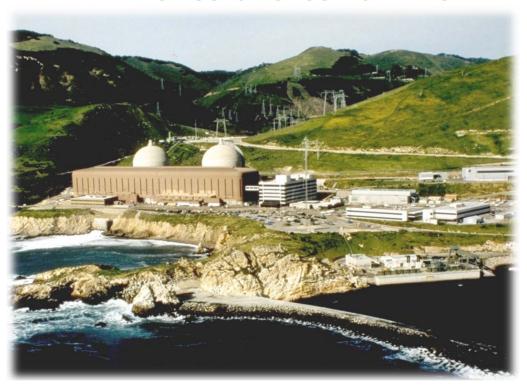


**Diablo Canyon Power Plant** 

Steam Generator Replacement Project (SGRP)

# Unit 2R14 SGRP SGT HIRING INFORMATION

WWW.PGE.COM/MICROSITE/DIABLO



The Steam Generating Team



A Washington Group International / AREVA NP Company



### Welcome!

SGT is a joint venture company formed to help the nuclear plant owners extend the lives of their power plants by the replacement of large components, such as Steam Generators, Reactor Vessel Heads, & Pressurizers.

You are viewing this page for the Unit 2R14 Diablo Canyon Power Plant (DCPP) Steam Generator Replacement Project (SGRP). The following pages describe Project In-Processing and other pertinent information.

This file contains "4" Sections, A, B, C, & D for incoming SGT workers. Sections "A" and "C" have information for all SGT personnel, with sections "B" and "D" containing unique information for either Manual Craft Labor or Non-Manual Project Personnel.

- A. SGT-PG&E Project Rules & Regulations.
  - a. All SGT personnel required reading & acknowledgment.
- B. SGT Craft Personnel covered by the Project Labor Agreement.
  - a. On & Off Site Incentive information
  - b. SGT Payroll Forms
  - c. SGT Medical Resume
  - d. PHQ directions
- C. SGRP On & Off Site Parking & Busing Information.
  - a. Craft Busing Plan Overview
  - b. Off Site Parking Lot Locations
  - c. Local Hotel, Motel, & RV Park Information.
  - d. Directions to the site, with On Site Parking & Shuttle information.
- D. SGT Non-Manual Project Personnel
  - a. Access & PHQ Information
  - b. Access & Car Pass Forms
  - c. SGT approved personnel hiring firms



# **SECTION "A"**

## **SGT-PG&E Project Rules & Regulations**

Required reading for all SGT personnel. Last page is an acknowledgement form that must be signed and turned into In-Process & Training.





#### Project Rules and Regulations At the Diablo Canyon Power Plant

#### **Project Work Rules**

Welcome! We hope that your employment at this project will be pleasant, safe and productive. We will make every effort to provide a good working environment. Your interest and cooperation are essential to its continuation.

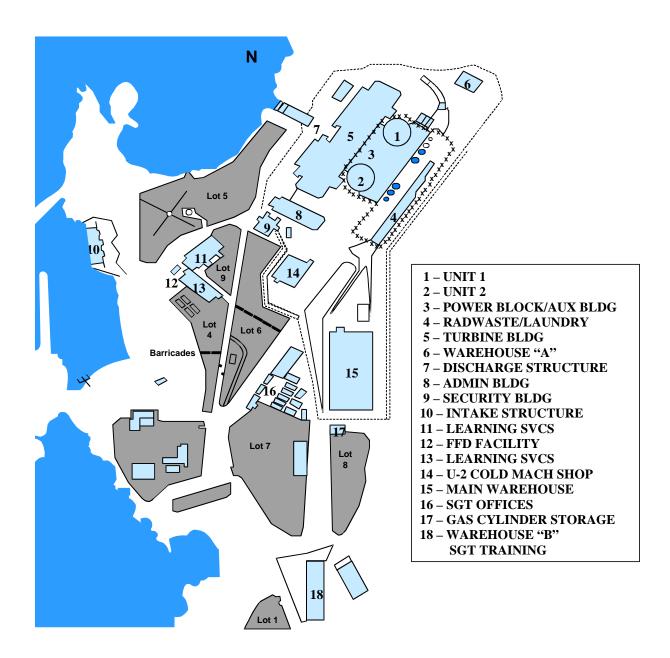
This project requires that certain basic rules be established for the mutual benefit of you, the contractor and the Owners. Your familiarity with and observance of these rules, and such others as may be established for this project, is your obligation and will contribute to a successful project.

This is not intended to be an all-inclusive list of rules and regulations. It represents only the basic project work rules. The rules may be amended in the future, thus, there can be other reasons for discipline or discharge. Where work rule infractions also involve violations of the law, you will be subject to prosecution. It is important to understand this site operates with a zero tolerance policy for non-compliance with Safety, Site Guidelines and Radiological Guidelines.

**Δ** SGT Project Manager: Hugh Bourque, (805)-545-6180

Δ SGT Site Manager: Chuck Spittle, (805)-545-6562

Δ SGT Safety Manager: Jim Evans, (805)-545-6190



#### **SGT IN-PROCESS FACILITIES:**

# 16 references SGT Facilities to include: T-253, and T-260 (1st and 2nd floor), with the Readiness Review Conference Room on the second floor of T-264. # 18 references the SGT Warehouse B which houses: SGT Welding & Special Process Mock-Ups, SGT In-Process & Training, SGT Warehouse Shipping-Receiving, and SGT Consumable Issue Counter.

#### PG&E IN-PROCESS FACILITIES:

# 11, 12, & 13 reference PG&E In-Process departments that include: Unescorted Access, Fitness for Duty, Dosimetry, and Computer Based Training Labs.

#### **First Day Reporting Requirements**

- MUST BRING PHOTO ID & SOCIAL SECURITY CARD.
- FITNESS FOR DUTY: Drug Testing (Urine and Breath)
- Completed Personal History Questionnaire (PHQ)
  - Employment History: Company name, address, phone numbers, and dates for last 3 years
  - Criminal History: Individual must provide all documentation regarding criminal history and/or FFD violations, any bankruptcy, IRS or tax lien issues.
  - Residence History: Addresses & dates for last 5 years.
- Parking Pass (Non-Manual & General Foreman/Foreman only)
  - License Plate number, Make & Model of all vehicles you intend on entering the site with.

All personnel will report to Warehouse "B" at 0500 on the date specified on the Requisition. Please do not bring your own tools to site. SGT work hours are 0500 to 1700 and 1700 to 0500.

#### Company contacts to report absenteeism:

#### **SGT Payroll Department:**

Pay Master: Liz Clifford (805)-545-6825 Business Manager: Jay Patterson (805) 545-6774

Union Payroll "No Fee" Bank:
Bank of America
1404 Dolliver St.
Pismo, CA 93449
Phone (805) 773-5813

#### **SGT In-Process & Training Department:**

Scott Daley (805)-545-6771 Tarrie Howland (805)-545-3951 Kay Miller (805)-545-6758

#### **General Rules**

- 1. Normal starting time is 6:00 a.m. and quitting time is 4:30 p.m., 10 hrs Monday through Thursday. Nothing herein shall be construed as guaranteeing any employee with eight (8) hours of work per day or forty (40) hours of work per week, except as required by the Project Labor Agreement. Ample clean-up time will also be given each day to return tools. The intent of starting time is to be in proper working clothes, wearing the proper footwear, and be at the place of work or by the gang box and ready to work.
- 2. Each employee is responsible to report to his/her General Foreman or Superintendent promptly at the beginning of the shift for work assignment. Any employee leaving the job site for non-work related reasons before the end of their shift must have approval of their supervisor.
- 3. Lunch Breaks will be one-half hour in duration. Two Shift Breaks shall be coordinated with your immediate supervisor. There are no shiftly organized and or structured breaks.
- 4. Employees within the plant complex will be fully clothed at all times. Fully clothed shall be construed to mean the wearing of full-length trousers (exception to mean during dress-out, shorts can be worn from step-off pad to dress-out area only), shoes and a shirt that completely covers the back, chest and shoulders. Wear appropriate clothing that is non-offensive.
- 5. Any SGT and/or PG&E identification badge issued to the employee shall be visibly displayed or worn at all times, attached to the upper chest area, unless otherwise directed by Security.
- **6.** You may not enter the project or remain in the project for any purpose unless you are engaged in authorized SGT business.
- 7. The use of personal cell phones inside the Diablo Canyon Power Plant Power Block is prohibited with on the job site restrictions as follows:
  - Must remain inside the break trailers (lunch boxes/lockers)
  - Must be used during break periods and in break areas only
  - Can be used for company business if pre-approved by the immediate supervisor (not recommended)
  - Can be used for family or medical conditions or situations, (expectant father, serious family illness), if pre-approved by the immediate supervisor

- Personal cell phone use, if abused, is considered a work conduct violation and will be subject to disciplinary actions – see "conduct" section of the work rules
- 8. It is forbidden to bring any reading materials on site that are not preapproved. No other reading material is permitted on SGT/PG&E job sites. Approved reading material may include newspapers, magazines, books or pamphlets with the permission of your supervisor. No sexually and or gender explicit materials will be tolerated. Willful repeated abuse of this work rule is considered a work conduct violation.
- **9.** Employees will be responsible for reporting to work with their PG&E Security ID badge everyday. Failure to have badge or loss of the badge will result in disciplinary action.

#### **Payroll**

- 1. The pay period for Craft Payroll begins and ends with the Monday morning shift change. Paychecks will be distributed during your regular shift on the following Wednesday.
- 2. The electronic time keeping system Nova Time will be utilized. The Business Manager will train the individuals on its use; a written log will be used at the discretion of the Business Manager.
- **3.** Repeated and willful failure to utilize the Nova Time system correctly will result in the following (this includes not notifying your supervisor of any technical/card reader problems immediately):
  - **First deferral** (after 2<sup>nd</sup> offense) by payroll to be addressed to and by the responsible manager.
  - Second deferral by payroll to be addressed to and by a Site Manager (this will be documented).
  - **Third deferral** by payroll a work conduct violation, subject to disciplinary action accordingly.
- **4.** For pay purposes, time periods are kept in increments of  $\frac{1}{4}$  hour (fifteen minutes). If an employee cards in late or leaves early, the time will be calculated at the next  $\frac{1}{4}$  of an hour.
- 5. Upon termination, you will be responsible for returning all tools, hard hats, safety glasses, etc., for which you have been assigned, whole body-counting out and returning your TLD to Dosimetry. An Employee Exit Traveler must be obtained, completed and presented to the Paymaster,

and your SGT or PG&E badge must be surrendered prior to exiting the site, **before you will receive your final paycheck.** 

#### **Absenteeism**

- 1. In the event that an employee is unable to report to work, it is required that the company be notified prior to the start of the shift, stating the reason for the absence and the expected return.
- **2.** In the case of three (3) consecutive days' absence without notification, it will be considered that the employee has voluntarily quit, and that employee will be terminated.
- **3.** In the event that an employee is unable to report to work due to illness and returns with a doctor's slip, it will be considered an excused absence.
- **4.** All planned absences require prior approval of the General Superintendent or his/her designee. This time off will be considered an excused absence.
- 5. Vacations will not be approved during outage period.
- **6.** Employees must notify their supervisor if they will be late for the start of the shift.

#### **Parking Facilities and Access to Project**

- Vehicles will be parked only in the designated area(s). Vehicles parked in the unauthorized areas will be towed away at your expense. Subsequent parking violations could result in removing of driving privileges.
- 2. Vehicles anywhere in the project, its roads and parking areas, shall be operated in a safe and careful manner, and drivers will comply with all traffic regulations and controls established for the project. Every driver must have a **valid driver's license** in his or her possession.
- **3.** Seat belts will be worn and the posted speed limit strictly adhered to. It is not permitted to pass on the access road.
- **4.** Neither SGT nor the Owner will assume any responsibility or liability in connection with the use of the lots or any access roads.
- **5.** Parking is prohibited in any of the Avila Beach and or Port San Luis designated parking facilities.

#### **Accidents or Injuries**

- Work related illnesses or injuries can be treated at the PG&E Site Medical Facility. Except in cases of medical emergency, a SGT Supervisor or Safety Representative must accompany SGT personnel.
- 2. Personnel who are feeling sick or in need of non-emergency medical attention shall have Supervisor approval prior to going to the PG&E Site Medical Facility.
- 3. All accidents or injuries, no matter how minor, must be reported immediately to your supervisor and the appropriate SGT safety personnel. The General Superintendent or Safety Supervisor will make arrangements if medical aid is required. The General Superintendent or Safety Supervisor will authorize medical treatment at the appropriate facility. A doctor's release is required on returning to work following medical treatment.

#### **Equipment, Tools and Personal Property**

- 1. Tools and equipment will be issued to employees with approval of the General Superintendent.
- 2. SGT employees will not be issued tools from the PG&E Tool Room without Project Oversight Approval.
- **3.** No tools, equipment or materials will be permitted off the project unless accompanied by a properly executed material removal pass.
- 4. Personal tools are not allowed on the project.
- **5.** It is in your best interest not to bring items of value to the project. Neither Owner nor SGT will accept responsibility for any lost, damaged and/or stolen items.

