

# RPM

## Regulations and Procedures Manual

*Approved by:*

James T. Krupnick

Associate Laboratory Director for Operations

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Lawrence Berkeley National Laboratory / University of California

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**Department of Energy under Contract DE-AC02-05CH11231.**

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Denotes a rewritten or new section



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## Foreword

The purpose of the Regulations and Procedures Manual (RPM) is to provide Laboratory personnel with a reference to University and Lawrence Berkeley National Laboratory policies and regulations by outlining the normal practices and answering most policy questions that arise in the day-to-day operations of Laboratory departments. Much of the information in this manual has been condensed from detail provided in Laboratory procedure manuals, Department of Energy (DOE) directives, and Contract DE-AC02-05CH11231. This manual is not intended, however, to replace any of those documents.

The sections on personnel apply only to employees who are not represented by unions. Personnel policies pertaining to employees represented by unions may be found in their labor agreements.

Questions concerning policy interpretation should be directed to the department responsible for the particular policy. A link to the [Managers Responsible for RPM Sections](#) is available on the RPM home page. If it is not clear which department should be called, please contact the [Associate Laboratory Director of Operations](#).

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## Definition of Terms in the RPM

### Rev. 03/08

In using the Regulations and Procedures Manual, the user should interpret the following terms as indicated below:

1. *University*. The University of California, represented by The Regents of the University of California and/or the University officers.
2. *DOE or Contracting Officer*. The United States Department of Energy (DOE), represented by the Manager of the Oakland Operations Office or his or her designated alternates.
3. *Lawrence Berkeley National Laboratory, Berkeley Lab, or the Laboratory*. These terms are used interchangeably, and all mean Lawrence Berkeley National Laboratory of the University of California.
4. *DOE/LBNL Contract*. The contract between the Regents of the University of California and DOE for operating Berkeley Lab is Contract No. DE-AC02-05CH11231. The term "the DOE/LBNL Contract" refers to this contract.
5. *Employee and Guest Categories*. Throughout the RPM, references are made to various types of individuals, primarily in terms of personnel matters, site access, pay, and travel. Generally, these individuals are either employees or guests. The following lists consolidate the various definitions and cite the sections containing each definition:

### Employment-Related Terms

**Confidential Employees**. Employees who hold positions requiring access to confidential information used for meeting and conferring. See [RPM §2.19\(B\)\(2\)](#) (*Definitions*).

**Exempt Employees**. Employees in administrative, executive, and professional classifications who are exempt from the Fair Labor Standards Act and are normally not paid for overtime. See [RPM §3.01\(A\)](#) (*Employee Classifications*).

**Full-Time Employees**. Employees with a 100-percent-time appointment working a complete work week or work month. See [RPM §3.01\(C\)](#) (*Work Schedule*).

**Managers**. Employees responsible for formulating or administering policies and programs of the Laboratory. See [RPM §2.19\(B\)\(1\)](#) (*Definitions*).

**Nonexempt Employees**. Employees in other than administrative, executive, and professional classifications who are covered by the provisions of the Fair Labor Standards

Act and who are normally scheduled for a specific number of hours per week and are paid overtime for work in addition to their normal schedule. See [RPM §3.01\(C\)](#) (*Work Schedule*).

**Represented Employees.** Employees in classifications represented by Skilled Crafts, Service, Clerical and Allied Services, University Professional and Technical Employees, and Registered Nurses unions and not excluded as managerial, supervisory, or confidential employees (see respective labor agreements for terms and conditions of employment).

**Supervisory Employees.** Individuals, regardless of job description or title, who directly supervise two or more employees and who have (1) authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees or (2) responsibility to direct them, adjust their grievances, or effectively recommend such action if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature but requires the use of independent judgment. See [RPM §2.19\(B\)\(3\)](#) (*Definitions*).

## Guests

**Casual Visitors.** Individuals visiting the Laboratory for one week or less who are not engaged in Laboratory research or use of Laboratory facilities. See [RPM §1.06\(A\)\(2\)](#) (*Casual Visitors*). Included in this category are those who are giving or attending seminars, those who are visiting the Laboratory for limited scientific discussions or as nonparticipants solely to observe research in progress, radiotherapy patients, job seekers, tour groups, employee family/friends, retired employees with occasional reason to visit the site, and the press.

**Interviewees.** Job applicants visiting the Laboratory for the purpose of a personal interview as part of the selection process for employment. See [RPM §11.08\(N\)\(1\)](#) (*Non-Laboratory Personnel/Interviewees*).

**Invited Guests.** Individuals invited to attend a meeting, present a lecture, or conduct a seminar at the Laboratory who will receive an honorarium or payment for travel expenses. See the Financial Policies and Procedures Manual for specific information on [Honoraria](#) and [Non-Employee Stipends](#).

**Participating Guests.** Non-Laboratory employees who are engaged on site in Laboratory activities and who fall into one or more of the following categories:

1. **Users.** Individuals visiting the Laboratory to use Laboratory User Facilities, defined as "designated user facilities" or "other user resources" by DOE's Office of Science.
2. **NERSC Users.** Individuals using National Energy Research Scientific Computing Center (NERSC) facilities either remotely or while visiting the Laboratory.
3. **Scientific Collaborators.** Individuals visiting the Laboratory who are engaged in Laboratory-approved research, testing, or analysis either through "hands-on" activities or collaborative discussions with Laboratory employees. Included in this

category are faculty and students from other University of California facilities and other educational institutions, fellowship students, postdoctoral fellows, research fellows, and other professionals having adequate training and experience and meeting high professional standards in their fields.

4. **Student Guests.** Individuals who are students under the direct supervision of a division to which the student is attached.
5. **Nonscientific.** Individuals who have been assigned to Berkeley Lab as their place of work either as employees of temporary employment services/agencies or as contract labor employees.
6. **Consultants.** Individuals who have entered into a consultant agreement with Berkeley Lab under the terms of [RPM §11.04](#) (*Consultants to Lawrence Berkeley National Laboratory*).
7. **Guest Researchers.** Research personnel and students in cooperative work programs, including foreign nationals, invited to participate in a Laboratory project as nonemployees. See [RPM §1.06\(A\)\(3\)](#) (*Participating Visitors*).

## RPM Changes

DISCLAIMER: The CSO/RPM staff does not create or interpret policy for the RPM. Responsible Managers initiate all changes, except when an annual "snapshot" edit is being performed by CSO to look for errors in the existing RPM content.

The following terms and definitions are useful for LBNL managers who are responsible for the policies contained in the RPM:

1. **Responsible Manager.** LBNL employees who are responsible for formulating and administering policies of the Laboratory, and ensuring that the RPM sections describing these policies are accurate and up to date.
2. **CSO/RPM Editor.** The writer and editor from the Creative Services Office who, at the request and approval of responsible managers and Operations, is responsible for updating RPM sections, archiving changes to the RPM Web document, reviewing the RPM during the annual Snapshot, and editing quarterly Policy and Procedure memos for publication in *Today at Berkeley Lab*.
3. **CSO/RPM Managing Editor.** Coordinates the policy manual with responsible managers to maintain policies that are current, and to make sure the Lab has an up-to-date manual, at any time. Generates RPM status reports on request. Works with RPM Editor to refine and monitor RPM processes.
4. **Major Change.** Major changes affect Laboratory policies, and therefore require the

Associate Laboratory Director of Operations' approval before they are sent to the CSO/RPM Editor for publication in the RPM.

The following are examples of major changes:

- The addition of a new RPM chapter (e.g., Chapter 11) or section (e.g., Section 2.28) to implement a new policy or policy revisions. The new policy or policy revisions may impact other policies cited in the RPM or other Laboratory policy manuals (e.g., The Health and Safety Manual (PUB-3000), the Financial Policies and Procedures Manual, etc.).
  - The removal of an RPM chapter, section, or policies and procedures described in an RPM chapter or section to another RPM chapter or section, or to another LBNL institutional document, e.g., The Health and Safety Manual (PUB-3000), the Finance Policies and Procedures Manual, etc.
  - The deletion of an RPM chapter or section.
  - The revision of an existing chapter or section to implement a new policy or policy revisions. The new policy or policy revisions may impact other policies cited in the RPM or other Laboratory policy manuals (e.g., The Health and Safety Manual (PUB-3000), the Financial Policies and Procedures Manual, etc.).
5. **Major Change Requiring a 30-Day Notice.** Major changes that involve HR policy and have an affect on employment terms need to be announced in *Today at Berkeley Lab (TABL)*. Employees are given 30 calendar days from the date the notice was published in *TABL* to review the proposed changes, and to send their comments and questions to the HR policy contact person. Major changes that require a 30-day notice also require the Associate Laboratory Director of Operations' approval before they are sent to the CSO/RPM Editor for publication in the RPM.
6. **Minor Change.** Minor changes do not affect policies, and therefore do not require the Associate Laboratory Director of Operations' approval before being sent to the CSO/RPM Editor for publication in the RPM. Minor changes are made to reflect current practices, responsibilities in reporting, department names, etc.

The following are examples of minor changes:

- Updates to data, tables, or figures in an RPM chapter, section, or paragraph.
- The addition or revision of a few sentences or paragraphs to existing RPM chapters, sections, or paragraphs to clarify policy that's already been approved

by the Associate Laboratory Director of Operations.

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## Guide to Using the On-Line RPM

The basic unit of the on-line RPM is the section, e.g., RPM §1.02 (*Administrative Announcements and Directories*). The revision date for each section appears below the title block at the beginning of the section and applies to the entire section. Subsections are called paragraphs.

### Printing from the Web

Before you print from your browser, you may have to change the size of the browser window. If the window is too wide, text along the right-hand edge will be cut off. Even the default window width in many browsers will cut off text in printing. If this occurs, narrow the width of the browser window (drag the window's lower right-hand corner to the left) and try again.

You can easily print an entire section of the RPM with your Web browser. To do so, do not specify a page range in the print dialog box. You may also be able to print individual parts of a section by specifying a page range, but be aware: the results will depend on such things as your printer driver and your printer. If your browser will only print entire sections, you can still print a specific part of a section by copying that part into a word-processing file and printing it through your word processor. Here's how:

1. Select the text you want to print by highlighting it. Remember that the revision date for the section occurs only below the title block at the beginning of the section.
2. Copy the selection to the clipboard.
3. Open a new document with a word-processing program.
4. Paste the contents of the clipboard (the text you selected) into the new document.
5. Print the new document.

### Searching Web Version of RPM

At the bottom of this page and on the RPM Title Page, the Search the RPM link provides access to a tool that can search the Web version of the RPM for specific strings of characters. Some tips follow:

- Do not use punctuation in the search string.
- Make your search string fewer than 30 characters long.
- Type AND or OR in your search string to look for places where two different strings both occur or where one or the other occurs. Click on the Search the RPM link for directions.
- Type # in your search string to allow variability in that position of the string. For example, if you type "lead#s," the search engine will find strings containing "leads," "leaders," "leadership," and

"lead time is." Click on the Search the RPM link for more information.

