

Personnel Action Form

Employee Name _____ 1ST 5 #S OF SSN

FILE # _____ Rig No. _____ Position _____

ADDRESS CHANGE

New Address _____
City: _____ State: _____ Zip: _____

New Phone No. () _____ Effective Date _____

STATUS CHANGE

Promotion/Demotion Date _____ From (Position) _____ To (Position) _____
Reason _____

Transfer Information Date _____ From Rig No. _____ To Rig No. _____
Eligible for Transfer? Yes No (Explain) _____

Disciplinary Action Date _____ Type of Warning: Verbal Written
Reason _____

Suspension From: _____ To: _____ **More than 30 days requires VP Approval** _____
Reason _____

Termination Date: _____ Eligible for Rehire? Yes No

Lay-off (No work available) _____

Voluntary quit. Date of Notice _____ Reason _____

Discharged. Insert Code (from reverse side) or Specify Reason: _____

Workers Comp Injury Date of Occurrence: _____
Estimated Absence: Less than 1 week Less than a month More than a month

Leave of Absence Start Date: _____ Date Returning - or estimate: _____

Medical Reasons (Non-work related - personal or family) _____

Approved Personal Leave (vacation, personal business, etc (Explain) _____
More than 30 days PERSONAL LEAVE requires VP Approval _____

Driller Signature _____ Date _____

Rig Manager Signature _____ Date _____

Employee Signature _____ Date _____

Office Signature _____ Date _____

OFFICE USE ONLY

FILE #	VACATION RESET	ADP TERM?	FOXPRO SUSPENDED?

REASONS FOR SUSPENSION/TERMINATION

THIS LIST DOES NOT INCLUDE ALL MISCONDUCT THAT COULD RESULT IN SUSPENSION OR TERMINATION.

First offense: Suspension or termination depending on circumstances
Second Offense: Termination – no rehire

Consequences apply to: Anyone who breaks any of the rules, or anyone who approves anyone breaking these rules, or Supervisor's who witness a rule being broken and do not take action.

CODES

1. Operation Safety:

- a) Smoke within 75' of any wellbore. Smoking areas are to be designated by the Rig Manager.
- b) Resisting wearing hardhat, safety glasses, coveralls, and safety footwear.
- c) Climbing or working on unguarded surfaces above six feet (6') without a full-body harness and adequate tie-offs.
- d) Break out with rotary table.
- e) Break out with only one set of tongs (except with Area Manager approval).
- f) Back into collars or bits without the Area Manager's approval.
- g) Ride blocks or slide down pipe, collars, or deadline.
- h) Fail to take necessary surveys.
- i) Pull drill stem tests without reverse circulating. (May pull test tool above zone prior to reverse circulating.)
- j) Pull hose or chain across rotary table while table is running.
- k) Attach spinning chain to joint in mouse hole while rotary table is running.
- l) Leave controls unattended when people are working near a rotary table that is running.
- m) Pick up collars with catline, boom line, or air hoist without the Area Manager's approval.
- n) Bull plug any relief valve.
- o) Stand under any suspended loads or under a mast being raised or lowered.
- p) Leave the brake without chaining it down.
- q) Let slips ride when POOH except when laying down drill pipe.
- r) Apply fire directly to drilling line when thawing.
- s) Take or permit the taking of propane, diesel, or oil from rig supplies for any personal or off-site use.
- t) Trip pipe without first checking the crown-o-matic.
- u) Begin any repair work without first locking out and tagging out the affected equipment.
- v) Bridle up, raise or lower the derrick, or bridle down at night.

2. Falsifying Records

- a) Show people on payroll sheet who were not working or let anyone sign-off for another person.
- b) Enter any false information on drilling report books – such as surveys, BOP pressure tests, social security numbers, payroll time, etc.

3. Workers Compensation

- a) Fail to report and record all injuries immediately or upon first learning of the injury (or potential for an injury being workers comp related).
-

Termination

4. Contraband

- a) Allow or be in possession of intoxicating beverages, illegal drugs, or firearms at any rig location, yard or shop, or in any camp.
- b) Work under the influence of intoxicating beverages, illegal drugs, or prescription medication that impairs the ability to perform work safely.
- c) Failure to pass a Drug Test (1st failure – can reapply after 90 days)

5. Other work requirements

- a) Failure to return from Suspension, workers compensation, personal medical, family illness or any other leave of absence. Supervisor should immediately submit form upon knowledge of inability or failure to return.
 - b) No show (1st failure – can reapply after 90 days)
 - c) Walk out (1st failure – can reapply after 180 days)
-

Suspension or Termination

6. Other reasons – be specific on the Personnel Action Form

- a) Other violation of Company directives, policies, or procedures of a seriousness that warrants termination. (EXPLAIN ON FRONT)
 - b) Management decision based on circumstances (EXPLAIN ON FRONT)
-

Notes:

1. **Suspension or personal leave of absence extending beyond 30 days requires approval of Vice President, Operations**
2. **Any deviation from the above actions requires approval of the Vice President, Operations**