

Print Employee Name: \_\_\_\_\_ Personnel Number (P#):        Rig/Dept./Location: \_\_\_\_\_ Position: \_\_\_\_\_ 1st 5 #S of SSN     **Address Change** Date: \_\_\_\_\_ New Phone No. (\_\_\_\_\_) \_\_\_\_\_New Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**Promotion/Demotion** Date: \_\_\_\_\_ From (Position): \_\_\_\_\_ To (Position): \_\_\_\_\_

New Pay Rate (if applicable): \_\_\_\_\_

**Transfer Information** Date: \_\_\_\_\_ From Rig/Location: \_\_\_\_\_ To Rig/Location: \_\_\_\_\_

From (Position): \_\_\_\_\_ To (Position): \_\_\_\_\_

New Pay Rate (if applicable): \_\_\_\_\_

**Disciplinary Action** Date: \_\_\_\_\_ Type of Warning: Verbal  Written 

Reason: \_\_\_\_\_

**Suspension** From Date: \_\_\_\_\_ To Date: \_\_\_\_\_ **More than 30 days requires SVP Approval**

Reason: \_\_\_\_\_

**Authorization to Return from Suspension** Return Date: \_\_\_\_\_ Position: \_\_\_\_\_ Rig/Dept.: \_\_\_\_\_**Termination** Term Date: \_\_\_\_\_ Method (verbal,phone,etc): \_\_\_\_\_ Eligible for Rehire? YES  NO 

Termed By (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

 Lay-off. Reason for Layoff: \_\_\_\_\_ Voluntary quit. Date of Notice: \_\_\_\_\_ Reason (refer to back for guidance): \_\_\_\_\_ Discharged. Specify Reason & Detail Required (refer to back for guidance): \_\_\_\_\_**Workers' Comp. Injury** Date of Occurrence: \_\_\_\_\_ Estimated Absence:  Less than 1 weekFirst Full Day Away from Work: \_\_\_\_\_  Less than 1 monthFirst Full Day Returning to Work: \_\_\_\_\_  More than 1 month

(Submit all required paperwork to WC)

**Leave of Absence** Start Date: \_\_\_\_\_ Anticipated Length of Leave (# of Days): \_\_\_\_\_ Medical Leave (Non-work related - personal or family): \_\_\_\_\_ Military Leave (Type of Military Leave) \_\_\_\_\_ Personal Leave Reason: \_\_\_\_\_

Requests for 30 days or more of PERSONAL LEAVE requires SVP Approval \_\_\_\_\_

**Authorization to Return from Leave** Return Date: \_\_\_\_\_ Rig/Dept.: \_\_\_\_\_  Verified employee has completed Fit for Duty

(Submit all required paperwork to Benefits)

Print Supervisor/Manager Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed forms to HRUSD@ensignenergy.com

## REASONS FOR SUSPENSION/TERMINATION

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

BE SPECIFIC ON THE FRONT OF THIS FORM

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### Violation of "DO NOT LIST"

**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 the rules, or Supervisor who witnesses a rule being broken and does not take action.

#### 1. Operation Safety:

- a) Refer to the Do Not List for specific violation and specify on front of this form under "Suspension" or "Termination" section, as applicable.

#### 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).
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### Violation of other Company Policies

**First Offense: Termination**

**Second Offense: Termination – No Rehire**

#### 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 or illegal drugs, or work under prescription medication that could impair the ability to perform work safely.
  - c) Failure to pass a Drug Test (1<sup>st</sup> failure – can reapply after 365 days).
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### Supervisor Discretion: Suspension or Termination

#### 5. Other reasons – be specific on the Personnel Action Form

- a) Other violations of Company directives, policies, or procedures of a seriousness that warrants suspension or termination. (EXPLAIN ON FRONT)
  - b) Performance. (EXPLAIN ON FRONT)
  - c) Management decision based on circumstances. (EXPLAIN ON FRONT)
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#### Notes:

- Contact Benefits at [BenefitsUSD@ensignenergy.com](mailto:BenefitsUSD@ensignenergy.com) for all Leave of Absence Requests and Return from Leave Requests.
  - Once an individual has been put on the Do Not Rehire list, the Senior Vice President, Operations must approve any removal from that list.
  - Any deviation from the above actions requires approval of the Senior Vice President, Operations.
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### VOLUNTARY QUIT

- a) Resigned, other position
- b) Resignation
- c) Return to School
- d) Quit-no notice
- e) No show
- f) Walk off
- g) Retired
- h) Military Service (This may be LOA – check with benefits)
- i) Unsatisfactory performance (Detail must be provided)
- j) Deceased
- k) Failed drug test
- l) Other – DETAILED EXPLANATION ON FRONT IS REQUIRED