## Changes to Web Version of RPM

The Web version of the RPM is updated frequently. The date of the last revision appears in the window's title bar and below the title block. The following flags are used to show where the latest changes can be found:

 Denotes a rewritten or new section

 Denotes the beginning of changed text within a section

 Denotes the end of changed text within a section

 Denotes deleted text

For questions or comments about updating an RPM section or about the RPM Web site, contact the RPM editors in the Creative Services Office:

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For technical questions about the World Wide Web or your browser, contact the Help Desk at 510-486-HELP (486-4357) or visit their web site at <http://www.lbl.gov/cs/help/>.

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## Procedures for Submitting Changes to Update the RPM

Revised 03/07

[Responsible Managers](#) initiate updates when there are (1) changes in applicable laws, regulations, directives, or University of California policies; or (2) changes in Berkeley Lab organizations, operational activities, or business approach. There are three types of changes. Click on the appropriate type to view the procedures for making these changes:

1. [Workflow for RPM Major Changes](#)  
Go [here](#) to see a definition of a Major Change.
  
2. [Workflow for Human Resources' RPM Major Changes Requiring 30-Day Notice to Lab Employees](#)  
Go [here](#) to see a definition of a Major Change Requiring 30-Day Notice.
  
3. [Workflow for Minor Changes](#)  
Go [here](#) to see a definition of a Minor Change.

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### 1. Workflow for RPM Major Changes

Go [here](#) to see a definition of a Major Change.

RPM § \_\_\_\_\_

Responsible Manager/Designee (RM/D) \_\_\_\_\_

Who	Action	Date	Comments
RM/D	1. Change drafted.		Reason for change: _____ _____ _____
	2. Offices contacted whose policies might be affected by the change:		
		3. Archived electronic approval signature from Associate Laboratory Director of Operations (ALDO).	
	4. Change sent to CSO editor.		

CSO	5. Uploaded Responsible Manager's requested changes to the <a href="#">RPM Hold page</a> .		
RM/D	6. Finalized change with CSO editor.		
	7. If required, send TABL blurb announcing policy change to CSO.		
CSO	8. With approval from RM/D, upload edited change to the RPM Web document.		
	9. If required, send edited TABL blurb to TABL editor. Confirm publication date.		
	10. Documented change in the RPM Update Log.		

## 2. Workflow for Human Resources' RPM Major Changes Requiring 30-Day Notice to Lab Employees

Go [here](#) to see a definition of a Major Change Requiring 30-Day Notice.

RPM § \_\_\_\_\_

Responsible Manager/Designee (RM/D) \_\_\_\_\_

Who	Action	Date	Comments
RM/D	1. Change drafted.		Reason for change: _____ _____ _____
	2. Offices contacted whose policies might be affected by the change:		
	3. Archived electronic approval signature from Associate Laboratory Director of Operations (ALDO).		

	4. Proposed change sent to CSO editor.		
CSO	5. Uploaded Responsible Manager's requested changes to the <a href="#">RPM Hold page</a> .		
RM/D	6. Finalized change with CSO editor.		
	7. Sent TABL blurb announcing proposed policy change to CSO editor.		
CSO	8. Sent edited notice to TABL editor, and confirmed publication date.		
	9. Uploaded change to the <a href="#">Proposed Policy page</a> .		
	10. Tracked the beginning and ending date of 30-calendar-day notice, and sent dates to RM/D.		
RM/D	11. Significant changes needed due to employee feedback? Yes/No  If yes, ALDO must review and approve new changes.		
	12. Finalized change with CSO editor when 30-calendar-day notice ends.		
	13. Sent TABL blurb announcing new policy to CSO editor.		
CSO	As directed by RM/D when the 30-calendar-day notice ends:		
	14. Uploaded change to the <a href="#">RPM Web document</a> .		
	15. Sent edited TABL announcement to TABL editor. Confirmed publication date.		

	16. Documented change in the RPM Update Log.		
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### 3.Workflow for RPM Minor Changes

Go [here](#) to see a definition of a Minor Change.

RPM §\_\_\_\_\_

Responsible Manager/Designee (RM/D)\_\_\_\_\_

Who	Action	Date	Comments
RM/D	1. Change drafted.		Reason for change: _____ _____ _____
	2. If necessary, archived documents that show reason for minor change.		
	3. Change sent to CSO editor.		
CSO	4. Uploaded Responsible Manager's requested changes to the <a href="#">RPM Web document</a> .		
	5. Documented change in the RPM Update Log.		

## Managers Responsible for RPM Sections

Rev. 09/08

Section	Section Title	Position Title	Approver
<a href="#">§1.01</a>	Manuals, Handbooks, and Similar Publications	Chief Information Officer	Rosio Alvarez
<b>§1.02</b>	Administrative Announcements and Directories <span style="color: red;">[section deleted 09/07]</span>	Chief Information Officer	Rosio Alvarez
<a href="#">§1.03</a>	Plant Construction, Maintenance, and Service	Facilities Division Director	Jennifer Ridgeway
<a href="#">§1.04</a>	Operation and Parking of Motor Vehicles and Bicycles	Manager, Security & Emergency Operations	Dan Lunsford
<a href="#">§1.05</a>	Use of Official Vehicles	Facilities Division Director	Jennifer Ridgeway
<a href="#">§1.06</a>	Laboratory Site Access	Manager, Security & Emergency Operations	Dan Lunsford
<b>§1.07</b>	Laboratory-Hosted (Funded) Meetings <span style="color: red;">[Moved to §11.01 on 4/12/07]</span>	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<b>§1.08</b>	Laboratory-Hosted (Funded) Conferences <span style="color: red;">[Moved to §11.02 on 4/12/07]</span>	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<b>§1.09</b>	Open Meetings <span style="color: red;">[Section deleted 06/08]</span>	Chief Human Resources Officer	Vera Potapenko
<a href="#">§1.10</a>	Conference Rooms	Facilities Division Director	Jennifer Ridgeway
<b>§1.11</b>	Notary Public Service <span style="color: red;">[Section deleted 03/08]</span>	Chief Human Resources Officer	Vera Potapenko
<a href="#">§1.12</a>	Health Services	Environment, Health and Safety Division Director	Howard Hatayama

<a href="#">§1.13</a>	Food Services	Facilities Division Director	Jennifer Ridgeway
<b>§1.14</b>	Credit Unions [Section deleted 03/08]	Chief Human Resources Officer	Vera Potapenko
<b>§1.15</b>	Employee Activities Association [Section deleted 06/08]	Chief Human Resources Officer	Vera Potapenko
<b>§1.16</b>	Campus Facilities [Section deleted 03/08]	Chief Human Resources Officer	Vera Potapenko
<a href="#">§1.17</a>	Archives and Records Management	Chief Information Officer	Rosio Alvarez
<a href="#">§1.18</a>	Solicitation and Acceptance of Gifts	Sponsored Projects Office Manager	Jeffrey Weiner
<a href="#">§1.19</a>	Use of Laboratory Mail System	Facilities Division Director	Jennifer Ridgeway
<a href="#">§1.20</a>	Space Management	Associate Laboratory Director for Operations	James Krupnick
<a href="#">§1.21</a>	Berkeley Lab Stationery and Logos	Public Affairs Department Head	Jeff Miller
<b>§1.22</b>	Forms Management [section deleted 09/07]	Chief Information Officer	Rosio Alvarez
<a href="#">§1.23</a>	Organizational Membership	Associate Laboratory Director for Operations	James Krupnick
<a href="#">§1.24</a>	Metric Usage	Associate Laboratory Director for Operations	James Krupnick
<a href="#">§1.25</a>	Institutional Committees	Deputy Director	Paul Alivisatos
<b>§1.26</b>	Financial Business [Moved to §11.03 on 4/12/07]	Chief Financial Officer	Jeffrey Fernandez
<a href="#">§1.27</a>	Unified Project Call Process	Facilities Division Director	Jennifer Ridgeway
<a href="#">§2.01</a>	Hiring Policies and Procedures	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.02</a>	Transfer, Promotion, and	Chief Human Resources	Vera Potapenko

	Other Changes in Status	Officer	
<a href="#">§2.03</a>	Employee Evaluations	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.04</a>	Education and Employee Development	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(A)</a>	Employee Relations/Areas of Responsibility	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(B)</a>	Employee Relations/Early Problem Resolution	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(C)</a>	Employee Relations/Corrective Action and Dismissal	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(D)</a>	Employee Relations/Employee Complaint Resolution	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(E)</a>	Employee Relations/University of California Procedures for Responding to Reports of Sexual Harassment	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(F)</a>	Employee Relations/Violence in the Workplace	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(G)</a>	Employee Relations/Employee Assistance Program	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(H)</a>	Employee Relations/Reasonable Accommodation  [Note: This section has been moved to <a href="#">§2.01(B)(4)</a> .]	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.05(I)</a>	Employee Relations/Integrity in Research	Research and Institutional Integrity Manager	Meredith Montgomery
<a href="#">§2.05(J)</a>	Employee Relations/Reporting and Investigating Allegations of Suspected Improper Governmental Activities	Research and Institutional Integrity Manager	Meredith Montgomery

	(Whistleblower Policy)		
<a href="#">§2.05(K)</a>	Employee Relations/Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints (Whistleblower Protection Policy)	Research and Institutional Integrity Manager	Meredith Montgomery
<a href="#">§2.05(L)</a>	Employee Relations/Unauthorized Absences and Job Abandonment	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.06</a>	Compensation Program	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.07</a>	Professional Research Staff	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.08</a>	Vacation Leave	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.09</a>	Sick Leave	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.10</a>	Holidays	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.11</a>	Miscellaneous Leave With Pay	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.12</a>	Leave of Absence Without Pay	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.13</a>	Family Care and Medical Leave	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.14</a>	Military Leave	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.15</a>	Workers' Compensation Insurance	Environment, Health and Safety Division Director	Howard Hatayama
<a href="#">§2.16</a>	Group Insurance and	Chief Human Resources	Vera Potapenko

	Retirement Plans [ <a href="#">Section deleted 4/1/08</a> ]	Officer	
<a href="#">§2.17</a>	Employee Records	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.18</a>	Regulations Implementing University of California Policies Applying to Campus Activities, Organizations, and Students	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.19</a>	Rules and Regulations on Relations with Employee Organizations	Chief Human Resources Officer	Vera Potapenko
<b>§2.20</b>	Outside Employment and Business Activities [ <a href="#">Moved to §10.02 in 08/06</a> ]		
<a href="#">§2.21</a>	Terminations	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.22</a>	Severance Payments	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.23</a>	Miscellaneous	Chief Human Resources Officer	Vera Potapenko
<b>§2.24</b>	Consultants to Lawrence Berkeley National Laboratory [ <a href="#">Moved to §11.04 on 4/12/07</a> ]	Procurement and Property Manager	Derrol Hammer
<b>§2.25</b>	Honoraria and Stipends for Laboratory Guests [ <a href="#">Honoraria moved to §11.29, and Stipends for Laboratory Guests to §11.33 on 4/12/07</a> ]	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§2.26</a>	Catastrophic Leave Sharing	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.27</a>	Upper Laboratory Management	Chief Human Resources Officer	Vera Potapenko