#### **Fitness for Duty**

1. SGT employees working at the Diablo Canyon Site shall commit to the Owner's Fitness for Duty program as defined in 10CFR26 Fitness-for Duty Program. All personnel granted unescorted access should be aware of the requirements of this program, including the drug/alcohol-screening test

- prior to being granted unescorted access and random testing throughout the duration of work assignments at the Diablo Canyon Power Plant.
- 2. This program requires the testing of SGT employees for drug abuse, alcohol abuse, and personnel observation for aberrant behavior.
- **3.** The Owner's Medical Service Facility and drug testing laboratory shall be utilized to implement the Fitness for Duty Program. SGT employees unable to successfully meet the requirements of the Fitness for Duty Program will be denied access to the Owner's property.
- **4.** It is the employee's responsibility to notify their SGT Supervisor immediately in the event of an arrest, DWI, drugs, alcohol, domestic related, etc. Failure to report an arrest may result in denial of access.
- **5.** It is the employee's responsibility to notify their SGT Supervisor immediately when taking any prescription drugs that could impair his/her ability to perform his/her job assignment.

#### **Eating, Smoking and Toilet Facilities**

- 1. All SGT personnel; shall eat in designated areas only. Lunch facilities have been provided for SGT craft personnel.
- 2. The PG&E cafeteria and or other food service, although not recommended, may be used by SGT personnel to obtain food only. However, the time spent to and from, ordering, waiting, receiving and paying for your food is included in your thirty (30) minute lunch break period.
- **3.** PG&E has implemented a "Clean Indoor Air" policy in regards to the use of tobacco products. All SGT personnel are to comply with this policy. The owners will furnish locations of designated smoking areas.
- **4.** All SGT employees shall adhere to the owner's non-smoking policy.
- 5. All offices are "No-Smoking" areas.
- **6.** Proper disposal of cigarette butts is required.
- 7. Use of Smokeless tobacco products shall be done in a professional manner and disposed of properly. Use appropriate containers for spittle. Do not spit directly into waste cans, onto floors, etc.

#### **Security**

- 1. All persons entering or leaving the project are subject to the Owner's Security regulations, rules and procedures. You and your vehicle, parcels, bags, articles and boxes are subject to search, as may be determined by Security.
- 2. SGT has established other forms of identification (such as decals, tape, or color-coded hard hats) to distinguish SGT employees and/or workmen of a certain craft. These will be worn as directed and may not be removed, defaced or altered.
- 3. All hard hats will have company logo and name only with the following exceptions: Union affiliation and American Flag decals are authorized along with 2" long color coded electrical tape designating union craft.
- 4. Visitors will not be permitted access without the proper authorization.
- 5. No pets or other animals will be permitted on the project.
- **6.** Cameras, Cell Phones, and Cell Phones with Cameras are prohibited from the Power Block.
- 7. No firearms or weapons will be permitted on the project.
- **8.** Employees that are assigned escort duties will understand their responsibilities and be held accountable for compliance.

SGT employees will be responsible for reporting lost badge to <u>PG&E</u> <u>Security Operations immediately at ext. 3330.</u>

#### Housekeeping

1. The goal of the Housekeeping/Cleanliness control program at Diablo Canyon is to maintain plant cleanliness and orderliness at the highest practical level so as to promote the safe and efficient maintenance and operation of the plant. The foundation of this program is the requirement that all personnel "clean as they go". This means that conditions will not be allowed to deteriorate to a point beyond which clean up cannot be completed before the end of the shift. Each worker and his/her work Supervisor are responsible for their specific work area or temporary work location.

- 2. Work areas will be cleaned up during each shift and/or upon completion of each job, whichever comes first.
- **3.** All waste, debris, scrap, oil spills, and other combustibles resulting from the work activity must be labeled and removed from the area and disposed of properly.
- 4. Packaging material, uncontrolled tools and equipment, and clean scaffolding and cribbing will not be taken into the RCA without Health Physics approval. Such materials are potential radioactive wastes; all reasonable efforts must be made to limit the generation of radioactive wastes.
- 5. Notify the Control Room, at extension #1234 and your immediate supervisor, if any foreign material or tools are dropped into concealed spaces, equipment, piping, pools, or openings and cannot be retrieved.
- 6. Take measures to protect installed equipment from possible damage resulting from the performance of work by installing suitable barriers and coverings. Open piping, pumps, motors, instrument lines, switch gear panels and enclosure boxes shall be covered or closed when work is not in progress to preclude the entry of foreign material per PG&E's FME Guidelines and SGT QEP 10.04. Be sure to notify your Foreman if you do any damage to equipment.
- 7. SGT information tags will be used to identify work group equipment (tools, fixtures, and scaffold) in all plant buildings, excluding shop areas that are being used for work-in-progress.
- 8. Tools that were issued outside the RCA and cannot be returned to that location because they are contaminated, shall be bagged, identified and returned to a tool issue point inside the RCA. Contact Health Physics prior to leaving a contaminated area for direction concerning what to do with your tools. Do not abandon tools at the step off pad. Please notify your foreman if you lose any tools under these conditions.

#### **Safety**

- 1. The project safety rules are an integral part of our site rules and regulations and must be observed and followed at all times.
- 2. Each employee is responsible for conducting his or her work in a safe and workman like manner. Any acts contrary to good and/or safe working standards will not be tolerated.

- **3.** All accidents or injuries, no matter how minor, <u>shall</u> be reported immediately to your supervisor and the appropriate SGT Safety personnel. If it is NOT reported immediately, there will be disciplinary action, up to and including termination.
- **4.** SGT, its' employees and subcontractors, are expected to comply with safety rules set forth in Occupational Safety and Health Act of 1970 (OSHA).
- **5.** Each craft shall be present at the regular weekly safety meetings, and daily safety task analysis meetings (tool box briefs).
- **6.** Any safety equipment or protective devices provided for the employee's protection must be used, when and where required.
- 7. Report any unusual, unsafe or hazardous conditions to the Control Room, at extension #1234. Also report these concerns to your coworkers, Foreman, Supervisor or Safety personnel, so that corrective action may be taken to prevent accidents.
- **8.** Each craft employee must inspect his work tools daily. Tools that are broken, defective, and inoperative shall be tagged and replaced or repaired before they are used.
- **9.** Station fire protection equipment shall not be used for any purpose other than fire fighting. Do not restrict access to fire fighting equipment or remove it from its assigned location except to fight fires. Only personnel who have received Diablo Canyon fire training are authorized to use fire extinguishers. Any time a fire extinguisher is discharged, you shall notify Diablo Canyon Fire Protection.
- **10.** Craft personnel shall not operate any plant equipment unless under proper owner guidance or authorization.
- 11. Work Safely! If in doubt concerning safety rules, stop and consult your foreman, supervisor, or the safety department.

#### **Personal Protective Equipment**

1. The requirements for Personal Protective Equipment (PPE) will vary dependant upon an individual work activity. Refer to SGT ESH Procedure 5.03 for guidance on additional PPE requirements. The pre-job tailboard will determine these supplemental requirements. The following represents the minimum requirements, which apply to all work.

- 2. <u>Hard hats</u> shall be worn correctly (bill forward) throughout the entire jobsite at all times, with the following exceptions, when conditions permit: main office, change building, authorized eating areas, between the parking lot and the main office when arriving and departing from work.
- **3.** Employees shall be <u>fully clothed</u> at all times. Fully clothed means wearing full-length trousers and a shirt that covers the back, chest and shoulders, (appropriate clothing) non-offensive. No tank tops or sleeveless garments will be worn.
- **4.** Always <u>wear gloves</u> when the hands or fingers are subject to impacts, cuts, or pinches from the work operation.
- 5. <u>Safety glasses</u> complying with the current ANSI Z-87 Standards, with side shield, shall be worn at all times when hard hats are required. Monogoggles or over-glass safety glasses must be worn over prescription glasses that do not meet the ANSI Z-87 Standard. Face shields and monogoggles shall be added and worn over safety glasses when using jackhammers, grinding wheels, abrasive saws, chisels, star drills, or any tool which may fragment and expose the face and eyes to injury. Since mono-goggles provide a barrier against foreign material reaching the eye by going around the safety lens, they shall also be worn over safety glasses when exposed to airborne particles such as dust, dirt, insulation and thermolag.
- **6.** When vision is impaired at any time due to foreign material, fogging, etc., stop work and place tools in a safe position, then clear/dry any vision or visibility problems. Do not rub eyes. No dark glasses will be worn in any building. Night shift will wear clear glasses.
- 7. <u>Hearing protection</u> shall be worn when in an area that is identified as requiring hearing protection <u>AND</u> also when operating equipment such as chipping guns whose noise level is above 85 dBA.
- **8.** <u>Respirators</u> will be provided when required, and must be worn in accordance with procedures and instructions by qualified authorized personnel only.
- **9.** "Active" fall protection equipment (i.e., full body harness, lanyards, and retractable lanyards) will be provided by SGT as required and shall be used in accordance with SGT procedures and instructions by qualified and authorized personnel only.
- 10. All employees, except for office staff, shall wear sturdy, durable work shoes. Tennis, tennis-type, sandals and deck shoes are not allowed in construction areas. Safety-Toe and or Chemical Resistant Footwear complying with ANSI Z-41 Standard-1991 shall be worn when work

hazards present falling objects, pinch points, or material handling which may result in injury to the foot.

#### **Radiological Controls**

- regulations, and must be observed at all times. They are highlighted in separate materials you receive as part of your training, Deliberate violations of any health physics directive, including (but not limited to) the following, are grounds for dismissal:
- 2. It is the responsibility of every individual on the site to know and to observe proper radiological control procedures.
- 3. Access into Radiological Control Areas (RCA) is limited to individuals who have successfully completed Rad Worker Training and who have been issued a Thermo Luminescence Dosimeter (TLD). Each TLD must be worn by the assigned individual at all times when on site, and the TLD must be returned to the assigned storage area at the end of the each shift. A TLD must not be removed from the Project Site or be left in shop or office areas during off-shifts or when work outside the RCA is being performed.
- 4. Prior to each entry into the RCA each person shall appraise the Radiation Protection Department of the work type and location of work to be performed. The Radiation Work Permit (RWP) shall be read prior to entry.
- 5. Personnel shall observe and obey all Radiological Postings.
- **6.** No Liquids are to be poured into or allowed to enter the floor drain without approval of PG&E Chemistry and Radiation Protection.
- 7. You will be trained in the radiological control procedures covering the kind of work you will be doing. Personnel trained in radiological control practices are available for assistance and their instructions must be followed explicitly. Ask for assistance if you are uncertain of any requirements or procedures.
- 8. Report any unsafe, hazardous, or unusual conditions or practices immediately to your foreman, supervisor or health physics technician. In the event of an accident or an emergency, always contact the Control Room at ext #779 first and stay on the line until released by the control room.
- **9.** Falsification of dosimetry or other records is prohibited.

- **10.** There will be no eating, drinking, smoking or chewing of tobacco or gum in any area controlled for purposes of radiological protection.
- **11.** The TLD and PED (self –reading dosimeter, when issued) will be worn between the neck and waist on the front of the body. Do not attach dosimeters to your security badge.
- **12.** Any condition that could cause an unnecessary exposure to radiation must be reported immediately to Radiation Protection and to SGT supervision.
- **13.** Contact Radiation Protection prior to leaving a contaminated area for direction concerning what to do with your tools. Always bag and identify tools before removing them from a contaminated area. Do not abandon tools at the step off pad.
- **14.** Report immediately to Radiation Protection any lost or damaged dosimetry devices (TLD, PED, etc.). Employees who lose or abuse TLD or PED could receive disciplinary action.
- **15.** If you are uncertain of a radiation or security requirement, contact a supervisor before proceeding any farther.
- **16.** Protective clothing, dosimeter, respirators, radiation shielding, etc. are supplied when needed and shall be used as directed by Radiation Protection.
- 17. In the event that an employee is required to work in a respirator as part of their work, it will be mandatory that the employee be clean-shaven.

#### **Quality**

- 1. The quality requirements for the construction, maintenance, and/or operation of nuclear power plants are very rigid and exacting. Not only must safety and quality be designed into the plant, but it must also be constructed into the plant so the plant can operate safely.
- 2. It is the responsibility of all personnel to know his/her current qualifications, and to only work on plant equipment that he/she is authorized to work on.
- **3.** It is the **responsibility of all personnel** at this site to perform their jobs in a manner that yields the highest quality workmanship and professionalism possible! You will be given information on "Quality Assurance" by training on the SGT Quality Execution Procedures (QEP's).

- 4. In order to achieve such results, all specifications, procedures, and instructions are to be followed to the letter. If you cannot comply with a procedure or work package step as it is written, immediately notify your supervisor.
- 5. Let's remember that the most productive method of performing work is to perform it correctly, with the highest quality, the first time. Every step you take to build quality into this plant will help to protect yourself and others, and to provide everyone with safe, efficient energy at lower costs.
- **6.** Because of the importance of producing a quality job, we ask all of you to be alert to any action or condition that appears to violate specifications, drawings or procedures.
- 7. Quality hold points and witness points **MUST** be adhered to.
- **8.** It is the responsibility of all personnel to accurately document all work performed on quality control documents. Falsification of records will result in disciplinary action including termination.
- **9.** Questions concerning the Quality Program at Diablo Canyon should be directed to your supervisor.
- 10. Quality is everyone's responsibility. Quality starts with you.

