California Governor's Office of Emergency Services (Cal OES) - Fire and Rescue Division

ATTACHMENT B. SUPPLEMENTAL PERSONNEL

For

2020 SALARY SURVEY / ADMINISTRATIVE RATE

AGREEMENT FOR LOCAL GOVERNMENT FIRE AND EMERGENCY ASSISTANCE TO THE STATE OF CALIFORNIA AND FEDERAL FIRE AGENCIES

(California Fire Assistance Agreement)

Save

Print

Reset

Please complete this attachment for all **SUPPLEMENTAL PERSONNEL** and return to:

Cal OES - Fire and Rescue Division
3650 Schriever Ave Mather, California 95655
-or-
cfaareimbursement@caloes.ca.gov

(Cal OES will verify receipt of your emailed salary survey by replying "received")

A. List the name of each supplemental employee.

B. Provide each qualified ICS position title the employee may hold.

C. Indicate the GS Straight Time (ST) Hourly Pay Rate (at Step 5) for each position. If locality pay applies to the location of your agency/department, use the appropriate GS locality pay rate. DO NOT USE LOCALITY PAY OF THE INDIVIDUAL'S HOME ADDRESS. Instructions to determine the Supplemental Personnel rate are provided in the *Instructions for Completing the 2020 Cal OES Salary Survey*.

A	B	C	
FULL NAME OF PERSONNEL	ICS Qualified Positions (Code)	GS ST Hourly Rate (Step 5) with Locality Pay (*if applicable*)	
			/per Hour
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(If more space is required, please use another copy of this form.)

NOTE: These rates are not effective until the date they are received by Cal OES.

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief, and under penalty of perjury that this information is correct. Furthermore, my signature below represents acceptance by my agency/dept., as a cooperator, to comply with the authorities, terms and conditions of the CFAA. I also agree to comply with all cooperator agency internal accounting and expense reimbursement standards.

Agency / Dept. 3-Letter MACS I.D. *Print Agency / Department Name*

Print Name *Authorized Representative* *Date*