<b>§2.28</b>	[Section being developed.]	Chief Human Resources Officer	Vera Potapenko
<a href="#">§2.29</a>	Work Deferment Policy	Chief Human Resources Officer	Vera Potapenko
<a href="#">§3.01</a>	Definitions	Chief Human Resources Officer	Vera Potapenko
<b>§3.02</b>	Time Reporting [Moved to §11.05 on 4/12/07]	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§3.03</a>	Overtime	Chief Human Resources Officer	Vera Potapenko
<a href="#">§3.04</a>	Special Pay Provisions	Chief Human Resources Officer	Vera Potapenko
<b>§3.05</b>	Pay Periods, Computations, and Deductions [Moved to §11.06 on 4/12/07]	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<b>§3.06</b>	Paydays and Check Distributions [Moved to §11.07 on 4/12/07]	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§4.01</a>	Relocation Policy	Chief Human Resources Officer	Vera Potapenko
<b>§4.02</b>	Relocation [section moved to 4.01 on 5/16/08]	Chief Human Resources Officer	Vera Potapenko
<b>§4.03</b>	Shipment of Household Goods [section deleted on 5/16/08]	Chief Human Resources Officer	Vera Potapenko
<a href="#">§5.01</a>	Public Information and External Relations	Public Affairs Department Head	Jeff Miller
<a href="#">§5.02</a>	Scientific and Technical Publications	Chief Information Officer	Rosio Alvarez
<a href="#">§5.03</a>	Patents	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis

<a href="#">§5.04</a>	Printing	Public Affairs Department Head	Jeff Miller
<a href="#">§5.05</a>	Licensing Income Distribution	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<a href="#">§5.06</a>	Proprietary Information from External Sources	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<a href="#">§5.07</a>	Disclosure of Laboratory Proprietary Information	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<a href="#">§6.01</a>	Obtaining Goods and Services [Moved to §11.38 on 4/12/07]	Procurement and Property Manager	Derrol Hammer
<a href="#">§6.02</a>	Use of Laboratory Property and Supplies [Moved to §11.39 on 4/12/07]	Property Manager	John Morgan
<a href="#">§6.03</a>	Property Management [Moved to §11.40 on 4/12/07]	Property Manager	John Morgan
<a href="#">§7.01</a>	Environment, Safety, and Health	Environment, Health and Safety Division Director	Howard Hatayama
<a href="#">§8.01</a>	Quality Assurance	Assurance and Quality Program Manager	Melanie Gravois
<a href="#">§9.01</a>	Computing and Communications	Chief Information Officer	Rosio Alvarez
<a href="#">§9.02</a>	Operational Procedures for Computing and Communications	Chief Information Officer	Rosio Alvarez
<a href="#">§10.01</a>	Conflict of Interest — General	Research and Institutional Integrity Manager	Meredith Montgomery

<a href="#">§10.02</a>	Outside Employment and Employee Business Activities	Research and Institutional Integrity Manager	Meredith Montgomery
<a href="#">§10.03</a>	Self-Disqualification and Conflict of Interest for Designated Officials	Research and Institutional Integrity Manager	Meredith Montgomery
<a href="#">§10.04</a>	Employment of Near Relatives and Domestic Partners	Chief Human Resources Officer	Vera Potapenko
<a href="#">§10.05</a>	General Research Related Conflict of Interest	Research and Institutional Integrity Manager	Meredith Montgomery
<a href="#">§10.06</a>	Federal Financial Disclosure	Sponsored Projects Office Manager	Jeff Weiner
<a href="#">§10.07</a>	State of California Financial Disclosure	Sponsored Projects Office Manager	Jeff Weiner
<a href="#">§10.08</a>	Technology Transfer/Cooperative Research and Development Agreement (CRADA)	Sponsored Projects Office Manager	Jeff Weiner
<a href="#">§10.09</a>	Human Subjects Conflict of Interest	Lead Compliance Specialist, HARC	Chris Byrne
<a href="#">§10.10</a>	Disclosure of Laboratory Proprietary Information	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<a href="#">§10.11</a>	Disclosure of Financial Interests Relating to Licensing	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<a href="#">§11.01</a>	Laboratory-Hosted (Funded) Meetings	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<a href="#">§11.02</a>	Laboratory-Hosted (Funded) Conferences	Operations Manager, Office of the Chief Financial Officer	Anil Moré

<a href="#">§11.03</a>	Financial Management	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.04</a>	Consultants to Lawrence Berkeley National Laboratory	Procurement and Property Manager	Derrol Hammer
<a href="#">§11.05</a>	Time Reporting	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.06</a>	Pay Periods, Computations, and Deductions	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.07</a>	Paydays and Check Distributions	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.08</a>	Travel Policy	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.09</a>	Nonstandard Financial Billing and Payment Terms for Work for Others	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.10</a>	Laboratory Food Service (Meals and/or Refreshments)	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<a href="#">§11.11</a>	Financial Management Roles and Responsibilities	Manager, Field Operations	Doug Goodman
<a href="#">§11.12</a>	Account Reconciliations	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.13</a>	Accounting for Excess Stores Inventory	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.14</a>	Accrued Liabilities	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.15</a>	Advance Payment Requirement for Non-Federal Work for Others (WFO) Sponsors	Field Operations Manager, Office of the Chief Financial Officer	Doug Goodman
<a href="#">§11.16</a>	Allowance for Doubtful Accounts	Controller, Office of the Chief Financial Officer	Jeanne Kissel

<a href="#"><u>§11.17</u></a>	Allowance for Loss on Stores Inventory	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.18</u></a>	Audit Resolution and Follow-Up	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<a href="#"><u>§11.19</u></a>	Bridge Funding	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#"><u>§11.20</u></a>	Capital Equipment Fabrications	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.21</u></a>	Compensation above Salary Limits for WFO Agreements	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.22</u></a>	Construction Work in Progress (CWIP) Policy	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.23</u></a>	Cost Allowability	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.24</u></a>	Financial Certifications by Laboratory Officials for Select Work for Others Award Documents	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.25</u></a>	Financial Management of Contractor Supporting Research (CSR) Program	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.26</u></a>	Financial Management of Monetary Gifts	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.27</u></a>	Financial Systems Data Field Changes	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<a href="#"><u>§11.28</u></a>	G&A Expenses	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#"><u>§11.29</u></a>	Honoraria	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#"><u>§11.30</u></a>	Invoice Cancellation	Controller, Office of the	Jeanne Kissel

		Chief Financial Officer	
<a href="#">§11.31</a>	Invoice Certifications	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.32</a>	Miscellaneous Invoice Requests	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.33</a>	Stipends for Non-Employee	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.34</a>	Office of Homeland Security Charge	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#">§11.35</a>	Organization Burden	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#">§11.36</a>	Business System Ownership	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<a href="#">§11.37</a>	Write Off Accounts Receivable	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.38</a>	Obtaining Goods and Services	Procurement and Property Manager	Derrol Hammer
<a href="#">§11.39</a>	Use of Laboratory Property and Supplies	Property Manager	John Morgan
<a href="#">§11.40</a>	Property Management	Property Manager	John Morgan
<a href="#">§11.41</a>	Recharges	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#">§11.42</a>	Resource Adjustments	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.43</a>	Signature Authority for Financial Transactions	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.44</a>	Sponsored Projects Office (SPO)	Sponsored Projects Office Manager	Jeffrey Weiner
<a href="#">§11.45</a>	Stop Work Process for Funds Control Compliance	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner

<a href="#">§11.46</a>	Technology Transfer Courses	Controller, Office of the Chief Financial Officer	Jeanne Kissel
<a href="#">§11.47</a>	WN Funding Requests	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#">§11.48</a>	Workers' Compensation	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<a href="#">§11.49</a>	FMS User Access Control	Operations Manager, Office of the Chief Financial Officer	Anil Moré

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## RPM Update Log for 2008

Below is a log of the changes and additions to the Web version of the RPM from January 1, 2008, through the present.

Changes made to the RPM before January 1, 2008, can be found in the [RPM Archive Log](#).

Section/ Paragraph No.	Section/ Paragraph Name(s)	Change	Revision Date
Definitions		Changed reference to 2.01(B)(4) to 11.08(N)(1) in definition of "Interviewees." Reference changed due to revisions to 2.01 and 11.08.	03/11/08
1.01	Manuals, Handbooks, and Similar Publications	Revised to reflect current policy manuals in use at LBNL.	07/15/08
1.04(B)	Motor Vehicle and Bicycle Parking	Paragraph revised to reflect current Laboratory parking policies for motor vehicles and bicycles.	02/29/08
1.04(C)	Emergency Off-Hour Automotive Assistance	Paragraph revised to reflect current policy.	02/29/08
1.06	Laboratory Site Access	Section revised to reflect current site access policy, particularly in relation to international guests.	02/29/08
1.09	Open Meetings	Section deleted.	06/17/08
1.11	Notary Public	Section deleted.	03/14/08
1.14	Credit Unions	Section deleted.	03/14/08
1.15	Employee Activities Association	Section deleted.	06/16/08
1.16	Campus Facilities	Section deleted.	03/14/08
Chapter 2	Human Resources	"Personnel" chapter renamed "Human Resources."	03/10/08

2.01	Employment	Section formerly called "Hiring Policies and Procedures" renamed "Employment." Employment policy revised clarify and update the policy, eliminate redundancies and outdated procedures, and provide updates to appointment types.	03/10/08
2.02	Transfer, Promotion, and Other Changes in Status	Policy descriptions in (A) (Transfer, Promotion, and Demotion), and details about reference checks and background checks, moved to revised version of 2.01 (Employment).	03/10/08
2.05(D)	Management/Employee Relations / Employee Complaint Resolution	Section updated to reflect new work-deferment policy described in Section 2.29.	08/14/08
2.05(I)	Research Misconduct	Replaces old 2.05(I) (Integrity in Research). Section revised to reflect current policies concerning research misconduct.	02/28/08
2.05(J)	Whistleblower Policy	Section updated to reflect UC's revised policy effective 4/1/08.	04/01/08
2.07	Professional Research Staff	Section revised to reflect new work-deferment policy described in Section 2.29.	08/14/08
2.08(B)(2)	Vacation Credit Accrual Rates / Students	Changed reference to 2.01(K) to (D) (Types of Appointments), due to revision to 2.01.	03/10/08
2.09(F)(2)	Reinstatement of Sick Leave Policy	Paragraph revised so that policy includes recall status.	06/05/08
2.15	Workers' Compensation Insurance	Responsible Manager changed from Vera Potapenko to Howard Hatayama.	01/16/08
2.16	Group Insurance and Retirement Plans	Section deleted.	04/01/08
2.18	Regulations Implementing UC Policies Applying to Campus Activities, Organizations, and	Paragraph (B)(1) (Time, Place, and Manner Regulations / Meetings) revised due to 1.09 (Open Meetings) being	06/17/08

