WASHINGTON FIRE SERVICES RESOURCE MOBILIZATION PLAN

Agency Personnel Reimbursement Request

Agency Requesting Reimbursement							
Date		Incident Name					
Agency				Federal Tax ID			
Address		City		State		Zip Code	
Completed by		Contact #		Duty Hours			

Mobilized Personnel						
Resource #	Name (Last, First MI)	Hours		Rate of Pay		Sub-Total
		Regular	Overtime	Regular	Overtime	
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
					Mobilized Personnel Total	$ -
					(From page 2) **Backfill Personnel Total**	$ -
					Total Reimbursement	**$ -**

Required Documentation:

1) Individual Time Record - Completed for each mobilized firefighter
2) Individual Time Record - Completed for each backfill firefighter; if applicable
3) Backfill Summary, if applicable
4) Shift Calendar
5) OF-288(s)

All reimbursement requests are subject to review and approval.

Return completed request and supporting documentation within 45 days of the end of the incident to:

Mobilization Section
PO Box 42600
Olympia WA 98504-2600
Email: FPBMobe@wsp.wa.gov
Fax: 360.596.3937

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Agency Personnel Reimbursement Request
Backfill Summary

Backfill Personnel					
Resource #	**Name (Last, First)**	**Hours**	**Rate**	**Sub-Total**	**Sub-Total/3**
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				$ -	$ -
				Backfill Personnel Total	$ -

Required Documentation - See page 1

All reimbursement requests are subject to review and approval.

FAQs:

Q. If a volunteer firefighter paid by WSP is scheduled for a shift at the home unit and is backfilled by a career firefighter, is the backfill eligible for reimbursement?

A. *No, you may only request backfill reimbursement if the personnel being backfilled are paid by the home unit.*

Q. If mobilized personnel return to the home unit during their shift & the home unit sends them home, will mobilization reimburse for the entire shift?

A. *No, the expectation is that he/she will report for and return to work. If the home unit chooses to allow the returning firefighter to go home, rather than return to work, it does so at its own expense and is not*

Q. Does Mobilization reimburse for callback hours?

A. *No, only regular and overtime hours are reimbursed as defined in Section 16 of the Plan.*

Q. Does Mobilization provide backfill on non-scheduled work days or "Kelly" days?

A. *No, backfill only applies to regularly scheduled shifts. Kelly days will be considered the same as a non-scheduled work day.*

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Individual Time Record

Incident Name _____

Employee Name _____ **Resource #** _____

Total Cost of Compensation: **Mobilized or Backfill:** _____

	Regular	Overtime	
Base Hourly Rate	$ -	$ -	Regular Rate w/o benefits. Overtime is 1.5 times the Regular Rate.
Social Security	$ -	$ -	Social Security 6.2% Should be similar to: **$ -**
Medicare	$ -	$ -	Medicare 1.45% Should be similar to: **$ -**
LEOFF/PERS	$ -	$ -	LEOFF 1: 0.16%; LEOFF 2: 5.24%; PERS 1,2,3: 7.21%; PSES 2: 8.87%
L&I Insurance	$ -	$ -	L&I Insurance - Rate is the same for regular and OT hours
Shift Premium	$ -	$ -	Use for in-charge pay, etc.
Medical/Dental	$ -		Insurance is based on regular hours worked in a month. N/A to overtime.
Total	**$ -**	**$ -**	

Work Shift	
Start	
End	
Hours	

Reimbursement Sought:		Rate	Sub-Total
Regular Hours	0	$ -	$ -
Overtime Hours	0	$ -	$ -
Backfill Hours	0	$ -	$ -
		Total	**$ -**

Hours Worked at Incident and Hours Scheduled to Work at Home Unit							
Date	Start	End	Total Hours	Regular	Overtime	On/Off Shift?	Backfill
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
			0				
Total Reimbursable Hours			**0**	*0*	*0*		0

Comments: