



DEPARTMENT OF ENERGY
Western Area Power Administration
12155 W. Alameda Parkway
Lakewood, CO 80228

NEW EMPLOYEE ACKNOWLEDGEMENT

INVENTIONS, DISCOVERIES, AND IMPROVEMENTS

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

I agree that WAPA 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 such invention, discovery, or improvement, and under any application or patent that may result.

ETHICS

This acknowledges the receipt of Standards of Ethical Conduct for Employees of the Executive Branch, which includes Part I of E.O. 12674 and 5 CFR Part 2635 regulation. I understand that it is my responsibility to read and comply with the statutes, rules, standards of conduct, and other regulations referred to therein.

NEPOTISM

I certify that I (select) relatives that are employed at DOE or WAPA. If I DO HAVE, their name, relationship to me, and DOE/ WAPA office is listed here:

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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 Service Administration. I also acknowledge receipt of moving instructions, which advises me of my maximum entitlements.

In the even that I fail to remain in the Federal Government for a period of 12-months following the effective date of transfer, unless separated for reasons by my control and acceptable to WAPA, 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 that 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 that I have 31-days from the date of my appointment to increase or decline coverage.

EQUAL EMPLOYMENT OPPORTUNITY AND HARASSMENT POLICY

I acknowledge that I have reviewed WAPA'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).

Printed Name

Signature

Date