	Students	merged with 2.18.	
2.21(B)	Reduction in Force	Changed references to 2.01(K) (Types of Appointments) to 2.01(D) due to revision to 2.01.	03/10/08
2.21(E)	Medical Separation	Changed references to 2.01(A)(3) to 2.01(B)(4), and 2.01(B)(3)(b) (Publicizing Job Vacancies) to 2.01(C)(3)(a) (Recruitment) due to revision to 2.01.	03/10/08
2.22	Severance Payments	Revised to be consistent with new work-deferment policy described in Section 2.29.	08/14/08
2.29	Work Deferment Policy	New section.	08/14/08
Chapter 4	Relocation	Chapter 4 (Travel) renamed "Relocation."	05/16/08
4.01	Relocation Policy	Section 4.01, formerly a link to 11.08 (Travel Policy), renamed "Relocation Policy."	05/16/08
4.01	Relocation Policy	Revised to include temporary duty and relocation.	09/24/08
4.02	Relocation	Section revised and moved to 4.01.	05/16/08
4.03	Shipment of Household Goods	Section deleted.	05/16/08
5.01	Public Information and External Relations	Updated references to online newsletters, because <i>The View</i> has been replaced by the Berkeley Lab News Center and <i>Today at Berkeley Lab</i> .	09/16/08
5.02	Scientific and Technical Publications	Revised Paragraphs (D) ( <i>Report Processing</i> ) and (H) ( <i>Page Charges and</i>	04/29/08

		<i>Reprint Ordering</i> ). Clarified role of Report Coordination in the ensurance of contractual inofrmation requirements. Clarified handling of publication fees.	
5.02	Scientific and Technical Publications	Updated references to online newsletters, because <i>Currents</i> has been replaced by the Berkeley Lab News Center and <i>Today at Berkeley Lab</i> .	09/16/08
5.03	Patents	Section revised to reflect current patent policy.	02/01/08
5.03(D)	Additional Patent Policies	Changed references from 2.01(J) to 2.01(C)(7)(d); 2.20(H) to 10.02(H); and 2.24 to 11.04(C)(11), due to revision to policies.	03/10/08
5.05	Licensing Income Distribution	Section revised to clarify the importance of performing work in a way that doesn't interfere with ongoing DOE projects.	06/30/08
7.01(B)(1)	Environment, Safety, and Health (ES&H) / Implementing Elements / Line Management Responsibilities	Paragraph revised to ensure that managers and supervisors understand that their ES&H responsibilities include material and equipment under their purview regardless of where it came from.	09/11/08
10.07	State of California Financial Disclosure/General	10.07(A) updated to clarify State and UC policies for projects funded by a research gift.	01/22/08
Chapter 11	Office of the Chief Financial Officer Policies	Links updated throughout Chapter 2 table of contents.	03/14/08
11.01(F)	Laboratory-Hosted (Funded) Meetings/Authorization	Paragraph revised to clarify when meeting requests are to be submitted for approval by Conference Services.	02/28/08
11.02	Laboratory-Hosted (Funded) Conferences	Content deleted; section linked to Financial Policies and Procedures Web page.	01/30/08
11.05(D)	Time Reporting/Reporting Periods and Increments	Revised to include EH&S in time-reporting categories.	Effective 06/01/08

11.08(M)	Travel Policy/Travel Expense Reports	Paragraph revised to clarify policy for reimbursing employees for employee-purchased airline tickets.	02/15/08
11.10(D)	Laboratory Food Service / Service of Alcoholic Beverages (for On-Site and Local Meetings)	Paragraph revised to reflect current policy, whereby requests are submitted to the Laboratory Director.	06/30/08
11.10(E)	Laboratory Food Service / Recruitment Meals	Paragraph revised to clarify recruitment meal policy.	06/25/08
11.11	Nonstandard Financial Billing for Work for Others	New section added to OCFO policies and procedures Web site.	01/17/08
11.11	Nonstandard Financial Billing for Work for Others	Deleted because this topic is already covered in 11.09 (also called "Nonstandard Financial Billing for Work for Others"). Unnecessary to have two sections with twin content.	03/14/08
11.12	Financial Management Roles and Responsibilities	New section.	08/21/08
11.49	FMS User Access Control	New section added to OCFO policies and procedures Web site.	01/17/08

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## RPM Archive Log for 2007

Below is a log of changes and additions to the Web version of the RPM from January 1 to December 31, 2007.

- For changes made to the RPM *before* 2007, go to the [RPM Archive Log for 1995–2006](#).
- For changes made to the RPM in 2008, go to the [RPM Update Log for 2008](#).

Section/ Paragraph No.	Section/ Paragraph Name(s)	Change	Revision Date
	Procedures for Submitting Changes to Update the RPM	Entire section revised to reflect clarify change procedures, stating that all responsible managers must get approval of the Associate Laboratory Director for Operations' approval for major changes to RPM sections.	03/19/07
§1.02	Administrative Announcements and Directories	Section deleted 09/07 during Snapshot Review	Deleted 09/07
§1.04(A)	Motor Vehicle and Bicycle Parking/General	Revised so policy also prohibits use of electronic personal assisted mobility devices (such as Segways) on Laboratory property.	06/06/07
§1.04(C)(1)(o)	Motor Vehicle and Bicycle Parking/General	Revised to clarify that parking in a reserved or barricaded space is for casual visitors only.	02/07/07
§1.07	Laboratory-Hosted (Funded) Meetings	Moved to §11.01 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§1.08	Laboratory-Hosted (Funded) Conferences	Moved to §11.02 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§1.26	Financial Business	Renamed "Financial Management." Link to policy moved to §11.03 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies). Policy content moved to the OCFO Financial Policy and	04/12/07

		Training Office Web page.	
§2.01(B)(5)	Hiring Policies and Procedures/Recruitment /Reimbursement for Meals	Changed link to new RPM Section 11.10 (Laboratory Food Service (Meals and/or Refreshments)	11/05/07
§2.01(K)(4)	Hiring Policies and Procedures/Types of Appointments/Term	Policy on Term appointment revised, due to ripple effects from major revision of 2.07 (Professional Research Staff).	04/13/07
§2.07	Professional Research Staff	Major revision of chapter: new titles for S&E staff in effect.	04/13/07
§2.21(D)	Terminations/Release of Employees in Term Appointments	Policy on release of employees in term appointments revised, due to ripple effects from major revision of 2.07 (Professional Research Staff).	04/13/07
§2.22(C)(1)	Severance Payments/Severance Payment Calculations and Methods of Payment/Calculation	Section updated to reflect current policy, and new (non-UC) management for LLNL and LANL.	12/18/07
§2.23(F)(4)	Miscellaneous/Conflicts of Interest/Designated Official Positions	Updated link Conflict of Interest Code to <a href="http://www.ucop.edu/ogc/coi/lbnl.html">http://www.ucop.edu/ogc/coi/lbnl.html</a> .	05/23/07
§2.24	Consultants to Lawrence Berkeley National Laboratory	Moved to §11.04 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§2.25	Honoraria and Stipends for Laboratory Guests	Link to policies moved to §11.29 (Honoraria) and §11.33 (Non-Employee Stipends). Policy content moved to the OCFO Financial Policy and Training Office Web page.	04/12/07
§3.02	Time Reporting	Paragraph (E)(3) added to delineate time-reporting procedure for Graduate Student Research Assistants.	03/09/07
§3.02	Time Reporting	Moved to §11.05 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07

§3.05	Pay Periods, Computations, and Deductions	Moved to §11.06 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§3.06	Paydays and Check Distribution	Paragraph (B)(4) (Unclaimed Checks) deleted. Paragraphs (B)(1) (Choice of Distribution Method) and (B)(3) (Distribution by Division or Department Office) revised to reflect current paycheck distribution methods which now include the option to deposit a check electronically.	03/09/07
§3.06	Paydays and Check Distribution	Moved to §11.07 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§4.01	Travel Policy	Moved to §11.08 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§5.02	Scientific and Technical Publications	Clarified role of Report Coordination and the Report Coordination Office in processing scientific and technical publications, and the responsibility of researchers to identify potentially patentable discoveries to the Patent Department, in Paragraphs D, E, F, and H.	06/14/07
§5.02	Scientific and Technical Publications	Section revised to remove antiquated requirements, especially those related to the Report Coordination Office, author affiliation for Lab reports, and metric requirements in technical reports.	11/12/07
§6.01	Obtaining Goods and Services	Moved to §11.09 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§6.02	Use of Laboratory Property and Supplies	Moved to §11.10 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies).	04/12/07
§6.03	Property Management	Moved to §11.11 as part of new Chapter 11 (Office of Chief Financial Officer	04/12/07

		(OCFO) Policies).	
§7.01	Environment, Safety, and Health (ES&H)	Major revision of section replaces old section, "Health and Safety."	11/06/07
§7.01(B)(3); §7.01(B)(4);	(3) The LBNL Integrated Environment, Health, and Safety Management (ISMS) Plan; (4) Implementation Plans	(3) Link to ISMS Management Plan on EH&S web site (4) Link to PUB-3851 on EH&S web site	12/07/07
§8.01	Quality Assurance	References to the Operating and Assurance Plan changed to the Operating and Quality Management Plan. New link to OQMP replaced link to OAP.	07/19/07
§8.01	Quality Assurance	This change was performed to align RPM Chapter 8.01 with the Operating and Quality Management Plan (OQMP), and to clarify details. These changes are minor in nature and are not policy changes.	11/30/07
§9.01	Computing and Communications	Section revised and updated per ITAC recommendations	03/20/07
§9.02(D) (10)(e)(ii)	Institutional Information	Paragraph revised because:  (1) Internal Audit should not have the responsibility to approve sufficiency of security controls. This is a line function.  (2) Electronic legal signatures are subject to additional recordkeeping requirements and it seemed to useful to remind an application developer of this in this context, even though it is covered in Archives and Records.	06/28/07
§10.01(A)	Conflict of Interest —General/General	Changed §10.04 reference and link to §2.01(E)(2).	08/15/07
§10.02(A)	Conflict of Interest/Outside Employment and Employee Business Activities/General	Changed §6.02 reference and link to §11.39 ( <i>Use of Laboratory Property and Supplies</i> ).	08/15/07