#### **Conduct**

Professional conduct contributes to job safety and productivity. The following rules are applicable to all employees and are intended to protect the rights and well being of all employees. The following are examples of prohibited conduct:

- Theft of/or unauthorized possession of any property belonging to PG&E, SGT or any contractor.
- Loafing on the project.
- Leaving the workplace without the supervisor's permission.
- Leaving the job site without the supervisor's permission.
- Possession or use of alcohol or illegal drugs within the Owner Controlled Area.
- Possession of prescription medications not prescribed specifically for the individual having them in his/her possession.
- Engaging in horseplay.
- Insubordination.
- Gambling.
- Refusing to accept work assignment.

- Fighting within the Owner Controlled Area.
- Dishonesty or fraud involving PG&E, SGT, or any contractor.
- Sleeping on the job during work hours.
- Refusal to wear or use required personal protective equipment.
- Falsification of records.
- Act of sabotage.
- Employee committing unsafe acts.
- Violation of PG&E or SGT procedures.
- Unsatisfactory workmanship.
- Employees who are chronically absent or late will be terminated.
- Solicitation by employees on Owner property or SGT Project Site is prohibited and could be cause for termination.

Based on the severity of the violation, disciplinary action can range from counseling, written reprimand, time off, or termination.

The Site Manager will review all disciplinary actions.

#### **Overtime Control/Work Hour Limits**

#### **Work hour limits:**

- ◆ Work hour limits apply to any work hours regardless of whether the work is safety related or not.
- ◆ More than 16 hours straight (excluding shift turnover)
- ◆ More than 16 hours in any 24 hour period (excluding shift turnover)
- ◆ More than 24 hours in any 48 hours period (excluding shift turnover)
- ♦ More than 72 hours in any 7 day period (excluding shift turnover)
- ◆ Less than 8 hour break between scheduled work periods (including shift turnover)

Prior to these limits being exceeded, SGT management must authorize exceeding the limit, and a request must then be submitted to PG&E management detailing the need.

Each employee is responsible for tracking his/her individual work hours and informing supervision if asked to work overtime which exceeds the work hour limits.

#### **Policy on Equal Employment Opportunity**

It is against SGT company policy to discriminate against any person capable and qualified to perform the work required on hiring, promotion, discharge, pay, job training, fringe benefits, job application procedures or any other aspects of employment.

The term "discrimination" includes, but is not limited to, harassment of any kind, and segregating or classifying a job applicant or employee in any way that adversely affects his or her employment opportunities or status on the basis of race, color, religion, sex, age, national origin, disability or status as a special disabled veteran or veteran of the Vietnam era.

It is against SGT company policy to discriminate or retaliate against any individual who has opposed a discriminatory practice, filed a discrimination charge, or participated in any way in a related investigation.

Management and supervisory personnel and their designated representatives have primary responsibility for this policy.

Qualified applicants and employees with disabilities will be provided reasonable accommodations that do not impose undue hardships on SGT.

Further, it always has been, and will continue to be the practice of SGT to comply with all state and local nondiscrimination contract requirements, and to give consideration of employment to local residents of the area where SGT operations are being conducted as long as competent, qualified persons are available in the area.

Our affirmative Action Program is available for review during normal business hours. If you have concerns or questions regarding the policy or our program, contact Jay B Patterson, Business Manager, at 805-545-6774 or Janet Salamon, Project Accountant at 805-545-6909. Concerns or requests for additional information may also be addressed to Michael McDaniel, Washington Group International Inc., EEO Officer, Birmingham office (205) 995-7177, or Dawn Berry, AREVA Corporate Compliance Officer, Charlotte Office (704) 805-2138.

#### **Policy on Sexual Harassment**

As part of the Company's Equal Employment Opportunity Policy, SGT maintains that it is illegal to discriminate on the basis of sex.

Sex discrimination is interpreted to include harassment, coercion, and intimidation.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, constitute sexual harassment.

Submission to, or rejection of, such conduct as a basis for employment decisions affecting the employee is sexual harassment.

When such conduct has the effect of unreasonably interfering with an individual's work performance or creating a hostile environment or offensive work environment this is sexual harassment.

#### **EXAMPLES OF SEXUAL HARRASSMENT ARE:**

- Offensive language
- Bantering
- Discussing sexual activities
- Sexually suggestive pictures
- Unnecessary touching
- Commenting on physical attributes
- Using demeaning or inappropriate terms
- Unseemly gestures include conduct that may be unwelcome in the sense that the employee did not solicit nor incite them and in the sense that the employee regarded the conduct as undesirable or offensive.

SGT will not tolerate sex-based discrimination, and supervisors are responsible for assuring that they and their employees comply with this policy. Appropriate disciplinary and corrective action will be taken in response to violations up to and including termination.

SGT has a procedure in place for resolving sexual harassment complaints, and we encourage victims to come forward. All complaints will be investigated immediately and thoroughly, protecting confidentiality to the extent possible. It is illegal to retaliate against any individual who has participated in an investigation or filed a compliant or discrimination charge.

If you have a complaint, or if you have questions regarding the policy or regulations, contact Jay Patterson, Business Manager at (805) 545-6774. Concerns or requests for additional information may also be addressed to, Michael McDaniel, Washington Group International Inc., EEO Officer, Birmingham office (205) 99-7177, or Dawn Berry, AREVA Corporate Compliance Officer, Charlotte Office (704) 805-2138.

#### **Guidelines for Handling Employee Concerns**

If you have a work-related situation that concerns you or interferes with the accomplishment of your work, you should discuss it with your immediate supervisor. You are encouraged to discuss the facts fully and frankly to give your supervisor an opportunity to understand the situation and respond. Often complaints or problems are due to misunderstandings and can be corrected by open communication. Most complaints can and should be resolved after a full discussion/dissemination of the facts with your supervisor.

At any time, if you desire personal counseling or feel that conditions exist which prohibit discussing a problem or situation with your supervisor, you should contact one of the equal opportunity representatives noted below.

If, after working through your supervisor and equal opportunity representative, the problem remains, a decision will be made whether to refer the problem to a review committee. This committee will serve as the final authority in such matters.

SGT company policy prohibits supervisory personnel from retaliating or discriminating against any employee because of his/her involvement in this procedure.

If you have a concern about a work situation or a question regarding these guidelines, you should contact your supervisor. Concerns or requests for additional information may also be addressed to Barry Scott, Washington Group International Inc., Princeton office (609) 720-2790, or Dawn Berry, AREVA Corporate Compliance Officer, Charlotte Office (704) 805-2138.

#### **Equal Employment Opportunity Representatives**

No employee or applicant for employment shall be discriminated against because of race, creed, color, sex, national origin, age, disabled or Vietnam Era Veteran, handicap or any other basis recognized by law.

Jay Patterson, SGT DCPP Business Manager at (805) 545-6774

Michael McDaniel, Washington Group International Inc., EEO Officer, Birmingham office (205) 99-7177

Dawn Berry, AREVA Corporate Compliance Officer, Charlotte Office (704) 805-2138

#### DO NOT DELETE THIS PAGE

This is to verify that I have received, read and understand
the attached SGT Employee Work Rules and Regulations.

Name (Please Print)
Project Position
Signature
Date

#### **FILE COPY**



## **SECTION "B"**

## SGT Craft Personnel covered by the Project Labor Agreement

This section includes documents that can be completed off-site prior to your arrival. A special time-sheet is also included that can be redeemed for a number of predetermined straight time hours when these documents are completed off-site. This time-sheet lists the approved documents with additional hours offered when Training Classes are offered off-site. Upon arrival to site, if the identified documents are completed, these hours will be paid upon acceptance of your Personal History Questionnaire (PHQ).

PHQ directions follow although your start date is communicated to you via the Requisition. Your wage information (Dispatch) must be brought with you on your first day to complete your payroll paperwork.

The last document in this section is the SGRP Travel, Subsistence, and Performance Incentive Plan. It describes when the plan initiates and rules for the collection of the incentives/subsistence.



# Reporting Requirements Craft Personnel

# SGT In-Process & Training Department: Scott Daley (805)-545-6771 Tarrie Howland (805)-545-3951 Casey Barks (805)-545-6758

- First Day on site In-process location is Warehouse B. Reference the Busing Section C for first day Parking Lot location and times.
- MUST BRING PHOTO ID & SOCIAL SECURITY CARD.
- FITNESS FOR DUTY: Drug Testing (Urine and Breath)
- Completed Personal History Questionnaire (PHQ)
  - Employment History: Company name, address, phone numbers, and dates for last 3 years
  - Criminal History: Individual must provide all documentation regarding criminal history and/or FFD violations, any bankruptcy, IRS or tax lien issues.
  - Residence History: Addresses & dates for last 5 years.
    - Copies of the applicable PHQ can be found at www.pge.com/microsite/diablo
- Personal History Questionnaire:
  - For Update and Initial PHQs (>365 Days and or never have had Unescorted Access at a Commercial Nuclear Facility) mail completed document to address below:
  - For Reinstate PHQs <365 Days and > 30 Days since last held Unescorted Access at a Commercial Nuclear Facility) mail completed document to address below:
    - SGT Warehouse B / Diablo Canyon Power Plant 8.5 Miles NW of Avila Beach, CA 93424 ATTN: Scott Daley/Tarrie Howland
  - For Reinstate PHQs, (< 30 Days since last held Unescorted Access at a Commercial Nuclear Facility) complete the document although do not date and sign; bring to site with you during your first day.

The Steam Generating Team				SGT Special Union Hall Off-Site Time Sheet					
									Superintendent Approval
A Washington Group International / AREVA NP Company				TIME	CHAR	GES		_	
Date:									
Approval									Client Approval
Name Classification	TI Parts 1 & 2	ME Part 3	H R S					St Hrs.	1.5 2x Hrs. Hrs.
Special Time Sheet for Off-Site Completion of SGT In-Process Requirements									
The following are SGT In-Process requirement	nts that are	Self-Pac	ed		İ	i	İ		
SGT Payroll (Wage Dispatch / I-9 / W-4) PG&E Personal History Questionnaire SGT ES&H Medical Resume Project Rules	} 1 2	·	e these doc tire Project		and sign last page.		of these items will qua hours of straight-time p		
SGT DCPP Indoctrination SGT Safety Orientation SGT FME/Housekeeping	} 3	When so	heduled the	ese Lessons are d	delivered remotely a	at Union Hall, and	d represent an addition	al 2 hours	of straight time pay upon comple



## SGT Payroll Forms

#### WELCOME TO THE DIABLO CANYON STEAM GENERATOR REPLACEMENT PROJECT

The SGT Project Manager is

**HUGH BOURQUE** 

The SGT Site Manager is

**CHUCK SPITTLE** 

The SGT Safety Manager is

**JIM EVANS** 

Question: Who do I call if I am going to be late or absent from work?

Answer: Call Payroll at (805) 545-6909

Question: What identification do I need to bring with me?

Answer: There is a table in the packet saying what is acceptable identification. We have to

comply with the I-9 Requirements.

Question: Where can I go to cash my paycheck without being charged a fee?

Answer: The checks are on Bank of America. Here is the address:

**Bank of America** 1404 Dolliver St.

Pismo Beach, CA 93449

Phone: (805) 773-5813



Washington Date	The undersigned applicant hereby unconditionally authorizes Washington Group ("Employer") to release to Sheakley Uniservices ("Agent") any information provided by the undersigned or developed by the Employer in connection with or subsequent to this application. In executing this Release, it	hereby unconditionally authorizes Washing ase to Sheakley Uniservices ("Agent") any undersigned or developed by the Employe ent to this application. In executing this Re	ly authorize ervices ("A services to he le	s Washington gent") any e Employer in ng this Release, it
Employment Application Social Security Number	is agreed that all information provided to either Agent or Employer will be disclosed only to the extent necessary, to satisfy the request of any government, judicial or administrative agency, or in the course of any proceedings connected therewith or incident to my application, employment and termination.	n provided to either necessary, to satisfy ninistrative agency, c ewith or incident to r	Agent or En the request or in the cou	of any se of any on, employment
*Street Address	Applicant's Signature			Date
**City State Zip Telephone Number	FOF	FOR COMPANY USE ONLY	SONLY	
Cruft: Are you an apprentice? Yes □ No □	W-4 Code: Federal _	S	State	The state of the s
*Use permanent address.	Employment Record			
Do you have prior current year employment with Washington Group or any other Washington Group Company?  Yes Het position held	Date Badge Number	Оссираціон	Rate	Approved
Dates: From To Location				
As a condition of employment, you are required to abide by all project rules				
and by all relevant Federal, State and Local Laws and Regulations.				
I hereby certify that the information contained in this Employment Application is true and accurate; that I have received a copy of the Project Rules; and that I				
is the arctime, that there is to you are froject which, and that I				

Workers on this project are being hired on a project-only basis. When this may not be offered unother job on a different project, as needs dictate. contract is completed; your job will be terminated. At that tithe, you may or

All phases of employment with Washington Group are based strictly upon national origin, ancestry, age, handicap, veteran status or marital status. position. This policy is applied without regard to race, sex, color, religion, the qualifications of the individual as related to the work requirements of the

Washington Group is an Equal Opportunity Employer M/F/H/V/ Form 3001 Wushington Revised 3/2001

Street Address

Name \_

Telephone

In case of emergency, notify:

City, State, & Zip -

This application is the property of Washington Group

Male .

Female [

Date of Birth

will abide by those Project Rules.

Applicant's Signature.

z-3



A Washington Group International, Inc./Framatome ANP, Inc. Company

### WAGE DEDUCTION AUTHORIZATION

DATE: \_\_\_\_\_

DUES, WAGE ASSESSMENTS AUTHORIZED IN THE APPLI	SHINGTON GROUP TO DEDUCT MEMBERSH S, AND ANY OTHER DEDUCTIONS ICABLE COLLECTIVE BARGAINING IENTS THERETO OR UPON WRITTEN LOCAL UNION.	ΙP
THIS AUTHORIZATION WILL EMPLOYMENT WITH THIS C	L REMAIN IN EFFECT DURING MY COMPANY.	
EMPLOYEE SIGNATURE:	· · · · · · · · · · · · · · · · · · ·	
CRAFT:	BADGE#	



#### AFFIRMATIVE ACTION DATA

American or other Spanish culture or origin.

AN EQUAL OPPORTUNITY EMPLOYER M/F/H/V Each applicant/employee is requested to provide certain identification information pursuant to federal affirmative action regulations. Employment decisions will not be based upon whether an applicant/employee has provided this information, nor shall the information be used for other than lawful record keeping purposes. DATE LOCATION NAME **SOCIAL SECURITY # POSITION EMPLOYEE #** Please Check the Appropriate Box(es) ☐ MALE ☐ FEMALE ☐ INDIVIDUAL WITH A DISABILITY Any person who: (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) has a record of having such impairment; or (3) is regarded as having such an impairment. **VETERAN STATUS** ☐ VIETNAM ERA VETERAN SPECIAL DISABLED VETERAN A person who: (1) served on active duty during the A person entitled to disability compensation under Vietnam Era (8/5/64 to 5/7/75), and was discharged or laws administrated by the Veterans Administration for released therefrom with other than a dishonorable disability rated at 30% or more, or person whose discharged; and (2) was discharge or released from discharge or release from active duty was a disability active duty for service connected disability if any part of incurred or aggravated in the line of duty. such active duty was performed between 8/5/64 to 5/7/75. RACIAL AND/OR ETHNIC BACKGROUND  $\square$  WHITE (NOT OF HISPANIC ORIGIN) A person with origins in any of the original peoples of BLACK (NOT OF HISPANIC ORIGIN) Europe, North Africa, or the Middle East who is not of A person with origins in any of the black racial groups of Hispanic origin. Africa who is also not of Hispanic origin. ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE A person with origins in any of the original peoples of A person with origins in any of the original peoples of the Far East Southeast Asia, the Indian subcontinent, North America and who maintains cultural identification or the Philippine Republic and Samoa. through tribal affiliation or community recognition - HISPANIC A person of Mexican, Puerto Rican, Cuban, South

#### Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances
Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

on page 2 based on , Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

See Pub. Se

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

	rtment of the Treasury	e's Withholdii tled to claim a certain nu le IRS. Your employer ma Last name	3 Single Note. If married, but le	or exemption from wid a copy of this form  Married Married, egally separated, or spouse in the differs from that sou must call 1-800-772	thholding is to the IRS.  2 Your social self.  but withhold at its a nonresident alien shown on your self-1213 for a replacement.	ecurity rangements and the security rangements and the security rangements are security rangements.	Single rate. ne "Single" box. ecurity card,
Depa	Type or print your first name and middle initial.  Home address (number and street or rural route)	tled to claim a certain nu le IRS. Your employer ma	3 Single Note. If married, but le	or exemption from wid a copy of this form  Married Married, egally separated, or spouse intending the differs from that separated.	thholding is to the IRS.  2 Your social se in the image of the image o	ecurity rangements and the security rangements and the security rangements are security rangements.	008 number Single rate. ne "Single" box. ecurity card,
Depa	rtment of the Treasury all Revenue Service  Whether you are enting subject to review by the subj	tled to claim a certain nu le IRS. Your employer ma	mber of allowances by be required to sen	or exemption from wi d a copy of this form	thholding is to the IRS.  2 Your social se	ecurity r	008  number  Single rate.
Depa	rtment of the Treasury last Revenue Service  Whether you are entired subject to review by the	tled to claim a certain nu le IRS. Your employer ma	mber of allowances	or exemption from wi	thholding is to the IRS.	2	008
Depa	rtment of the Treasury	tled to claim a certain nu	mber of allowances	or exemption from wi	thholding is	омв 2	No. 1545-0074
	Cut here and give F	orm W-4 to your emp	loyer. Keep the to	p part for your rec	ords.		
	complete all worksheets that apply.  and Adjustments Work  • If you have more than one j  \$40,000 (\$25,000 if married)  • If neither of the above s	ob or are married and yo ), see the Two-Earners/N	Multiple Jobs Worksl	heet on page 2 to avo	id having too litt	e tax w	rithheld.
	For accuracy, f • If you plan to itemize or	claim adjustments t				the <b>D</b>	eductions
Н	child plus "1" additional if you have 4 or Add lines A through G and enter total here. Note.			nptions you claim on y	our tax return.)	<b>•</b>	ы
	<ul> <li>If your total income will be less than \$58.</li> <li>If your total income will be between \$58.</li> <li>child plue "1" additional if you have 4 or</li> </ul>	000 and \$84,000 (\$86,	000 and \$119,000		l" for each elig	jible	^
G	Child Tax Credit (including additional child	d tax credit). See Pub.	972, Child Tax Ci	redit, for more infor	•		
•	(Note. Do not include child support payme					•	•
E F	Enter "1" if you will file as head of househ Enter "1" if you have at least \$1,500 of chi						F
D	Enter number of <b>dependents</b> (other than y			•			D
_	more than one job. (Entering "-0-" may he						c
С	Enter "1" for your spouse. But, you may o	choose to enter "-0-"	if you are married	and have either a	working spous		
_	Your wages from a secon				or less.	٠	
В	Enter "1" if: \ You are married, have of	only one lob, and your	spouse does not	work: or	ţ		В

Form	W-4 (2008)		Page 2
	Deductions and Adjustments Worksheet		
1 2 3 4 5 6 7 8 9	e. Use this worksheet <i>only</i> if you plan to itemize deductions, claim certain credits, or claim adjustments to income Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filling separately). See <i>Worksheet 2</i> in Pub. 919 for details.)  Enter:  \$ \$10,900 if married filling jointly or qualifying widow(er)  \$ \$,000 if head of household  \$ \$,450 if single or married filling separately  Subtract line 2 from line 1. If zero or less, enter "-0-"  Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest  Add lines 3 and 4 and enter the total. (Include any amount for credits from <i>Worksheet 8</i> in Pub. 919)  Enter an estimate of your 2008 nonwage income (such as dividends or interest)  Subtract line 6 from line 5. If zero or less, enter "-0-"  Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction  Enter the number from the Personal Allowances Worksheet, line H, page 1	1 2 3 4 5 6 7 8 9	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
10	Add lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	10	
	The second secon	<u> </u>	
	Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on p	age	1.)
1 2	e. Use this worksheet <i>only</i> if the instructions under line H on page 1 direct you here.  Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )  Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3."	1	
Not	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet	<b>3</b> late t	he additional

Table 1					Tal	ble 2		
Married Filing	Jointly	All Other	hers Married Filing Jointly All (			All Others	Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above	
\$0 - \$4,500 4,501 - 10,000 10,001 - 18,000 18,001 - 22,000 22,001 - 27,000 27,001 - 33,000 33,001 - 40,000 40,001 - 55,000 55,001 - 65,000 65,001 - 75,000 75,001 - 100,000 100,001 - 110,000	0 1 2 3 4 5 6 7 8 9 10 11 12 13	\$0 - \$6,500 6,501 - 12,000 12,001 - 20,000 20,001 - 27,000 27,001 - 35,000 35,001 - 50,000 50,001 - 65,000 65,001 - 80,000 80,001 - 95,000 95,001 - 120,000 120,001 and over	0 1 2 3 4 5 6 7 8 9	\$0 - \$65,000 65,001 - 120,000 120,001 - 180,000 180,001 - 310,000 310,001 and over	\$530 880 980 1,160 1,230	\$0 - \$35,000 35,001 - 80,000 80,001 - 150,000 150,001 - 340,000 340,001 and over	\$530 880 980 1,160 1,230	

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here . . . 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . .

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

5 Enter the number from line 1 of this worksheet **6 Subtract** line 5 from line 4 . . . . . . . . .

> You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

	First	Middle Initial	ree at the time employment begins.
		wilder miller	Walden Name
Address (Street Name and Number)	· · · · · · · · · · · · · · · · · · ·	Apt. #	Date of Birth (month/day/year)
City Sta	ate	Zip Code	Social Security #
		•	,
I am aware that federal law provides for	1 ; 1	ander penalty of perjury, that I am (c	heck one of the following):
imprisonment and/or fines for false stateme	nts or	A citizen or national of the United S A lawful permanent resident (Alien #	a
use of false documents in connection with the			
completion of this form.			
imployee's Signature	(	Alien # or Admission #)	
inproyee's Signature			Date (month/day/year)
Preparer and/or Translator Certification. (To	o be completed and sig	gned if Section 1 is prepared by a per	son other than the employee.) I attest, under
penalty of perjury, that I have assisted in the completion of Preparer's/Translator's Signature	this form and that to t	he best of my knowledge the informa	tion is true and correct.
rreparers/translators Signature		Print Name	
Address (Street Name and Number, City, State, Z	Zip Code)		Date (month/day/year)
Section 2. Employer Review and Verification  xamine one document from List B and one fro			
examine one document from List B and one from Expiration date, if any, of the document(s).  List A		List B ANI	
Occument title:			
suing authority:			
ocument #:			
· · · · · · · · · · · · · · · · · · ·			
Expiration Date (if any):	1		
<del></del>			
Expiration Date (if any):  Document #:  Expiration Date (if any):			
Expiration Date (if any):  ERTIFICATION - Lattest, under penalty of periods.	ivery that I have		nted by the above-named employee th
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of per le above-listed document(s) appear to be genuine	jury, that I have ex	amined the document(s) prese	NIOVee heggs ampleyment
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perfee above-listed document(s) appear to be genuine month/day/year)  and that to the	jury, that I have ex and to relate to the	amined the document(s) prese e employee named, that the em	nted by the above-named employee, th ployee began employment on work in the United States. (State
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perpension be above-listed document(s) appear to be genuine anoth/day/year)  and that to the mployment agencies may omit the date the emplo	jury, that I have ex and to relate to th best of my knowled yee began employi	amined the document(s) prese e employee named, that the em	ployee began employment on work in the United States. (State
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perpension be above-listed document(s) appear to be genuine anoth/day/year)  and that to the mployment agencies may omit the date the emplo	jury, that I have ex and to relate to the	amined the document(s) prese e employee named, that the em	NIOVER hagen ampleyment
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of period above-listed document(s) appear to be genuine month/day/year)  and that to the mployment agencies may omit the date the employenature of Employer or Authorized Representative	jury, that I have ex e and to relate to th best of my knowled byee began employing Print Name	samined the document(s) prese e employee named, that the em dge the employee is eligible to v nent.)	ployee began employment on work in the United States. (State
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perple above-listed document(s) appear to be genuine month/day/year)  and that to the mployment agencies may omit the date the employenature of Employer or Authorized Representative  usiness or Organization Name and Address (Street Name a	jury, that I have executed to the best of my knowled bysee began employs  Print Name  and Number, City, State	camined the document(s) prese e employee named, that the em dge the employee is eligible to vertically in the content.)	ployee began employment on work in the United States. (State
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perpension be genuine month/day/year)  and that to the mployment agencies may omit the date the employment of Employer or Authorized Representative  usiness or Organization Name and Address (Street Name and GT WEST 8.5 MILES NW OF AVILA BI	jury, that I have executed to the best of my knowled bysee began employs Print Name and Number, City, State EACH, AVILA	samined the document(s) prese e employee named, that the em dge the employee is eligible to venent.)  e. Zip Code)  BEACH, CA 93424	ployee began employment on work in the United States. (State
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perplete above-listed document(s) appear to be genuine and that to the mployment agencies may omit the date the employmenter of Employer or Authorized Representative  asiness or Organization Name and Address (Street Name and GT WEST 8.5 MILES NW OF AVILA BILLING BLOOK AND AND AND AND AND AND AND AND AND AND	jury, that I have executed to the best of my knowled bysee began employs Print Name and Number, City, State EACH, AVILA	camined the document(s) prese e employee named, that the emdge the employee is eligible to venent.)  e. Zip Code)  BEACH, CA 93424  gned by employer.	Title  Date (month/day/year)
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perplete above-listed document(s) appear to be genuine and that to the mployment agencies may omit the date the employmenter of Employer or Authorized Representative  asiness or Organization Name and Address (Street Name and GT WEST 8.5 MILES NW OF AVILA BILLING BLOOK AND AND AND AND AND AND AND AND AND AND	jury, that I have executed to the best of my knowled bysee began employs Print Name and Number, City, State EACH, AVILA	camined the document(s) prese e employee named, that the emdge the employee is eligible to venent.)  e. Zip Code)  BEACH, CA 93424  gned by employer.	ployee began employment on work in the United States. (State
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Expiration Date (if any):  ERTIFICATION - I attest, under penalty of per the above-listed document(s) appear to be genuine and that to the mployment agencies may omit the date the employmenter of Employer or Authorized Representative susiness or Organization Name and Address (Street Name at GT WEST 8.5 MILES NW OF AVILA BI ection 3. Updating and Reverification. To be New Name (if applicable)	jury, that I have executed and to relate to the best of my knowled bysee began employs.  Print Name  and Number, City, State EACH, AVILA completed and significant prints.	camined the document(s) prese e employee named, that the em dge the employee is eligible to venent.)  e. Zip Code)  BEACH, CA 93424  gned by employer.  B. Date of R	Title  Date (month/day/year)  ehire (month/day/year) (if applicable)  establishes current employment eligibility.
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of perine above-listed document(s) appear to be genuine and that to the mployment agencies may omit the date the employment of Employer or Authorized Representative susiness or Organization Name and Address (Street Name and GT WEST 8.5 MILES NW OF AVILA BI ection 3. Updating and Reverification. To be New Name (if applicable)  If employee's previous grant of work authorization has expocument Title:  Ittest, under penalty of perjury, that to the best of my ketter is a positive support of the street of the s	jury, that I have exe and to relate to the best of my knowled by ee began employs.  Print Name  Print Name  EACH, AVILA  completed and signification of the information of the informati	amined the document(s) prese e employee named, that the em dge the employee is eligible to venent.)  e. Zip Code)  BEACH, CA 93424  gned by employer.  B. Date of R  rmation below for the document that that #:	ployee began employment on work in the United States. (State  Title  Date (month/day/year)  ehire (month/day/year) (if applicable)  establishes current employment eligibility.
Expiration Date (if any):  ERTIFICATION - I attest, under penalty of period above-listed document(s) appear to be genuine month/day/year)  and that to the mployment agencies may omit the date the emploignature of Employer or Authorized Representative usiness or Organization Name and Address (Street Name a GT WEST 8.5 MILES NW OF AVILA BI ection 3. Updating and Reverification. To be. New Name (if applicable)  If employee's previous grant of work authorization has ex	jury, that I have exe and to relate to the best of my knowled by ee began employs.  Print Name  Print Name  EACH, AVILA  completed and signification of the information of the informati	amined the document(s) prese e employee named, that the em dge the employee is eligible to venent.)  e. Zip Code)  BEACH, CA 93424  gned by employer.  B. Date of R  rmation below for the document that that #:	ployee began employment on work in the United States. (State  Title  Date (month/day/year)  ehire (month/day/year) (if applicable)  establishes current employment eligibility.

## LISTS OF ACCEPTABLE DOCUMENTS

	LIST A	LIST B	LIST C
	Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity OR	Documents that Establish Employment Eligibility AND
1.	U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
	An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4.	An unexpired Employment Authorization Document that contains a photograph	4. Voter's registration card	4. Native American tribal document
	(Form I-766, I-688, I-688A, I-688B)	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
5.	An unexpired foreign passport with an unexpired Arrival-Departure	6. Military dependent's ID card	6. ID Card for use of Resident
Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	7. U.S. Coast Guard Merchant Mariner Card	Citizen in the United States (Form I-179)	
	8. Native American tribal document	7. Unexpired employment	
	9. Driver's license issued by a Canadian government authority	authorization document issued by DHS (other than those listed under List A)	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor or hospital record	
		12. Day-care or nursery school record	1 .

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

# Instructions Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

#### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

#### When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

#### Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record:

- 1. Document title;
- 2. Issuing authority:
- 3. Document number:
- 4. Expiration date, if any; and
- 5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. However, employers are still responsible for completing and retaining the Form I-9.

Section 3, Updating and Reverification: Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
  - 2. Record the document title, document number and expiration date (if any) in Block C, and
  - 3. Complete the signature block.

### What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

#### USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at www.uscis.gov.

### Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

## **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

### Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.



This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.xls (Microsoft Excel required).

#### **EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances  SINGLE or MARRIED (with two or more incomes)
City, State, and ZIP Code	☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD
Number of allowances for Regular Withholding Allowances, Worksheet A	
Number of allowances from the Estimated Deductions, Worksheet B Total Number of Allowances (A + B) when using the California Withholding Schedules for 2008	
OR	
2. Additional amount of state income tax to be withheld each pay period (if em	nployer agrees), Worksheet C
Under the penalties of perjury, I certify that the number of withho exceed the number to which I am entitled or, if claiming exemptionstatus.	olding allowances claimed on this certificate does not on from withholding, that I am entitled to claim the exempt
Signature	Date
Employer's Name and Address	California Employer Account Number
cut here_	

Give the top portion of this page to your employer and keep the remainder for your records.

#### YOUR CALIFORNIA PERSONAL INCOME <u>TAX MAY BE UNDERWITHHELD</u> IF YOU DO NOT FILE THIS DE 4 FORM

IF YOU RELY ON THE FEDERAL W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

**PURPOSE:** This certificate, DE 4, is for <u>California</u> personal income tax withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

# THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state personal income tax withholding tables. If you rely

on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4. You may only claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filling status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

# IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD.

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711 (voice) 1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) (916) 845-6500

The California Employer's Guide (DE 44) provides the income tax withholding tables. This publication may be found on EDD's Web site at www.edd.ca.gov/taxrep/taxform.htm. To assist you in calculating your tax liability, please visit the Franchise Tax Board's Web site at: www.ftb.ca.gov/individuals/tax\_table/index.asp.

**NOTIFICATION:** Your employer is required to send a copy of your DE 4 to the Franchise Tax Board (FTB) if it meets any of the following conditions:

- · You claim more than 10 withholding allowances
- You claim exemption from state or federal income tax
- You make major changes to DE 4, such as crossing out words or writing more than is asked
- . You admit that the DE 4 is false

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

W-4 Unit Franchise Tax Board MS F180 P.O. Box 2952 Sacramento, CA 95812-2952

Fax: (916) 843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will limit its review to that issue. FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your W-4/DE 4, you may be subject to a penalty.

**PENALTY:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided for by Section 19176 of the California Revenue and Taxation Code.

#### INSTRUCTIONS - 1 - ALLOWANCES\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Are you going to itemize your deductions?
- Do you have more than one income coming into the household?

TWO-EARNER/TWO-JOBS: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or W-4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

**HEAD OF HOUSEHOLD:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the <u>entire</u> year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WC	RKSHEET A REGULAR WITHHOLDING ALLOWANCES	
(A)	Allowance for yourself — enter 1	
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B)	nation.
(C)	Allowance for blindness — yourself — enter 1	_
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D)	
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	
(F)	Total — add lines (A) through (E) above	

#### INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB 540 form as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WC	PRKSHEET B ESTII	MATED DEDUCTIONS		
1.	Enter an estimate of your itemized deductions for California schedules in the FTB 540 form	taxes for this tax year as listed in the		
2.	Enter \$7,032 if married filing joint, head of household, or que \$3,516 if single or married filing separately	alifying widow(er) with dependent(s) or	-	2
3.	Subtract line 2 from line 1, enter difference		=	3
4.	Enter an estimate of your adjustments to income (alimony page)	ayments, IRA deposits)	+	4
5.	Add line 4 to line 3, enter sum		230	5
6.	Enter an estimate of your nonwage income (dividends, interest	est income, alimony receipts)	-	6.
7.	If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference			7
8.	Divide the amount on line 7 by \$1,000, round any fraction to Enter this number on line 1 of the DE 4. Complete Workshe	the nearest whole number et C, if needed.		8
9.	If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)			9
10.	Enter amount from line 5 (deductions)		1	0
11.	Subtract line 10 from line 9, enter difference		1	1

\*Due to recent legislation, beginning January 1, 2007, wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California personal income tax (PIT) withholding and PIT wages. This new law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

#### **WORKSHEET C**

#### TAX WITHHOLDING AND ESTIMATED TAX

1.	Enter estimate of total wages for tax year 2008
2.	Enter estimate of nonwage income (line 6 of Worksheet B)
	Add line 1 and line 2. Enter sum
	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4.
	Enter adjustments to income (line 4 of Worksheet B)
	Add line 4 and line 5. Enter sum
	Subtract line 6 from line 3. Enter difference
	Figure your tax liability for the amount on line 7 by using the 2008 tax rate schedules below 8.
	Enter personal exemptions (line F of Worksheet A x \$94)
	Subtract line 9 from line 8. Enter difference
	Enter any tax credits. (See FTB Form 540)
	Subtract line 11 from line 10. Enter difference. This is your total tax liability
	Calculate the tax withheld and estimated to be withheld during 2008. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2008. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2008 13.
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld
15.	Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 . 15.

**NOTE:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

#### THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2008 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS								
IF THE TAXA	BLE INCOME IS	COMPUTE	D TAX IS					
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS*					
\$ 0	\$ 6,827	1.0% \$ 0	\$ 0.00					
\$ 6,827	\$ 16,185	2.0% \$ 6,827	\$ 68.27					
\$ 16,185	\$ 25,544	4.0% \$ 16,185	\$ 255.43					
\$ 25,544	\$ 35,460	6.0% \$ 25,544	\$ 629.79					
\$ 35,460	\$ 44,814	8.0% \$ 35,460	\$ 1,224.75					
\$ 44,814	\$999,999	9.3% \$ 44,814	\$ 1,973.07					
\$999,999	and over	10.3% \$999,999	\$90.805.28					

MARRIED	FILING JOINT	OR QUALIFYING WIDOW	(ER) TAXPAYERS	
IF THE TAXA	BLE INCOME IS	COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS*	
\$ 0 \$ 13,654 \$ 32,370 \$ 51,088 \$ 70,920 \$ 89,628 \$999,999	\$ 13,654 \$ 32,370 \$ 51,088 \$ 70,920 \$ 89,628 \$ 999,999 and over	1.0% \$ 0 2.0% \$ 13,654 4.0% \$ 32,370 6.0% \$ 51,088 8.0% \$ 70,920 9.3% \$ 89,628 10.3% \$999,999	\$ 0.00 \$ 136.54 \$ 510.86 \$ 1,259.58 \$ 2,449.50 \$ 3,946.14 \$88.610.64	

HEAD OF HOUSEHOLD TAXPAYERS									
IF THE TAXA	BLE INCOME IS	COMPUTED	TAX IS						
OVER	BUT NOT OVER	OF AMOUNT OVER	PLUS*						
\$ 0 \$ 13,662 \$ 32,370 \$ 41,728 \$ 51,643 \$ 61,000 \$999,999	\$ 13,662 \$ 32,370 \$ 41,728 \$ 51,643 \$ 61,000 \$999,999 and over	1.0% \$ 0 2.0% \$ 13,662 4.0% \$ 32,370 6.0% \$ 41,728 8.0% \$ 51,643 9.3% \$ 61,000 10.3% \$999,999	\$ 0.00 \$ 136.62 \$ 510.78 \$ 885.10 \$ 1,480.00 \$ 2,228.56 \$89,555.47						

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL FRANCHISE TAX BOARD:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711 (voice) 1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free)

(916) 845-6500

\*marginal tax

DE 4 information is collected for purposes of administering the Personal Income Tax law and under the Authority of Title 22 of the California Code of Regulations and the Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California income tax return.

March 21, 2007

Dear Fellow Washington Group International Employee:

It is against Company policy to discriminate against any individual on the basis of race, color, religion, sex, sexual orientation, age, national origin, disability, status as a veteran, or any status protected by state or federal law. Such discrimination includes, but is not limited to, (a) harassment of any kind, or (b) segregating or classifying a job applicant or employee in a way that adversely affects his or her employment opportunities or benefits on the basis of the above listed protected categories. The Company will base all employment decisions, including hiring, training, promotion, pay, fringe benefits and job application procedures on the individual's qualifications and ability to perform the work assigned.

Management and supervisory personnel and their designated representatives have primary responsibility for enforcement of this policy.

It is against Company policy to discriminate or retaliate against any individual because they have opposed a discriminatory practice, filed a discrimination complaint, or participated in any way in an investigation.

Further, it always has been and will continue to be the practice of the Company to make a good faith effort to comply with all federal, state, local and contractual equal opportunity and affirmative action requirements.

As part of our Equal Employment Opportunity Policy, we prohibit any kind of discrimination or harassment, including coercion or intimidation based on, but not limited to, race, color, creed, religion, national origin, disability, sex, sexual orientation, age, marital or veteran status.

