DOWNIEVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV AIR BUS

If Air: Jetport/Airport: _____ Jetport Code: SMF
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: FORD MUSTANG
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: 422 RHD
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: TIME, SCKN

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: _____ Fed/Other: _____

Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: _____

Home Unit Address: _____

Home Unit Phone #: _____

Home Unit Fax #: _____

Casual/AD Employees Only

Social Security Number: 999-99-9999

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: PTRC
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: AD-2 AD Pay Rate: \$11.68

Hiring Agency Name: YUBA RIVER RANGER DISTRICT
15924 HIGHWAY 49 CAMPTONVILLE, CA 95922

Check Mailing Address: 111 MAIN STREET

CAMPTONVILLE, CA 95922

TO BE COMPLETED BY PLANS

| | |
|--------------------------------------|--|
| Mobilization Date: <u>07/11/2003</u> | <input checked="" type="checkbox"/> Red Card Checked |
| Length of Assignment: <u>14</u> | <input type="checkbox"/> T-Card Completed |
| Checked in by (initials): _____ | <input type="checkbox"/> Entered into IRSS |
| | <input type="checkbox"/> Manifest (filed & attached) |

TO BE COMPLETED BY FINANCE

| |
|---|
| <input type="checkbox"/> Employee Information Received and Complete |
| <input type="checkbox"/> Entered into ITS by (initials): _____ |

OVERHEAD CHECK-IN SHEET

Request Number: O-303

PLANS INFORMATION

Last Name: STEVENS First Name: DENNIS

Agency: FS Check-In Date: 07/12/2003 Check-In Time: 0815
(e.g., NPS, FS, BIA)

Home Unit: CA-TNF Demob City: CAMPTONVILLE Demob State: CA
(Unit Id) (Final Destination) (Final Destination)

Method of Travel (circle one): AOV POV AIR BUS

If Air: Jetport/Airport: _____ Jetport Code: _____
(3-Letter Code, If Known)

If AOV, POV, or BUS: Vehicle Description: PASSENGER W/LOPEZ O-300
(e.g., Dodge PU, Chevy Sedan)

Vehicle ID: DOOR # 0219
(e.g., Gov't Vehicle #, License #, etc.)

If rented, where was the vehicle rented: _____

Who is responsible for rented vehicle (Individual's Name, Buying Team

Dispatch Center, etc.): _____

Were you reassigned directly from another incident? YES NO

If Yes: Original Request #: _____ Name of Incident: _____

First day of first assignment for calculation of 14-day tour: _____

Other Qualifications: DIVS, PSC2

FINANCE INFORMATION

If casual, please proceed to section below

Social Security Number: 999-99-9999 Fed/Other: FED

Position Held on Fire: SOF1
(e.g., FFT1, CRWB, PTRC, SCKN)

Home Unit Name: YUBA RIVER RANGER DISTRICT

Home Unit Address: 15924 HIGHWAY 49
CAMPTONVILLE, CA 95922

Home Unit Phone #: (530) 288-3231

Home Unit Fax #: (530) 288-0727

Casual/AD Employees Only

Social Security Number: _____

Is this your first assignment for the calendar year? YES NO

AD Position Held on Fire: _____
(e.g., FFT1, CRWB, PTRC, SCKN)

AD Classification: _____ AD Pay Rate: _____

Hiring Agency Name: _____

Check Mailing Address: _____

TO BE COMPLETED BY PLANS

Mobilization Date: 07/11/2003
Length of Assignment 14
Checked in by (initials): _____

- Red Card Checked
- T-Card Completed
- Entered into IRSS
- Manifest (filed & attached)

TO BE COMPLETED BY FINANCE

- Employee Information Received and Complete
- Entered into ITS by (initials): _____