	Policy		
§10.02(D)	Conflict of Interest/Outside Employment and Employee Business Activities/Payments from Outside Organizations	Changed §10.03 reference and link to §2.23(F)(2) ( <i>Miscellaneous/Conflicts of Interest/Self-Disqualification</i> ) and (F)(4) ( <i>Miscellaneous/Conflicts of Interest/Designated Official Positions</i> ).	08/15/07
§10.02(G)	Conflict of Interest/Outside Employment and Employee Business Activities/ Ownership or Management Interest in Commercial Entities with Potential Economic or Technology Connection to the Laboratory	Changed §10.03 reference and link to §2.23(F)(2) ( <i>Miscellaneous/Conflicts of Interest/Self-Disqualification</i> ) and (F)(4) ( <i>Miscellaneous/Conflicts of Interest/Designated Official Positions</i> ).	08/15/07
§10.02(H)	Conflict of Interest/Outside Employment and Employee Business Activities/Patent Agreements	References to Patent Department and Laboratory Patent Counsel replaced by Technology Transfer Department.	05/10/07
§10.08	Technology Transfer/Cooperative Research and Development Agreement COI	Link to Conflict of Interest Disclosure Form 700-U added; Paragraph (B) revised to include reference to COI Disclosure Form 700-U, and explains why and in what context the form is necessary.	03/21/07
§11.01	Laboratory-Hosted (Funded) Meetings	Moved from §1.07. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.01	Laboratory-Hosted (Funded) Meetings	Food policy moved to new section 11.10 (Laboratory Food Service (Meals and/or Refreshments))	11/05/07
§11.01(J)	Laboratory-Hosted (Funded) Meetings/Payment Processing	Paragraph (J) revised to reflect current policy for payment for invoices received from offsite vendors, hotels, or facilities, and for submitting the Request for Issuance of Check (RFIC) form.	06/28/07
§11.01(J)	Laboratory-Hosted (Funded) Meetings/Payment Processing	Revised to reflect current policy/procedure for submitting payment for invoices from Laboratory Cafeteria	09/18/07

		Services and required supporting documentation.	
§11.02	Laboratory-Hosted (Funded) Conferences	Moved from §1.08. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.02	Laboratory-Hosted (Funded) Conferences	Time for obtaining sponsorship approval changed to 60 days.	11/05/07
§11.03	Financial Management	Formerly known as §1.26 (Financial Business). Link to policy moved to §11.03 as part of new Chapter 11 (Office of Chief Financial Officer (OCFO) Policies). Policy content moved to the OCFO Financial Policy and Training Office Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.04	Consultants to Lawrence Berkeley National Laboratory	Moved from §2.24. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.05	Time Reporting	Moved from §3.02. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.06	Pay Periods, Computations, and Deductions	Moved from §3.05. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.07	Paydays and Check Distributions	Moved from §3.06. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.08	Travel Policy	Moved from §4.01. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.08(A)	Travel Policy/Definitions	Definitions of Foreign Travel and Domestic Travel updated.	10/01/07
§11.08(A)	Travel Policy/Definitions	New definition of "Direct or Indirect Report" added.	12/19/07

§11.08(G)	Travel Policy/Authorization to Travel	Replaced reference to DOE Order 551.1A with 551.1B.	08/01/07
§11.08(G)	Travel Policy/Authorization to Travel	DOE's approval of foreign travel requests clarified.	08/10/07
§11.08(G)(2)	Travel Policy/Authorization to Travel/Foreign Travel	DOE's approval of foreign travel requests clarified, as per DOE Order 551.1B.	08/13/07
§11.08(M)	Travel Policy/Travel Expense Reports	Procedure submitting receipts for travel reimbursements clarified.	10/01/07
§11.08(M)(7)	Travel Policy/Travel Expense Reports/Approval of Expense for Payment	Revised to clarify policy for approving travel expense reports.	12/17/07
§11.09	Obtaining Goods and Services	Moved from §6.01. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.09	(Section Unassigned)	Formerly "Obtaining Goods and Services," content moved to §11.38.	04/20/07
§11.09	Nonstandard Financial Billing and Payment Terms for Work for Others	New section added to Financial Policy and Procedures Manual as of 09/15/07.	09/26/07
§11.10	Use of Laboratory Property and Supplies	Moved from §6.02. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.10	(Section Unassigned)	Formerly "Use of Laboratory Property and Supplies," content moved to §11.39.	04/20/07
§11.10	Laboratory Food Service (Meals and/or Refreshments)	New section.	11/05/07
§11.11	Property Management	Moved from §6.03. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.11	(Section Unassigned)	Formerly "Property Management," content moved to §11.40.	04/20/07
§11.12	Account Reconciliations	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07

§11.13	Accounting for Excess Stores Inventory	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.14	Accrued Liabilities	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.15	Advance Payment Requirement for Non-Federal Work for Others' (WFO) Sponsors	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.16	Allowance for Doubtful Accounts	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.17	Allowance for Loss on Stores Inventory	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.18	Audit Resolution and Follow-Up	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.19	Bridge Funding	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.20	Capital Equipment Fabrications	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.21	Compensation above Salary Limits for WFO Agreements	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07

§11.22	Construction Work in Progress (CWIP) Policy	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.23	Cost Allowability	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.24	Financial Certifications by Laboratory Officials for Select Work for Others Award Documents	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.25	Financial Management of Contractor Supporting Research (CSR) Program	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.26	Financial Management of Monetary Gifts	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.27	Financial Systems Data Field Changes	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.28	G&A Expenses	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.29	Honoraria	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.30	Invoice Cancellation	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07

§11.31	Invoice Certifications	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.32	Miscellaneous Invoice Requests	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.33	Non-Employee Stipends	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.34	Office of Homeland Security Charge	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.35	Organization Burden	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.36	Procurement	Links to Procurement Standard Practices Manual. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.36	Procurement Standard Practices	Formerly "Procurement," retitled "Procurement Standard Practices."	04/20/07
§11.36	Business System Ownership	Formerly "Procurement Standard Practices." Link to "Procurement Standard Practices" removed per request of Responsible Manager, and replaced by "Business System Ownership."	05/04/07
§11.37	Property	Links to Property Manual. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.37	Property Management Manual	Formerly "Property," retitled "Property Management Manual."	04/20/07

§11.37	Write Off Accounts Receivable	Formlery "Property Management Manual." Link to "Property Management Manual" removed per request of Responsible Manager, and replaced by "Write Off Accounts Receivable."	05/04/07
§11.38	Recharges	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.38	Obtaining Goods and Services	Moved from §11.09.	04/20/07
§11.38(B)(3)	Precious Metals	Paragraph revised to reflect current policy.	09/14/07
§11.39	Resource Adjustments	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.39	Use of Laboratory Property and Supplies	Moved from §11.10.	04/20/07
§11.40	Signature Authority for Financial Transactions	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.40	Property Management	Moved from §11.11.	04/20/07
§11.41	Sponsored Projects Office (SPO)	Links to SPO Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.41	Recharges	Section renumbered, used to be §11.38.	04/20/07
§11.42	Stop Work Process for Funds Control Compliance	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07

§11.42	Resource Adjustments	Section renumbered, used to be §11.39.	04/20/07
§11.43	Technology Transfer Courses	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.43	Signature Authority for Financial Transactions	Section renumbered, used to be §11.40.	04/20/07
§11.44	WN Funding Requests	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.44	Sponsored Projects Office (SPO)	Section renumbered, used to be §11.41.	04/20/07
§11.45	Workers' Compensation	Link added to policy in OCFO Financial Policy and Training Web page. Part of OCFO RPM policy transition to OCFO Financial Policy and Training Web page.	04/12/07
§11.45	Stop Work Process for Funds Control Compliance	Section renumbered, used to be §11.42.	04/20/07
§11.46	Technology Transfer Courses	Section renumbered, used to be §11.43.	04/20/07
§11.47	WN Funding Requests	Section renumbered, used to be §11.44.	04/20/07
§11.48	Workers' Compensation	Section renumbered, used to be §11.45.	04/20/07

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## RPM Archive Log for 1995–2006

Below is a log of changes and additions to the Web version of the RPM from June 1, 1995–December 31, 2006.

For changes to the RPM made after those dates, go to the following links:

- [RPM Update Log for 2008](#)
- [RPM Archive Log for 2007](#)

<b>Section</b>	<b>Section and paragraph names</b>	<b>Nature of change</b>	<b>Revision date</b>
Definition of Terms	NA	Adds information from new term appointment policy in RPM §2.01, clarifying that term employees may also be appointed for nonscientific appointments to work half-time or more on a specified project.	10/12/98
Definition of Terms	NA	Adds definition of "visiting faculty" in conjunction with changes in RPM §§2.01(K)(2), 2.07(C)(6).	01/26/00
Definition of Terms	NA	Changes definition of Confidential Employees.	11/15/00
Definition of Terms	NA	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
Definition of Terms	NA	Visiting Researcher changed to Guest Researcher.	08/26/02
Definition of Terms	NA	"graduate students" changed to "students" under "Scientific Collaborators" and "Student Guests" definitions to accurately reflect research population.	03/18/05
Global change	NA	Changes "CFO" to "Financial Services Department."	07/01/99
Global Change	NA	Updates links to Contract 98 throughout RPM to reflect new URL.	04/26/00

Global change	NA	"Facilities Department" and "Facilities Department Head" respectively changed to "Facilities Division" and "Facilities Division Director."	11/20/03
Global change	NA	1. Change "Deputy Director of Operations" to "Associate Laboratory Director for Operations." 2. Change old contract number "DE-AC03-76SF00098" to "DE-AC02-05CH11231"	06/22/05
Institutional Memberships	NA	Annual update of list.	01/03/01
Institutional Memberships	NA	Updated List.	03/01/04 03/17/04 06/11/04 08/03/04
Procedures for Submitting Changes to Update the RPM	NA	Changed "the RM coordinates with the HR (ER/LR) Office" to "the RM coordinates with the HR Policies Analyst."	05/09/05
Responsible Managers	NA	Randolph Scott replaces Guy Bear as Responsible Manager.	01/11/02
Responsible Managers	NA	Reid Edwards replaces Mike Chartock as Responsible Manager for Section 5.01.	04/15/02
Responsible Managers	NA	Phyllis Pei, 1.11 and 7.01; Dan Lunsford 1.04 and 1.06; Robin Wendt 8.01.	10/04
Responsible Managers	NA	Replaced Sally Benson with David McGraw; changed Deputy Director for Operations to Associate Laboratory Director for Operations	07/14/05
Responsible Managers	NA	Replaced Anil Moré with Michael Costello.	09/26/05
Responsible Managers	NA	Changed incorrect title to Controller for all references to Michael Costello.	11/01/05