Sexual harassment is defined as: (1) unwelcome sexual advances, (2) requests for sexual favors, (3) or other verbal or physical conduct of a sexual nature when (a) submission to such conduct is made a term or condition of employment, (b) submission to or rejection of such conduct is used as a basis for employment decisions affecting the employee, (c) such conduct has the effect of unreasonably interfering with an individual's work performance, or (d) such conduct creates a hostile or offensive work environment.

A hostile work environment can be created by a supervisor, manager, peer or subordinate. Hostile work environments can be created in a number of ways, including, but not limited to, (a) using crude and offensive language, (b) bantering, (c) discussing sexual activities, (d) sexually suggestive pictures, (e) unnecessary touching or invasion of space, (f) commenting on physical attributes, (g) using demeaning or inappropriate terms, (h) using unseemly gestures, (i) ostracizing workers on the basis of gender, or (j) granting job favors to those who participate in consensual sexual activity.

The essence of determining if conduct constitutes sexual harassment is whether the conduct is unwelcome. Unwelcome conduct does not necessarily exclude seemingly voluntary relationships. For these reasons, relationships between supervisors and their subordinates are discouraged. Such relationships that may have once been welcome may

become unwelcome later, thereby subjecting the supervisor to liability for sexual harassment. The subordinate may also claim he or she was intimidated into the relationship.

Sexual harassment does not necessarily involve conduct of a sexual nature. Sexual harassment may include conduct that is not overtly sexual but is directed at an individual based on his or her gender. It is a misconception that conduct must be intended to harass in order for a court to determine that the conduct constitutes sexual harassment.

We can also be held responsible for harassment of employees by third parties, such as vendors or customers, even though these people are not under the direction and control of the Company. Likewise, our employees are prohibited from harassing any non-employee, including but not limited to applicants, visitors, vendors or customers.

The Company will not tolerate unlawful discrimination or harassment of any kind, and supervisors are responsible for ensuring that they and their employees comply with this policy. Appropriate discipline will be administered and immediate corrective action taken in response to violations, up to and including termination of employment.

The Company has a procedure in place for resolving harassment or discrimination complaints, and we encourage individuals to come forward. You are invited to contact your supervisor, your human resources representative, the Corporate EEO Officer, or the Corporate Human Resources Department. All complaints will be investigated immediately and thoroughly, protecting confidentiality to the extent possible. Retaliation against any individual for participating in an investigation or filing a discrimination complaint is prohibited and will be treated as seriously as harassment.

Our Affirmative Action Program is available for review during normal business hours. If you have a complaint, or if you have questions or concerns regarding Company policies or our program, you may contact the Corporate EEO Officer at 1-800-331-8482 or 205-995-7177.

Sincerely,

Steve Hanks



# Pacific Gas and Electric Diablo Canyon

Form Type

### **ENVIRONMENTAL, SAFETY AND HEALTH**

Form Title

# MEDICAL RESUME (PERSONAL AND CONFIDENTAL)

Revision No / Status	Form No.
0/AFU	ESH 1.08-7
Form Revision Date	Form Page
15-Apr-06	<b>1</b> of <b>1</b>

Name (Print or Type):							Date of	Birth:		
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4. Are you allergic to: be θ No	ee sting	js?θ`	Yes θ No	poison iv	y/oak?	θ Yes	θ No ot	her plants/poll	en?θ`	Yes
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Concrete or Silica Dust? Describe:				·				s θ No		
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Frequent Headaches			Tuberculos				High Blood	•		
Dizziness/Fainting Spells			Pleurisy/Pr				Hearing Los			
Convulsions/Epilepsy			Ulcers				Hives, Ecze Rash			
Paralysis including Polio			Emphysen	na/Silicosis			Serum Rea	ction		
Persistent Fatigue			Kidney Dis				Metallic Poi			
							Diabetes	30111119		
Irregular HeartbeatBack InjuryDifficulty in BreathingSpinal Disk Disease							Tumor or C	ancor		
Rheumatic Fever			Joint Pains				Rupture/He			
Heart Disease				Drug Addict						
	ot/Injury			Alcoholism	11011					
Other Pulmonary Disease Ear Injury										
Employee Signature:								Date:		
Reviewed by:										
Distribution: To be retained on file by the Project Safety Manager (or designee) as a CONFIDENTIAL record										

## MEMORANDUM OF UNDERSTANDING

#### BETWEEN

# PACIFIC GAS and ELECTRIC COMPANY And the

STATE BUILDING AND CONSTRUCTION TRADES OF CALIFORNIA and the SANTA BARBARA-SAN LUIS OBISPO COUNTIES BUILDING AND CONSTRUCTION TRADES COUNCIL and its affiliated LOCAL UNIONS

## Regarding the Diablo Canyon Power Plant Steam Generator Replacement Outage Travel, Subsistence and Performance Incentive Plan

This Memorandum of Understanding ("MOU") is entered into by Pacific Gas and Electric Company ("PG&E"), and the State Building and Construction Trades Council of California ("State Council") and the Santa Barbara-San Luis Obispo Counties Building and Construction Trades Council ("Local Council") and its affiliated local unions who have executed this Agreement, all of whom are referred to collectively as the "Unions."

PG&E and the Unions have entered into a collective bargaining agreement entitled Project Labor Agreement for the Diablo Canyon Power Plant Steam Generator Replacement Project ("PLA-SGR").

Section 4.1.1 of the PLA-SGR requires the parties negotiate terms for subsistence pay, travel pay and an incentive program.

The parties met and agreed to the following terms for Subsistence Pay, Travel Pay, Performance Incentive Plan and related items:

# 1. Subsistence Pay and Travel Pay:

- 1.1 Subsistence and Travel pay (per diem) will be paid at an all inclusive rate of fifty dollars (\$50.00) per day.
- 1.2 The payment period of per diem is as follows:
   Unit 2 December 10, 2007 through end of pay period after output breaker is closed.

Unit 1 - December 1, 2008 through end of pay period after output breaker is closed

- 1.3 The PLA-SGR recognizes national labor agreements maintained by WGI or NPS. Subsistence included in the existing agreements will be paid as provided in the respective agreements. Subsistence will no longer be paid after the dates noted above.
- 1.4 Per Diem pay is not subject to any performance goal.
- 1.5 Per Diem will be paid for days worked. Per Diem will be forfeited for any days that include late starts or early quits unless approved by the employer Site Manager or PG&E Project Manager.

#### 2. Work Week

- 2.1 A work week schedule will be established for the Project as provided in the PLA-SGR.
- 2.2 During an outage, employees will be assigned to a 6 day, 10 or 12 hour per day work schedule. This schedule may utilize a different day off for different employees; however, once established, that off day will remain the same day of the week for that employee.
- 2.3 Overtime rates will apply according to the employee's work schedule; not just on Saturday or Sunday. For example, for an employee who works 72 hours in a work week (6 days at 12 hours per day), 40 hours worked will be paid at straight time, 20 hours will be paid at time and one half and 12 hours will be paid at double time. The first day back to work after a scheduled day off will be the day eligible for the double time pay. The day before the scheduled day off will be the time and one half day.
- 2.4 This provision will not apply when an employee takes an additional day off on his/her own accord.

### 3. Performance Incentive Plan

3.1 The Performance Incentive Plan consists of six major measures including Safety; Quality; ALARA; Housekeeping; Productivity/Schedule; and Personal Performance.

- 3.2 Incentive awards will be based on performance and earnings during the Plan's periods (Gross Wage Performance Period GWPP) which are:
  - Unit 2 December 10, 2007 through the end of the pay period after output breaker is closed.
  - Unit 1 December 1, 2008 through the end of the pay period after output breaker is closed.
- 3.3 Incentive plan awards will be paid no later than the second pay period after the close of the respective unit output breaker.
- 3.4 The Gross Wage Incentive Pool (GWIP) will equal 5% of gross wages paid (taxable wages) to date (during the plan period). Safety, Quality, ALARA, Housekeeping and Productivity/Schedule will comprise 75% of the GWIP and the individual employee's Personal Performance record will comprise the remaining 25% of the GWIP.
- 3.5 Subcontractors utilizing Union tradesmen will participate in the plan and pay their employees as outlined in this plan. For Subcontractor craft employees, the awards will be reimbursed to the Subcontractor upon proof of payment to the Subcontractor's craft employees in accordance with the Plan.
- 3.6 The Plan may be cancelled by the PG&E Project Manager for extraordinary events such as major injury or death to any team member or a work stoppage by regulators or third parties. The PG&E Project Manager will meet and confer with union representatives prior to any decision to cancel the Plan.
- 3.7 All craft and eligible subcontractor craft employees who have completed their scheduled shifts during the Plan Period are eligible for participation in the Plan.
- 3.8 If an employee is discharged for reasons other than "reduction in force" (layoff) or voluntarily leaves the Project employment prior to the end of the Plan Period, he/she will forfeit the incentive award. Exceptions to forfeiture of the incentive award are 1) an excused leave of absence with prior written approval by the PG&E Project Manager, or 2) medical reasons with proper documentation.
- 3.9 Company job assignments may change during the period of the Plan. If so, the employee's earned credits accrued are transferred to the new assignment. Any disagreements should be called to the attention of the PG&E Project Manager.

MEMORANDUM OF UNDERSTANDING
BETWEEN PACIFIC GAS and ELECTRIC COMPANY
And the STATE BUILDING AND CONSTRUCTION TRADES OF CALIFORNIA and the SANTA BARBARA-SAN LUIS
OBISPO COUNTIES BUILDING AND CONSTRUCTION TRADES COUNCIL and its affiliated LOCAL UNIONS
Page Four

3.10 The "Performance Incentive Summary" as shown as Attachment 1 to this agreement outlines each element of the Performance Incentive Plan. Each employer will develop a Performance Plan that is substantially of the form and content of Attachment 1. The measurement metrics may vary and be directly dependent on the work scope of the employer. All performance Incentive Plans shall receive prior review and approval by PG&E.

### 4. Miscellaneous Provisions

- 4.1 Nothing in the Plan or any document describing or referring to this Plan shall be deemed as a promise of continued employment. The employer retains the right to terminate the employment of any employee for demobilization or disciplinary reasons.
- 4.2 The employer will withhold appropriate taxes as required by law or regulation of any local, state or federal government authority.
- 4.3 Employees will complete an employer provided affidavit providing information for tax purposes as required by federal, state or local laws.
- 4.4 The employer will use employment records for the disbursement of awards.
- 4.5 Final award checks will be distributed to the employee at the job site or mailed to the employee's address in the employment records.
- 4.6 Any checks returned by the Postal Service will be forwarded to the respective union Business Manager representing the employee.
- 4.7 Employees will have 90 days from the date on the check to cash their checks or the check will be voided.
- 4.8 If an employee is deceased at the time an award check is issued, such award shall be paid to the surviving spouse, or if none, to the estate of the employee.

### 5. Completion/Rehire Bonus

5.1 A total sum of \$1,000.00 will be paid to an employee who completes the first outage and then returns to work and completes the second outage. One half of the \$1,000.00 (\$500.00) shall be paid after issuance of a key card for the second outage and the remaining one half (\$5.00.00) paid at the conclusion of the second outage. Personnel who terminate employment due to a voluntary quit or "for cause" will not be eligible for the bonus.



# **SECTION "C"**

# SGRP On/Off Site Parking & Busing Plan

This section includes an overview of the Plan and includes locations of the parking lots, motel information, as well as on-site shuttle locations for overflow parking at site.

# **Personnel included in the Busing Program:**

- All SGT craft personnel covered by the Project Labor Agreement (Does not include General Foremen and Foremen).
- Transco Insulators (Does not include General Foremen and Foremen).
- AREVA CR&R craft personnel.
- Misc. SGT Subcontractor craft personnel (Does not include General Foremen and Foremen).



## OFFSITE PARKING AND BUSING

Agreement between PG&E Management and the Building Trade Unions is that the Offsite Parking and Busing Program will apply to all building trade workers who are part of the SGRP Project Labor agreement. That agreement does not include PG&E Temporary Additional (TA) workers who are hired through IBEW Local 1245. All Craft Designated Personnel will be paid wages to ride the bus to and from the site.

**Phase Two will begin January 7<sup>th,</sup> 2008**. Phase Two will accommodate SGT start times of 0500 to 1700 and 1700 to 0500.

### **Key points:**

- All First Day workers will be directed to Lot E in Arroyo Grande. First Day workers
  Bus will depart the site between 3:45 am and 4:15 am 7 days a week. The Bus
  Coordination phone number is 805-503-8244.
- The bus drivers will have rosters with specific worker information.
- First Day workers will provide the driver their photo ID and MUST BE ON THE ROSTER.
- Current site workers will show their Site picture ID and Bus Pass and MUST be on the roster.
- Parking passes will have the assigned Offsite Lot and will be individually numbered for identification, changes and accountability.
- The parking pass will remain in the car. The Bus Pass will be carried with their keycards and will be their pass onto the bus for return to the offsite lot.
- Buses will depart the lots promptly on schedule. If a worker misses the bus they must contact their supervisor. If the supervisor deems them required onsite the supervisor will contact the bus coordinator who will make arrangements and contact the worker. The worker will NOT be paid travel time for that day.
- Hiring Supervisors will receive copies of the rosters confirming workers who were on the bus.
- Specific lots/buses are assigned based on requests and every effort will be made to assign you to lots closest to your local residence.
- Carpooling to the parking lots is encouraged.
- A vehicle will be available onsite to transport workers back to their car at the lot in the
  event of illness or special circumstances. Request for offsite transport outside of the
  standard bus schedule is to be made to the supervisor who then contacts Bus
  Coordination.
- Driver's OFFICIAL CLOCK TIME FOR BUSES will be Verizon Cell phone Time.

