ENSIGN
United States Drilling Inc.

Personnel Action Form

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 week

First Full Day Away from Work: _____ ☐ Less than 1 month

First 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

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).

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 (1st failure – can reapply after 365 days).

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)

Notes:

- **Contact Benefits at 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.**

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 EXPLINATION ON FRONT IS REQUIRED