RPM/index.html	RPM Title Page	Moved "Search the RPM" link underneath "Table of Contents" in the title page per Carla Garbis.	06/22/06
RPM/search.html	RPM Search Page	Updated Google search form URL to point to the google1.lbl.gov appliance, per recent updates and recommendations made by Lab webmaster Martin Gelbaum.	06/22/06
§1.01(A)	Manuals, Handbooks, and Similar Publications	Financial Management Office changed to CFO/Finance.	09/20/96
§1.01(B)	General Administration and Services (Manuals, Handbooks, and Similar Publications; Signature Authorization System)	Changes heading to reflect name of new Signature Authorization System.	03/12/99
§1.01(E)	Manuals, Handbooks, and Similar Publications	Procurement changed to CFO/Procurement.	09/20/96
§1.01(H)	Emergency Plans	Paragraph revised to reduce procedural instructions and instead point to Emergency Preparedness web site.	04/28/04
§1.01(I)	Manuals, Handbooks, and Similar Publications	Property Management Guide changed to Property Guide; Chief Financial Office, Business Services changed to CFO/Business Services.	09/20/96
§1.01(J)	Employee Handbook	Paragraph deleted and rest of section renumbered as Employee Handbook no longer exists.	04/01/04
§1.02	Administrative Announcements and Directories Plant	Paragraphs (B) and (C) switched for clarity.	09/20/96
§1.02	Administrative Announcements and Directories	Replaced deputy directors with Deputy Director and Associate Laboratory Director for Operations. Replaced TEID with CSO.	08/23/05
§1.02(A)	Administrative Announcements and	A. Institutional Memos. Administrative memos renamed	06/22/95

	Directories	"Institutional" memos. Changes in categories and in authority. Paragraph (3), "Distribution and Master Files," added, which states that normal distribution of institutional memos is by e-mail and gives holders of record and archive copies.	
§1.02(A)	Administrative Announcements and Directories	A. Institutional Memos. Changes in standard distribution of Policy and Procedure memos; criteria given for Level 1 Distribution of General Administrative Memos.	01/16/96
§1.02(C)	Administrative Announcements and Directories	C. Standard Distribution Levels. Changes in standard distribution levels: Division Administrators and Division Safety Coordinators added as standard distribution levels.	01/16/96
§1.03	Plant Construction, Maintenance, and Service	Makes Facilities Department responsible for Laboratory's response to power reduction alerts.	07/11/00
§1.03(A)	Construction, Maintenance, and Service	Reflects organizational name changes, taking out the Architecture and Engineering Group and Maintenance and Operations Group.	09/20/96
§1.03(B)	Construction, Maintenance, and Service	Reflects organizational name changes, taking out the Architecture and Engineering Group and Maintenance and Operations Group.	09/20/96
§1.03(C)	Misc. Services	Center Stores service functions assigned to Facilities (to correct typo).	12/05/01
§1.04	Operation and Parking of Motor Vehicles and Bicycles; Use of Official Vehicles	Places one-month limit on use of Temporary Laboratory Health Services Disabled Person Permits and specifies responsibility for fines and parking violation points levied against operators of Laboratory-	07/11/00

		furnished vehicles.	
§1.04	Operation and Parking of Motor Vehicles and Bicycles	Section has been revised and updated to clarify issues around reserved spaces, stack parking, and eligibility.	04/28/04
§1.04	Operation and Parking of Motor Vehicles and Bicycles	Revised to reflect new bicycle safety policy	05/10/05
§1.04(A)	Operating and Parking of Motor Vehicles and Bicycles (General)	Language added to prohibit the use of skateboards, scooters, and in-line skates on Laboratory property.	08/03/01
§1.04(B)	Operation and Parking of Motor Vehicles and Bicycles (Motor Vehicle and Bicycle Parking)	Tables Table 1.04(B)(1) and Table 1.04(B)(2)" update categories of employees who are eligible and ineligible for parking permits, and an item about parking in motorcycle spaces has been added.	04/06/01
1.05	Operation and Parking of Motor Vehicles and Bicycles; Use of Official Vehicles	Places one-month limit on use of Temporary Laboratory Health Services Disabled Person Permits and specifies responsibility for fines and parking violation points levied against operators of Laboratory-furnished vehicles.	07/11/00
§1.05	Use of Official Vehicles	Deputy Director for Operations changed to Associate Laboratory Director for Operations.	08/23/05
§1.05(D)	Use of Official Vehicles	Adds DOT-mandated requirement for drug and alcohol testing for certain classes of drivers of official vehicles.	09/20/96
§1.05(E)	Use of Official Vehicles	Driving classifications covered by policy changed.	09/20/96
§1.05(E)	Use of Official Vehicles (Drivers' Public Driving Records)	Changes RPM §1.05(E) to reflect organizational reassignment of functions.	01/12/99
§1.05(G)	Use of Official Vehicles	Associate Laboratory Deputy Director changed to Deputy Directory, Operations.	09/20/96

§1.06	Laboratory Site Access	Conforms current organization names. Expands coverage of NERSC access. Expands and clarifies coverage of international (non-United States citizen) guests. Streamlines certain administrative aspects of parking rules.	11/12/98
§1.06(A)(1)	Laboratory Site Access/Site Access Policy	The phrase "seeing eye dogs" changed to "service animals."	5/28/03
§1.07	Laboratory-Hosted Meetings	Revises responsibility for conference coordination and informal meeting approval. Adds language from former RPM §§1.18 and 2.23(C)(2) on working meals and service of alcoholic beverages. Adds guidelines for meal costs. Clarifies off-site and on-site meeting provisions.	05/21/99
§1.07	Laboratory-Hosted Meetings	The Laboratory has modified its Laboratory-hosted meetings policy in RPM §1.07 to comply with DOE Order 110.3 (Conference Management).	09/30/00
§1.07	Laboratory-Hosted Meetings	Policy rewritten to reflect the following: definitions have been streamlined, additional approvals are now required from Conference Services for meal service and off-site meetings, and allowable costs associated with meetings are limited to CONUS rates. Full text of the policy can be found here.	5/23/03
1.07	Laboratory-Hosted Meetings	Revised to update definition of a Laboratory-hosted meeting, and to describe the proper use of funds for meetings and related costs; items considered allowable and unallowable costs were also updated; section on food service revised to make clear the policy for on-site and local food services.	01/12/06

1.07	Laboratory-Hosted Meetings	Section 1.07(H) revised to reflect current food-service policy. Paragraph added to explain that special requests for food-service for Lab-hosted meetings may be made if they are critical functions supporting Laboratory best practices and mission. Such special requests are at the discretion of the Laboratory Director.	05/15/06
1.07	Laboratory-Hosted (Funded) Meetings	Section 1.07 (Laboratory-Hosted (Funded) Meetings) revised to address policies for Lab-hosted meetings only. Section 1.08 (Laboratory-Hosted (Funded) Conferences) added to distinguish policies for conferences from those for meetings.	08/10/06
§1.07(B)	Laboratory-Hosted Meetings	Office of Sponsored Research Administration changed to Sponsored Projects Office; Accounting Department changed to CFO/Finance.	09/20/96
§1.07(C)	Laboratory-Hosted Meetings	Office of Sponsored Research Administration changed to Sponsored Projects Office; Accounting Department changed to CFO/Finance.	09/20/96
§1.07(D)(5)	Information Meetings/Process for Payment	Deletion of policy encouraging use of Procurement Card to pay off-site vendors.	2/27/03
1.08	Laboratory-Hosted (Funded) Conferences	Section 1.07 (Laboratory-Hosted (Funded) Meetings) revised to address policies for Lab-hosted meetings only. Section 1.08 (Laboratory-Hosted (Funded) Conferences) added to distinguish policies for conferences from those for meetings.	08/10/06
§1.09	Conferences, passim	Defines Institutional Conference Rooms and who is responsible for	04/24/01

		them, states that the Laboratory Director has priority for the use of all conference rooms, delineates specific-purpose rooms (e.g., those with video-conferencing facilities) and who administers them, and defines cancellation policy for standing reservations.	
1.09	Open Meetings	Renumbered from 1.08 to 1.09 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.10	Notary Public Service	<i>Audio-Visual Activities and Services</i> , a discontinued policy dropped, section renumbered (now <i>Notary Public Service</i> , formerly §1.11).	09/20/96
§1.10	Notary Public Service	Deputy Director for Operations changed to Associate Laboratory Director for Operations.	08/23/05
§1.10	Conference Rooms	Renumbered from 1.09 to 1.10 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.11	Health Services	Renumbered, formerly §1.12; <i>Health Services</i> .	09/20/96
§1.11	Notary Public Service	Renumbered from 1.10 to 1.11 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.11(A)(1)	Laboratory Occupational Medical Program/Medical Surveillance	Deletes language requiring comprehensive and confidential medical examination of new career employees and temporary employees hired for 3 months or more;	4/17/03
§1.11(B)	Health Services	States that the EAP is a service provided off-site at UC Berkeley's Tang Center.	09/20/96
§1.12	Food Services	Renumbered, formerly §1.13	09/20/96

§1.12	Food Services	Clarifies policy on use of Berkeley Lab cafeteria at approved, on-site informal meetings. Adds instructions for electronic reservation of cafeteria for group use.	05/21/99
§1.12	Health Services	Renumbered from 1.11 to 1.12 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.13	Credit Unions	Renumbered, formerly §1.14.	09/20/96
§1.13	Food Services	Renumbered from §1.12 to §1.13 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.14	Employee Activities Association	Renumbered, formerly §1.15.	09/20/96
§1.14	Employee Activities Association	Revised to reflect funding policies and current structure of the EAA.	06/22/05
§1.14	Credit Unions	Renumbered from 1.13 to 1.14 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.15	Campus Facilities	Renumbered, formerly §1.16.	09/20/96
§1.15	Employee Activities Association	Renumbered from 1.14 to 1.15 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.16	Archives and Records Management	Renumbered, formerly §1.17.	09/20/96
§1.16	Campus Facilities	Renumbered from 1.15 to 1.16 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.17	Solicitation and Acceptance of Gifts	Renumbered, formerly §1.18; Conforms procedure to practice; Office of Sponsored Research	09/20/96

		Administration changed to Sponsored Projects Office.	
§1.17	Solicitation and Acceptance of Gifts	Clarifies procedures that must be followed for handling of all gifts.	02/09/00
§1.17	Solicitation and Acceptance of Gifts	Revised to reflect current policies; links and forms updated.	01/12/06
§1.17	Archives and Records Management	Renumbered from 1.16 to 1.17 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.18	Working Meals	Renumbered, formerly §1.18.	09/20/96
§1.18	Use of the Laboratory Mail System	Renumbered, formerly §1.19.	09/20/96
§1.18	Working Meals	Deletes entire section and incorporates language in more appropriate places in RPM.	05/21/99
§1.18	Solicitation and Acceptance of Gifts	Renumbered from 1.17 to 1.18 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.18(A), (D)	Working Meals	A. Urgency of Work. Duration of meeting set for at least six hours added as criterion for payment for working meals; other changes regarding parameters of work sessions.  D. Allowable Costs. "Breakfast" changed to "Continental Breakfast."	08/8/95
§1.19	Space Management Policy	Renumbered, formerly §1.20.	09/20/96
§1.19	Use of Laboratory Mail System	Adds restrictions and procedures on Laboratory funding of mailings.	11/05/99
§1.19	Space Management	Deputy Director for Operations changed to Associate Laboratory Director for Operations.	08/23/05
§1.19	Use of Laboratory Mail System	Renumbered from 1.18 to 1.19 after addition of new section, 1.08	08/10/06