**DIRECTIONS** 

### **DIRECTIONS**

# A

### **Location A**

# Prado Road and Elks Lane San Luis Obispo

<u>Traveling Northbound to Parking Lot:</u>

Traveling NORTH on Highway 101, take the PRADO ROAD exit.
End at PRADO ROAD and ELKS LANE.
Entry to parking lot is on ELKS LANE on the right

side of the road.

**Traveling Southbound to the Parking Lot:** 

Traveling SOUTH on Highway 101, take the MADONNA RD. exit.

Turn RIGHT onto MADONNA RD.

From MADONNA RD., turn RIGHT onto HIGUERA. From HIGUERA, turn RIGHT onto PRADO RD. From PRADO RD., turn RIGHT onto ELKS LANE. Entry to parking lot is on ELKS LANE on the right side of the road.

side of the road.

## **Location B**

PG&E Service Center (Higuera and Vachell lane) San Luis Obispo

**Traveling Northbound to Parking Lot:** 

Traveling NORTH on Highway 101, take the HIGUERA exit
Continue north on HIGUERA.
Turn RIGHT on VACHELL.
From VACHELL, turn RIGHT into the PG & E
Service Center.

**Location C** 

### Strasbaugh - 825 Buckley Road San Luis Obispo

**Traveling Northbound to the Parking Lot:** 

Traveling NORTH on Highway 101, take the HIGUERA exit.

From HIGUERA, take a RIGHT onto TANK FARM RD.

From TANK FARM, turn RIGHT onto BROAD ST. From BROAD ST., turn RIGHT onto BUCKLEY RD. From BUCKLEY, turn LEFT into main parking lot at 825 Buckley Road.

Turn LEFT into dirt parking lot.

# **Location C** Continued...

Traveling Southbound to the Parking Lot:

Traveling SOUTH on Highway 101, take the MADONNA RD exit.
Turn RIGHT onto MADONNA.

Turn RIGHT onto HIGUERA.
Turn LEFT onto TANK FARM.

From TANK FARM, turn RIGHT onto BROAD. Turn RIGHT onto BUCKLEY.

From BUCKLEY, turn LEFT into the main parking lot.

Turn LEFT into dirt parking lot.

# **Location D**

# St. Anthony's – 390 Bello Street Pismo Beach

<u>Traveling Southbound to the Parking Lot:</u>

Traveling SOUTH on Highway 101, take the HINDS AVE. exit.

Turn LEFT onto PRICE CANYON RD. Turn RIGHT onto BELLO ST. Continue on BELLO ST. into parking lot.

Traveling Northbound to the Parking Lot:

Traveling NORTH on Highway 101, take the PRICE ST. exit.

From PRICE ST., turn RIGHT onto HINDS AVE. Turn RIGHT onto BELLO ST. Continue on BELLO ST. into parking lot.

### **Location E**

# **Branch Street and Old Ranch Road Arroyo Grande**

**Traveling Southbound to the Parking Lot:** 

Traveling SOUTH on Highway 101, take the HALCYON exit.

Turn RIGHT onto El CAMINO REAL. Turn RIGHT onto BRISCO RD. Turn RIGHT onto W. BRANCH ST.

Turn LEFT onto OLD RANCH RD.

**Traveling Northbound to the Parking Lot:** Traveling North on Highway 101, take the

GRAND AVE exit.

Turn RIGHT onto GRAND AVE. Turn LEFT onto W. BRANCH ST.

Turn Right onto OLD RANCH RD.

# **POWER PLANT**

DIABLO CANYON
STEAM GENERATOR
REPLACEMENT
PROJECT



Directions for Off-Site Parking

PARKING

# **PARKING MAP**

#### **IMPORTANT INFORMATION**

PG&E has worked very closely with the local community to facilitate the approval and implementation of the Steam Generator Replacement Project (SGRP) at the Diablo Canyon Power Plant (DCPP). An important part of obtaining approval for this project is the provision and operation of several off-site parking sites. PG&E is committed to remain a conscientious neighbor in the San Luis Obispo county area and respectfully requests that you do the same.

#### PLEASE CARPOOL TO THESE LOCATIONS!

You have been assigned a parking location. Please use this parking location only and please do not attempt to access other parking lots unless authorized directly by the DCPP SGRP project manager. You will access a bus that will transport you to DCPP and then back again after the shift is over. Please arrive at the off-site parking location well before the departure time of the bus. Your bus will have identification for your parking location only. Make sure that you access this bus while departing DCPP at the end of your shift.

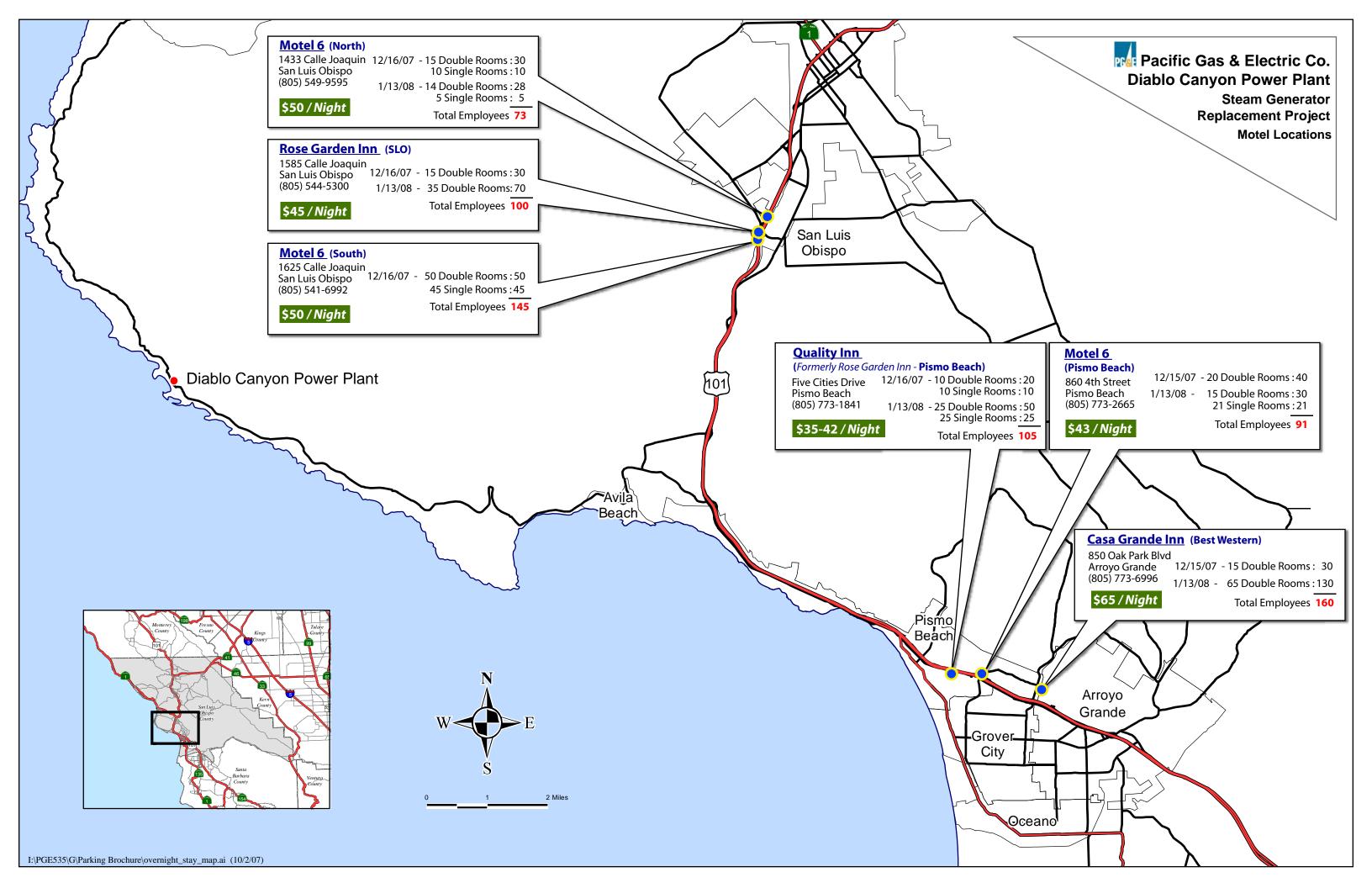
**SGRP Parking** Pacific Gas and Electric Company® DCPP

This brochure has simple directions to your parking location. Each parking location will be identified by a PG&E sign:

### PLEASE OBSERVE THE FOLLOWING SPECIFIC DIRECTIONS:

- 1. Use the parking location assigned to you via the enclosed permit.
- 2. Keep noise (e.g., conversation, music, etc.) to an absolute minimum, particularly in the morning hours.
- **3.** Access the correct bus when your shift is complete.
- **4.** Enter and leave your assigned parking location as quickly and quietly as possible.
- **5.** Use trash bins provided at the sites.
- **6.** Avoid Los Osos Valley Road between S. Higuera and State Highway 101.
- **7.** Do not turn left at the Vachell/S. Higuera intersection.
- **8.** Do not use Elks Lane, north of the PG&E off-site parking location.

**PROVISIONS FOR UNEXPECTED EMERGENCIES:** Should an emergency situation arise during your shift, please contact Bus Coordinator at (805) 503-8244. Provisions will be made to transport you from DCPP.



# Local Hotel, Motel and RV Park Information PG&E Diablo Canyon Power Plant SGRP/2R14 Outage Reference

"Just tell them that you're here for the PG&E Diablo Canyon Outage."

# **HOTELS AND MOTELS**

## San Luis Obispo:

Motel 6 North – 86 rooms
15 double, 10 single 12/16/07
14 double, 5 single 01/13/08
1433 Calle Joaquin, San Luis Obispo
805-549-9595 Supervisor: Harold Brown
\$51.99 + tax per night for 1 adult (25 single rooms)
\$51.99 + tax per night for 2 adults (39 double rooms)
No Kitchen, fridges or microwave. Showers (no tubs)

Motel 6 South – 129 rooms 100 double rooms 12/16/07 1625 Calle Joaquin, San Luis Obispo 805-541-6992 \$51.99 + tax per night for 1 adult (25 single rooms) \$51.99 + tax per night for 2 adults (39 double rooms) No Kitchen, fridges or microwave. Tubs with showers.

Rose Garden Inn SLO – 64 rooms
15 double rooms available 12/16/07
35 double rooms available 1/13/08
Troi Hoffman 773-6996
\$46 per night includes dinner Mon-Thurs (Total Capacity 48 double rooms, 16 single rooms)
1585 Calle Joaquin, San Luis Obispo
805-544-5300 Manager: David Ibarra
Microwave and Fridge.

### **Paso Robles**

Marriott Courtyard Paso Robles 120 South Vine Street Paso Robles, 93446 805-239-9700

Contact: Keri Peterson

Offers \$69/night rates on a space available basis – Good for a getaway in wine country 20% off (food) in their restaurant. These offers are good through April 2008.

# Local Hotel, Motel and RV Park Information PG&E Diablo Canyon Power Plant SGRP/2R14 Outage Reference

"Just tell them that you're here for the PG&E Diablo Canyon Outage."

## **HOTELS AND MOTELS**

## **Five Cities Area:**

Quality Inn Pismo Beach (formerly Rose Garden Inn) – 80 rooms

10 doubles, 10 single 12/16/07

25 doubles, 25 singles 1/13/08

Five Cities Drive, Pismo Beach

805-773-1841 Manager: Lily

\$35 + tax per night for 1 adult (45 single rooms)

\$45 + tax per night for 2 adults (35 double rooms)

No Kitchenettes, majority of rooms have microwaves and mini-fridges

Motel 6 Pismo Beach

20 doubles 12/15/07

21 singles 1/13/08

860 4th Street, Pismo Beach

805-773-2665

\$39 + tax per night for 1 adult (103 single rooms)

\$49 + tax per night for 2 adults (33 double rooms)

No Kitchen, fridges or microwave. Showers (no tubs)

## Hotels w/gray background should honor PG&E rates but may not block rooms.

### Oxford Suites Resort – 132 rooms

651 Five Cities Dr., Pismo Beach, CA

805-773-3773

\$50 + tax per night for 1 adult (100 single rooms)

\$59 + tax per night for 2 adults (32 double rooms)

Some Kitchenettes.

