

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)

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 <i>(if applicable)</i>
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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