		(Laboratory-Hosted (Funded) Conferences)	
§1.19(B)	Space Management Policy	Facilities Planning changed to Facilities Planning and Estimating.	09/20/96
§1.19(B) passim	Space Management (Responsibilities and Approvals, Procedures)	Language was added in paragraph B stating when the Facilities Planning group is required to review vacated space not being immediately reused by the same division.	04/05/01
§1.19(C)	Space Management Policy	Indicates that the Laboratory space database is available via the ISS Toolkit.	09/20/96
§1.19(C) passim	Space Management (Responsibilities and Approvals, Procedures)	Under paragraph C, "Procedures," a subparagraph was added listing an allocation of space costs. Language throughout the paragraph generally was added updating procedures.	04/05/01
§1.19(D)	Space Management Policy	Facilities Planning changed to Facilities Planning and Estimating.	09/20/96
§1.19(D)	Space Management Policy	Indicates that, as staff to the Deputy Director, Operations, Facilities is the sole authorized requester for procurement of leased real estate.	09/20/96
§1.20	Berkeley Lab Stationery and Logos	Renumbered, formerly §1.22.	09/20/96
§1.20	Berkeley Lab Stationery and Logos	Revises business card policy to allow the use of Laboratory funds to purchase business cards for certain employees.	04/12/00
§1.20	Berkeley Lab Stationery and Logos	Revised to reflect change in responsible organization for stationary and logos from TEID to Creative Services Office; change approval of use of other logos or graphic symbols displayed with the official logo from TEID Head to Public Affairs Head.	03/14/05

§1.20	Berkeley Lab Stationery and Logos	Deputy Director for Operations changed to Associate Laboratory Director for Operations.	08/23/05
§1.20	Space Management	Renumbered from 1.19 to 1.20 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.20(A)	Operating and Parking of Motor Vehicles and Bicycles (General)	Language added to prohibit the use of skateboards, scooters, and in-line skates on Laboratory property.	08/03/01
§1.20(B)(2)	Berkeley Lab Stationery and Logos (Use of Letterhead; Approval of Nonstandard Letterheads)	Clarifies policy on using Berkeley seal on letterhead and business cards.	05/12/99
§1.21	Forms Management	Renumbered, formerly §1.23 (old §1.21, Policy on Proprietary Information from External Sources, moved to new §§5.06–5.07).	09/20/96
§1.21	Berkeley Lab Stationery and Logos	Renumbered from 1.20 to 1.21 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.22	Organizational Memberships	Renumbered, formerly §1.24.	09/20/96
§1.22	Berkeley Lab Stationery and Logos	Section rewritten to reflect use of new Laboratory name, logo, and letterhead on Lab stationery, and to update information on the authorization of business cards.	05/22/96
§1.22	Organizational Membership	Policy removed from RPM because Laboratory's former Organizational Membership policy and procedures were rescinded by DOE's Contract DE-AC02-05CH11231, effective June 1, 2005.	09/23/05
§1.22	Forms Management	Renumbered from 1.21 to 1.22 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06

§1.22(B)(3)	Organizational Membership (Procedure)	Adds link to list of Berkeley Lab organizational memberships.	03/16/99
§1.23	Metric Usage	Renumbered, formerly §1.26.	09/20/96
§1.23	Organizational Membership	Renumbered from 1.22 to 1.23 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.24	Institutional Committees	Renumbered, formerly §1.27.	09/20/96
§1.24	Institutional Committees	Deputy Director for Operations changed to Associate Laboratory Director for Operations.	08/23/05
§1.24	Metric Usage	Renumbered from 1.23 to 1.24 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.24(B)(1)	Institutional Committees/Committees /Director's Action Committee	Change "Deputy Directors" to "Deputy Director and Associate Laboratory Director for Operations."	08/15/05
§1.24(B)(3)	General Administration and Services/Institutional Committees	Reference and link to 2.06 changed to 2.07(B).	06/07/04
§1.25	Financial Business	Policy removed from RPM; it is now in the <i>Financial Policy and Procedures Manual</i> , on the Office of the Chief Financial Officer Web site at <a href="http://www.lbl.gov/Workplace/CFO/fpt/policies/index.html">http://www.lbl.gov/Workplace/CFO/fpt/policies/index.html</a> .	11/03/05
§1.25	Institutional Committees	Renumbered from 1.24 to 1.25 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.25(B)(6)	Grievance Hearing Committee Panel	Paragraph deleted to conform with employee complain resolution changes in 2.05	01/17/03
§1.26	Financial Business	Adds new section to make accounting practices consistent throughout Laboratory organizational units and	03/06/00

		work activities.	
§1.26	Unified Project Call Process	Adds new section to formally document the unified project call process, which is used to collect and prioritize operational needs from programmatic and infrastructure organizations.	09/27/00
§1.26	Unified Call Process	Section rewritten modified to ensure that appropriate controls are in place and that roles and responsibilities are defined for all parties involved. The revised policy increases the roles of the Chief Financial Officer and the Scientific Divisions.	08/17/04
1.26	Financial Business	Renumbered from 1.25 to 1.26 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§1.26(C)(1)	Unified Project Call Process/Process and Schedule	Deputy Director for Operations changed to Associate Laboratory Director for Operations.	08/23/05
§1.27	Institutional Committees	New section — briefly describes each of the standing committees supporting scientific and management functions at the Lab.	01/26/96
§1.27	Unified Project Call Process	Renumbered from 1.26 to 1.27 after addition of new section, 1.08 (Laboratory-Hosted (Funded) Conferences)	08/10/06
§2.01(A)	Nondiscrimination & Affirmative Action	Revised to reflect UC revision (verbatim) of its Policy on Sexual Harassment and implementation of standardized Procedures for Responding to Reports of Sexual Harassment. The policy and the procedures apply to Berkeley Laboratory and have been incorporated into RPM	02/17/05

§2.01(A)(1)	Hiring Policies and Procedures (Affirmative Action and Nondiscrimination; Policy)	Adds "genetic characteristics" to definition of medical conditions covered under nondiscrimination policy in employment-related matters.	01/24/99
§2.01(A)(1)	Hiring Policies and Procedures (Affirmative Action and Nondiscrimination; Policy)	Adds Vietnam veterans and other veterans to individuals covered under nondiscrimination and affirmative action policies in employment-related matters.	03/01/00
§2.01(A)(1)	Affirmative Action and Nondiscrimination/Policy and Selection/Selection Procedures	These paragraphs were revised to include veterans for the one-year time period beginning with the veteran's discharge or release from active duty.	02/27/02
§2.01(A)(1)	Affirmative Action and Discrimination	Extends Laboratory's equal employment/nondiscrimination policy to include gender identity, pregnancy (including pregnancy childbirth, and medical conditions related to pregnancy or childbirth).	2/20/04
§2.01 (A)(1)(b)	UC Policy on Sexual Harassment	Revised to add link in Note to Lab-specific policy at <a href="http://www.lbl.gov/Workplace/HumanResources/hr_ler/sh_splash.html">http://www.lbl.gov/Workplace/HumanResources/hr_ler/sh_splash.html</a>	7/19/05
§2.01(A)(1)(b)(D)	Nondiscrimination and Affirmative Action/Nondiscrimination /University of California Policy on Sexual Harassment/Dissemination of the Policy, Educational Programs, and Employee Training	Per UCOP, deleted "counselors" from the second to last sentence in 2.01. (Note that the numeration of this RPM section follows the original UC text.)	03/06/06
§2.01(A)(3)	Hiring Policies and Procedures (Affirmative Action and Nondiscrimination; Reasonable Accommodation)	Describes Lab policy of "reasonable accommodation" to employees who are disabled or become disabled.	01/24/99

§2.01(A)(3)	Reasonable Accommodation	Policy updated and moved from Section 2.05(H). Revised to include an interactive process when reasonable accommodation is being considered for an employee who is unable to perform essential functions of his or her position due to disability.	08/29/06
§2.01(A)(3)(b)	Reasonable Accommodation — Special Selection	Deleted "career-status" to provide consistency with U.S. EEOC enforcement guidance.  Changed "temporary trial employment" to "limited trial employment" to be consistent with §2.05(H)(4) (Vocational Rehabilitation/Trial Employment).	8/25/03
§2.01(B), (H), (I), (K)	Recruitment (Publicizing Job Vacancies), Terms of Employment (Probationary Period), Employment of Foreign Nat'ls, Types of Appointments	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
§2.01(B) and (K)	Hiring Policies and Procedures (Recruitment & Types of Appointments)	Changes in §2.01(B) (Recruitment) accompany policy change in 2.21(B) (Reductions in Force), which include allowing reassignment of an employee to a vacant position to avoid layoff, redefining layoff units, clarifying assistance provided to employees who are laid off, and clarifying language throughout the policy. In addition, RPM §2.01(K) (Types of Appointments) revised to accompany new policy in §2.21(D) (Release of Term Employees). This addition clarifies conditions for release of term employees prior to the stated appointment end date.	10/28/02

§2.01(B)(4)	Travel Expenses of Applicants	Deletes incorrect statement that travel costs for foreign nationals are the responsibility of the Foreign Visitors Unit.	04/01/00
§2.01(B)(4)	Travel Expenses of Applicants	Paragraph rewritten to direct readers to Section 4.01(N), for info on approval of travel by non-Lab personnel.	02/26/02
§2.01(B)(5)	Hiring Policies and Procedures (Recruitment; Reimbursement for Meals)	Adds policy from former RPM §1.18 on reimbursement for meals during recruitment process.	03/19/99
§2.01(D)	Hiring Policies and Procedures	D. Selection. Paragraph (4), "Final Selection" — subparagraph (b) revised to state that if two candidates for a position are equally qualified, consideration should be given to the career employee.	01/03/96
§2.01(D)(3)	Affirmative Action and Nondiscrimination/Policy and Selection/Selection Procedures	These paragraphs were revised to include veterans for the one-year time period beginning with the veteran's discharge or release from active duty.	02/27/02
§2.01(D)(5)	Hiring Policies and Procedures (Background Checks)	Modification of language re background checks of new hires entering designated positions. This change is a result of the UCOP background check policy currently in effect at all University of California locations.	03/26/01
§2.01(D)(5)	Background Checks	Revised to reflect current background check policy.	07/12/05
§2.01(E)	Hiring Policies and Procedures	E. Constraints on Hiring. Paragraph (1) limiting employment of persons over 70 deleted ("Age Limitation"). Subsequent paragraphs in (E) renumbered.	03/22/96