### Best Western Inn, Casa Grande–114 Rooms

850 Oak Park Blvd, Arroyo Grande

805-773-6996

Manager: Troi Hoffman 773-6996

\$66 + tax per night for 1 adult (25 rooms single)

\$76+ tax per night for 2 adults (90 double rooms)

Kitchenettes. Continental breakfast

San Luis Bay Inn – 150 rooms

3254 Avila Beach Rd., Avila Beach, CA

(805) 595-2333

\$99 + tax per night for 1 or 2 adults (all rooms are suites with a pull-out couch)

All rooms have kitchenettes.

# Local Hotel, Motel and RV Park Information PG&E Diablo Canyon Power Plant SGRP/2R14 Outage Reference

"Just tell them that you're here for the PG&E Diablo Canyon Outage."

## RV Facilities – This is INFO ONLY, would not block spaces.

## Holiday RV Park – 50 spaces

100 S. Dolliver, Pismo Beach **805-272-3672 Contact: Michelle** 

Notes: Holiday RV Park provides month-to-month rentals with full hookups, laundry service, showers, and a pool and spa. An RV hookup is \$500 per month during the winter, with all utilities included. Pets allowed. (June through August rate is \$1100/month)

### Pacific Dunes RV Park – Currently have Outage folks and reservations.

As of 10/31 there are an additional 40-50 spaces that will be available.

1205 Silver Spur Place, Oceano

## SPEAK TO Manager: Tom Weeden, 805-489-7787

Notes: Pacific Dunes RV Park provides month-to-month rentals with full hookups, laundry service, and showers.

Pacific Dunes RV Park will rent hookups to Diablo workers for \$570 per month + electricity.

### La Sage Riviera – 62 spaces

319 North Highway 1, Grover Beach 805-489-5506 Manager: Cindy

**Notes:** La Sage Riviera provides month-to-month rentals with full hookups, laundry service, and showers. An RV hookup is \$570 (25 pull-through spaces, up to 50-foot rig), \$495 (18 spaces for 25-35-foot rig), or \$445 (14 spaces for small rig <25 foot) per month during the winter, with all utilities included. Call for pricing and availability.

**Pismo Sands RV Park** –2220 Cienega, Oceano, CA Tammy, Manager 805-481-3225 \$550 + electric (metered) per month. Call for pricing and availability

## Pismo Coast Village RV Resort -

165 S Dolliver St., Pismo Beach, CA 805-773-1811 Call for pricing and availability.

## **Morro Dunes RV Park – 175 Spaces**

1700 Embarcadero, Morro Bay, CA 805-772-2722

\$495.00 per month (Oct. through April) Full hookups Up to 60-foot rigs maximum 60-night stay

#### Morro Strand RV Park -

221 Atascadero Rd., Morro Bay, CA (805) 772-8232 Call for pricing and availability.

## **Cypress RV & Mobile Home Park – 20 spaces**

1121 Main St # 27, Morro Bay, CA 805-772-2515 Call for pricing and availability

## **Local Restaurants**

# Custom House in Avila Beach and Alex's Restaurant in Shell Beach offer 10% discount on food.

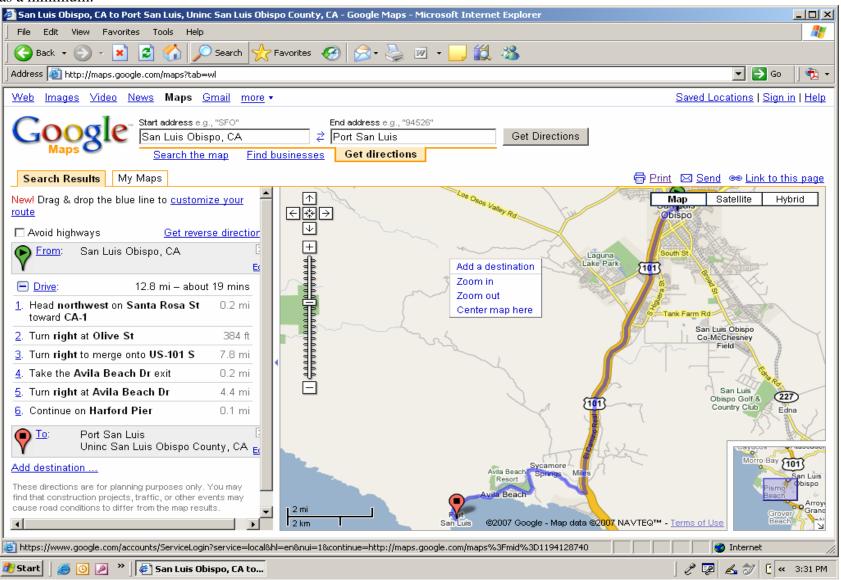
# ONSITE SHUTTLE & PARKING

The next pages denote Diablo Canyon Power Plant directions from San Luis Obispo and Onsite Shuttle information.

For personnel granted a parking pass, Lot # 1, 8, 9, and 12 are authorized for 2R14 Parking passes. Reference the map in the Project Rules for locations of Lots # 1 & # 8. Lots # 9 and # 12 are past Lot # 8 on top of the hill. These 2 lots require shuttle service with drop off at lot # 7 denoted on the following map.

#### DIRECTIONS TO DIABLO CANYON POWER PLANT FROM SAN LUIS OBISPO

The Entrance to Diablo Canyon Power Plant is on the right just before the entrance to Harford Pier. Bear right when entering approach to the guard shack as you will have to pull over and STOP. Present your Photo ID to obtain a temporary badge and pass; ensure your vehicle does not contain any prohibited items (alcohol, firearms, explosives, etc.) as you will be asked to open your trunk as a minimum.







## **ONSITE SHUTTLES**

Phase One Onsite Shuttle service began 11/13 on a 6am to 8pm schedule, Monday through Thursday, until December 3rd. If you anticipate leaving after 8pm move your vehicle to a lower lot when spaces become available.

ONSITE Shuttles run approximately every 15 minutes NOT based on a clock schedule. They will run continuously from Lots 9, 12, and 7

November 26th there will be a 25-35 passenger and a 15 passenger shuttle ONSITE.

December Onsite Shuttle Schedules and shuttle capacities will be announced the week of 11/26.



# **SECTION "D"**

# **SGT Non-Manual Project Personnel**

This section includes critical in-process information that is required prior to your arrival to site. An onsite vehicle parking information form is also included that when filled out in advance can expedite your car pass.

This section also includes information for two SGT approved personnel hiring firms:

- AEROTEK
- San Luis Personnel



# Reporting Requirements Non-Manual Personnel

# SGT In-Process & Training Department: Scott Daley (805)-545-6771

Scott.daley@areva.com

Tarrie Howland (805)-545-3951 Tarrie.howland@wgint.com

Casey Barks (805)-545-6758
Casey.barks@wgint.com

When confirmation of employment is complete please provide the required information for the forms listed below and contact the SGT In-Process & Training Department for additional clarity and or notification that previous planned arrival has changed.

Unescorted Access Form (See attached form) lists information required prior to your arrival for access.

- For short term visitors/deliveries use: Visitor-Delivery Information
- For Protected Area Access use: Unescorted Access Information

MUST BRING PHOTO ID & SOCIAL SECURITY CARD.

FITNESS FOR DUTY: Drug Testing (Urine and Breath)

Completed Personal History Questionnaire (PHQ):

- Employment History: Company name, address, phone numbers, and dates for last 3 years.
- Criminal History: Individual must provide all documentation regarding criminal history and/or FFD violations, any bankruptcy, IRS or tax lien issues.
- Residence History: Addresses & dates for last 5 years.

Personal History Questionnaire choice:

For Update and Initial PHQs (>365 Days and or never have had Unescorted Access at a Commercial Nuclear Facility) mail completed document to address below:

For Reinstate PHQs <365 Days and > 30 Days since last held Unescorted Access at a Commercial Nuclear Facility) mail completed document to address below:

SGT Warehouse B / Diablo Canyon Power Plant 8.5 Miles NW of Avila Beach, CA 93424 ATTN: Scott Daley/Tarrie Howland

For Reinstate PHQs, (< 30 Days since last held Unescorted Access at a Commercial Nuclear Facility) complete the document although do not date and sign; bring to site with you during your first day.

### Copies of the applicable PHQ can be found at "www.pge.com/microsite/diablo"

Parking Pass (See attached form):

License Plate number, Make & Model of all vehicles you intend on entering the site with.

## **UNESCORTED ACCESSS INFORMATION**

## **UA** (Unescorted Access, i.e. PA)

Full, Legal Name (as it appears on driver's license)

DOB

SS#

Permanent Residence Address

Daytime Phone (cell if available)

Citizenship

Company working for or visiting

Reason for Access (why individual is coming on site)

Date(s) on site

Area to access within PA (Admin, Bldg., RCA?)

Termination Date of last Unescorted Access (or indicate Never Badged)

**Email Address** 

# VISITOR ACCESSS INFORMATION

VISITOR (OCA only: i.e. delivery truck drivers, vendor reps., etc.)
Full, Legal Name (as it appears on driver's license)
SS#
Sex
Daytime Phone (cell if available)
Citizenship
Company working for or visiting
Reason for Access (why individual is coming on site)
Date(s) on site
VISITOR (PA escorted to include RCA escorted)
All above plus:
DOB
Permanent Residence Address
Area to access within PA (Admin, Bldg., RCA?)

# NPG VEHICLE INFORMATION FORM

\* \* \* \* PLEASE PRINT LEGIBLY\* \* \* \*

FOR OFFICE **** USE ONLY ***
Pass #
Pass Type
01 PGENPG OR VIP
05 Contractor

NEW CAR PASS:  LOST CAR PASS:  CAR PASS CHANGE:				
Do you have a valid driver'	s license?	Yes 🗌	No 🗌	
User ID OR La	ast (Four)	Digits of SS	<del></del>	
NAME	***************************************		COMPANY	
Enter In Parentheses Below	(C) =	CHANGE DELETE		
( ) LICENSE #	STATE	YEAR	MANUFACTURER	COLOR
( ) LICENSE #	STATE	YEAR	MANUFACTURER	COLOR
( ) LICENSE #	STATE	YEAR	MANUFACTURER	COLOR
I AGREE TO ABIDE BY ALL CANYON PORJECT. I WILL F DEPARTMENT AT 119/1/129.	. TRAFFICI PROMPTLY	E AND PARK REPORT AL	ING REGULATIONS WHILL ADDITIONS OR CHANG	LE ON THE DIABLO ES TO THE ACCESS
I UNDERSTAND 1	THAT MY P	ASS IS A PRI	VILEGE THAT MAY BE RE	VOKED.
SIGNED:			DATE:	

## **AFROTFK**

AEROTEK – Alameda Staffing Location 1320 Harbor Bay Pkwy, Suite 135 Alameda, California 94502 Phone: (510) 864-3800

> Toll Free: (800) 298-0687 1-888-AEROTEK

> > Fax: (510-864-3891

SGT @ DCPP New Hire Point of Contact:
Lindsay A. Space
Recruiter
AEROTEK Energy Services
E-Mail: Ispace@aerotek.com

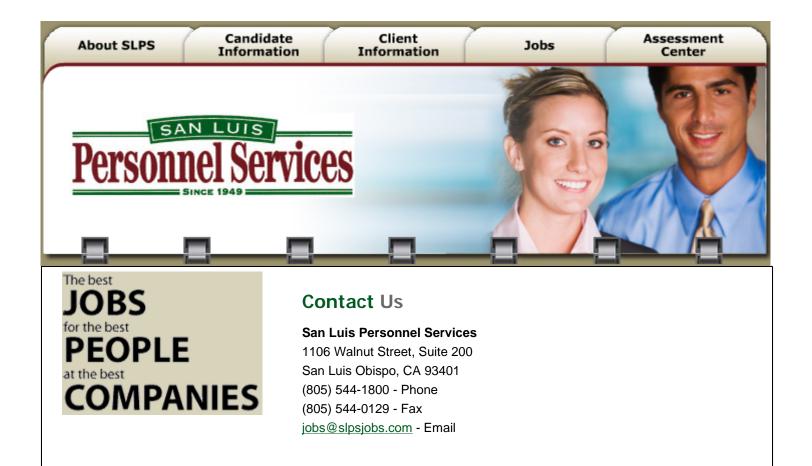
Work: 510-864-3820 Fax: 510-864-3890

## **New Hire Requirements:**

- Complete the AEROTEK "Welcome Aboard" New Hire Package
  - Any questions regarding the package elections, please contact <u>Lindsay</u>
     <u>Space</u> using the information above.

•	Provide the following to AEROTEK upon being hired by SGT:
	o PAYRATE:
	o START DATE:
	<ul> <li>TITLE/POSITION:</li></ul>
	<ul> <li>PHOTO ID &amp; SOCIAL SECURITY CARD COPIES</li> </ul>
	(Both Sides of ID and SS Cards need to be copied)

- When New Hire Package is completed and information above is obtained, <u>either</u>
   FAX and or Scan and E-Mail them to Lindsay Space at the contact
   information above as soon as possible to initiate your payroll account.
  - Mail original New Hire package to Lindsay Space at the <u>Alameda Staffing</u> <u>Location</u> listed above as soon as practical.



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Client Information | Seminars | Consulting | Job Order Form

