

**UNITED STATES DEPARTMENT OF ENERGY
WESTERN AREA POWER ADMINISTRATION
ACKNOWLEDGEMENTS**

INVENTIONS, DISCOVERIES, AND IMPROVEMENTS

I agree to furnish Western with complete information on every invention, discovery or improvement, arising from or related to work conducted or sponsored by Western or made or conceived by me during the period of my engagement or employment by Western.

I agree that Western shall have the sole power to determine whether or not and where a patent application shall be filed, and to determine the disposition of the title and the rights under any such invention, discovery or improvement, and under any application or patent that may result.

NEPOTISM

I certify that I _____ relatives who are employed at DOE or WAPA.
(have or do not have)

If I do have, their name, relationship, and office is listed on the back of this form.

ETHICS

I acknowledge receipt of the Standards of Ethical Conduct for Employees of the Executive Branch (dated October 2002).

MOVING EXPENSES (IF APPLICABLE)

I hereby agree to remain in the Federal Government for 12 months following the date of my entrance on duty in consideration of payment by the Federal Government of travel, transportation, and other moving expenses as may be allowable under the Administrative Expenses Act of 1946, as amended, and Public Law 89-516, approved July 21, 1966, and regulations issued thereunder by the General Services Administration. I also acknowledge receipt of moving instructions, which advises me of my maximum entitlements.

In the event that I fail to remain in the Federal Government for a period of 12 months following the effective date of my transfer, unless separated for reasons beyond my control and acceptable to the Western Area Power Administration, any monies expended by the Federal Government on account of such travel and transportation and other allowances pursuant to the above-cited authority shall be recoverable from me as a debt due the United States.

HEALTH BENEFITS

I acknowledge receipt of Health Benefits information and enrollment forms, and I have 60 days from the date of my appointment to elect or not elect coverage.

LIFE INSURANCE

I acknowledge receipt of Life Insurance information and enrollment forms, and I have 31 days from the date of my appointment to elect or not elect coverage.

EQUAL EMPLOYMENT OPPORTUNITY AND HARASSMENT POLICY

I acknowledge I have reviewed Western's policy statement on Equal Employment Opportunity and Harassment in the Workplace (WAPA P 311.4) and Order regarding Prevention of Sexual Harassment in the Workplace (WAPA O 311.2A).

(Signature of Employee)

(Street Address)

(Date)

(City, State, and Zip Code)