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

ATTACHMENT B. SUPPLEMENTAL PERSONNEL

for the

2017 SALARY SURVEY / ACTUAL 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:

California Governor's Office of Emergency Services / Fire and Rescue Division
3650 Schriever Ave Mather, California 95655

Or

FAX: (916) 845-8396

(To ensure receipt by Cal OES, it is recommend that "Certified with Return Receipt Requested" be used.)

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 department/agency, use the appropriate GS Locality Pay Rate. DO NOT USE LOCALITY PAY OF THE INDIVIDUAL'S HOME ADDRESS.

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

As an authorized representative of my agency/dept., I certify to the best of my knowledge and belief 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* _____