§2.01(E)(1)	Employment of Minors	Clarifies when a work permit is not required for an individual under the age of 18.	8/25/03
§2.01(E)(2)	Employment of Near Relatives and Domestic Partners	Section revised to incorporate new UCOP policy, which applies to all University employees and which addresses situations of individuals in consensual relationships where one individual has some form of authority or influence that could affect the employment/career of the other.	11/17/03
§2.01(E)(2)(b)		Change "Chief Operations Officer" to "Associate Laboratory Director for Operations"	08/15/05
§2.01(E)(4)	Preemployment Security Evaluation	Deletes subsection stating that potential employee requiring "Q" clearance have application reviewed by protective services as clearances are not required to work at Berkeley Lab.	10/23/00
§2.01(F)(3)	Medical Approval	Deletes reference to Protective Services as Lab no longer has Protective Services personnel.	10/23/00
§2.01(F)(3)	Medical Approval	Reference to Fire Department personnel deleted.	08/26/02
§2.01(F)(3)	Medical Approval	Changed to show that physical exams are no longer required for all employees.	8/25/03
§2.01(H)(2)(b)	Probationary Period	Deletes reference to police classifications as Lab no longer has Protective Services personnel.	10/23/00
§2.01(H)(2)(b)	Probationary Period	Deletes subsection entirely as Lab no longer has Protective Services personnel.	10/23/00
§2.01(K)	Hiring Policies and Procedures	K. Types of Employees. Paragraph (7), "Retired Employees," added describing hiring procedures for retired employees of Berkeley Lab	03/22/96

		and UC, and restrictions on hiring those who participated in voluntary retirement programs.	
§2.01(K)(2)	Hiring Policies and Procedures (Types of Employees)	Adds definition of "visiting faculty" and spells out benefits eligibility.	01/26/00
§2.01(K)(3)	Types of Appointments	Revised to reflect current policy concerning positions that fall under the University of California Senior Management Group (SMG) and Laboratory Management or Laboratory Managers.	12/21/05
§2.01(K)(4)(e)	Termination of Term Appointments	Deleted paragraph. Covered in recently implemented §2.21(D).	8/25/03
§2.01(K)(8)	Retired Employees	References to VERIP retirees deleted as VERIF rehire restrictions have ended.	10/23/00
§2.01(K)(8)	Rehired Retirees	Phrase added to reinforce compliance with UC's rehired retiree policies.	8/25/03
§2.01(K)(9)(a)	Types of Appointment/ Applicability of Benefits	Editorial Change. Group insurance information no longer on chart, & readers referred to <a href="http://atyourservice.ucop.edu/">http://atyourservice.ucop.edu/</a> .	01/10/05
2.02(A)(5)	Transfer, Promotion, and Other Changes in Status (Background Checks)	Modification of language re background checks of internal applicants for promotion/transfer /reclassification to a designated position. This change is a result of the UCOP background check policy currently in effect at all University of California locations.	03/26/01
§2.02(A)(5)	Background Checks	Revised to indicate that policy details have been moved to 2.01(D)(5).	07/18/05
§2.02(F)	Changes in Marital Status	Deletes language referring to clearances as they are not required to work at Berkeley Lab.	10/23/00

§2.03	Employee Performance Evaluations	Section is rewritten to delineate employee, supervisor, and HR responsibilities; procedure paragraphs deleted; purpose added.	06/28/02
§2.03(A),(B)	General Policy, Procedures (Probationary Period)	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only. Probationary Period paragraph deleted.	03/29/01
§2.03(A)–(C)	Employee Performance/Progress Review	<p>A. General Policy. "Performance Appraisal for Represented Employees" no longer specific name for Performance Review.</p> <p>B. Procedures. In Paragraph (1), "Job Description," readers now referred to the Salary Administration Manual instead of Appendix A for job classification descriptions.</p> <p>C. Performance/Progress Review Meeting. Revised to specifically state that at the time of the review meeting, both employee and supervisor sign the review indicating that employee has read same.</p>	05/06/96
§2.03(C)	Employee Performance/Progress Reviews	C. Performance/Progress Review Meeting. Performance rating changed from "unsatisfactory" to "does not meet expectations."	11/19/95
§2.04	Education and Employee-Development Policies	Section is rewritten to facilitate its use as an employee resource. In addition, information on college-level courses (Paragraph F) has been revised to provide an enhanced benefit for those seeking college degrees or specialty certifications.	06/18/02
§2.04	Education and Employee-Development Policies	Section revised to clarify the tuition reimbursement program policies (i.e., what fees may be reimbursed and	07/25/06

		grade criteria) and to reduce redundancies. There are no changes in either the policy or the manner in which it has been interpreted and implemented.	
2.04(E)	Eligibility	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
§2.04(F)	Education and Employee Development Policies	Clarifies that classes taken for continuing education units (CEUs) are not reimbursable under the Laboratory's Tuition Reimbursement Program.	11/14/96
§2.04(F)(2)	Education and Employee Development Policies	Sentence added stating that denial of an employee development plan is not subject to complaint review procedure in §2.05(D).	8/25/03
§2.04(F)(4)(e)	Education and Employee Development Policies (College-Level Courses)	Changes criterion for determining how many units may be taken by employees enrolled in University courses.	1/24/99
§2.04(G)	Education and Employee Development Policies	Accounts Payable Office changed to CFO/Accounts Payable; Associate Laboratory Director, Administration, changed to Deputy Director, Operations.	09/20/96
§2.04(H)	Education and Employee-Development Policies (Professional Research or Teaching Leave)	Eliminates requirement for Laboratory Director to obtain DOE approval before granting professional research or teaching leave.	05/01/00
§2.04(H)	Education and Employee-Development Policies (Professional Research or Teaching Leave)	Adds certain professional job codes to list of titles to which this section applies.	11/15/00
§2.04(I)	Education and Employee Development Policies	Associate Laboratory Director, Administration, changed to Deputy Director, Operations.	09/20/96

§2.05	Management/Employee Relations	Section Title changed from Employee Relations to Management/Employee Relations; Areas of Responsibility is a new paragraph; Early Problem Resolution replaces Employee Counseling; Corrective Action has been rewritten and reorganized; Employee Complaint Resolution is new and replaces former Paragraphs C (Employee Grievances) and D (Administrative Review) with one process having progressive steps; Antiharassment Policy and Complaint Procedure expands the Antiharassment Policy to all forms of harassment, not just sexual harassment. In addition, there have been minor changes in the remainder of the section.	09/30/02
§2.05	Management/Employee Relations	Chief Operating Officer (COO) changed to Associate Laboratory Director for Operations throughout 2.05, except for 2.05(I).	08/05/05
§2.05(B)	Employee Relations (Disciplinary and Corrective Action)	Clarifies investigatory leave, corrective action, and dismissal policies.	12/03/98
§2.05(B),(C.)	Employee Grievances (Eligibility), Categories of Scientific & Engineering Staff (Staff Scientist/Engineer, Scientist/Engineer)	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
§2.05(C)	Corrective Action and Dismissal	Major revision to section to provide consistency with UC system-wide language in terms of those actions that may be taken to a Step-III hearing. Applies to non-represented employees only.	12/07/06
§2.05(D)	Employee Complaint Resolution	Major revision to section to provide consistency with	12/07/06

		UC system-wide language in terms of those actions that may be taken to a Step-III hearing. Applies to non-represented employees only.	
§2.05(D)(3)(c)	Employee Complaint Resolution / Eligibility	Deleted the word "Senior" from the title of the link.	07/12/05
§2.05(E)	University of California Procedures for Responding to Reports of Sexual Harassment	Revised to reflect UC revision (verbatim) of its Policy on Sexual Harassment and implementation of standardized Procedures for Responding to Reports of Sexual Harassment. The policy and the procedures apply to Berkeley Laboratory and have been incorporated into RPM	02/17/05
§2.05(E)	UC Procedures for Responding to Reports of Sexual Harassment	Revised to add link in Note to Lab-specific policy at <a href="http://www.lbl.gov/Workplace/HumanResources/hr_ler/sh_splash.html">http://www.lbl.gov/Workplace/HumanResources/hr_ler/sh_splash.html</a>	7/19/05
§2.05(F)	Employee Relations	Employee Assistance Program policy changed directing employees and managers to contact the University of California, Berkeley, Employee Assistant Program for services; Laboratory Medical Services Department changed to Laboratory Health Services Department; Associate Laboratory Director, Administration, changed to Deputy Director, Operations (DOD).	09/20/96
§2.05(G)	Employee Relations	Laboratory Medical Services Department changed to Laboratory Health Services Department.	09/20/96
§2.05(H)	Reasonable Accommodation	Revised to reflect UC revision (verbatim) of its Policy on Sexual Harassment and implementation of standardized Procedures for Responding to Reports of Sexual	02/17/05

		Harassment. The policy and the procedures apply to Berkeley Laboratory and have been incorporated into RPM	
§2.05(H)–(I)	Employee Relations	Associate Laboratory Director, Administration, changed to Deputy Director, Operations (DOD).	09/20/96
2.05(H)	Reasonable Accommodation	Moved to Section 2.01(A)(3).	08/29/06
§2.05(I)	Integrity in Research	"Chief Operating Officer (COO)" changed to "Deputy Director."	08/05/05
§2.05(I)	Integrity in Research	"Deputy Director" changed to "Associate Laboratory Director for Operations."	12/20/05
§2.05(J) and (K)	Management/Employee Relations/ "Whistleblower" and "Whistleblower Protection"	The University of California has adopted revised Whistleblower and Whistleblower Protection policies. These revisions bring the Berkeley Lab policies into compliance with State law. The revised policies replace those currently found in RPM §2.05(J). Rather than having both policies under one section as they have been in the past, they have been divided into RPM §2.05(J), Reporting and Investigating Allegations of Suspected Improper Governmental Activities ("Whistleblower Policy") and RPM §2.05(K), Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints ("Whistleblower Protection Policy").	5/22/03
§2.05(J) and (K)	Management/Employee Relations/ "Whistleblower" and "Whistleblower Protection"	Information and telephone numbers for reporting suspected improper governmental activities or report retaliation against a whistleblower given, as well as Locally Designated	4/13/04

		Official. Editorial.	
§2.05(L)	Unauthorized Absences and Job Abandonment	New section; moved from 2.12(J) (Absence without Permission). Unauthorized Absences and Job Abandonment policies revised to provide clear definitions and procedures for addressing these issues for nonrepresented employees and supervisors.	10/30/06
§2.07	Professional Research Staff	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§2.07(B)	Staff Committees	Editorial Changes dividing section into subsections of Laboratory and Staff Committees.	10/04
§2.07(C)	Professional Research Staff (Categories of Scientific and Engineering Staff)	Makes changes in rules applying to Scientist/Engineer, Scientist/Engineer (Faculty), and Scientist/Engineer (Visiting Faculty).	11/15/00
§2.07(C)	Professional Research Staff	Language amended to denote division of four scientific and engineering appointment levels into eight sublevels.	09/20/96
§2.07(C)(2),(3)	Categories of Scientific and Engineering Staff (Distinguished Staff Scientist/Engineer, Scientist/Engineer )	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
§2.07(C)(6)	Professional Research Leave (Categories of Scientific and Engineering Staff; Scientist/Engineer (Faculty) and Scientist/Engineer (Visiting Faculty))	Adds "scientist/engineer (visiting faculty)" category.	01/26/00
§2.08(B)	Vacation Credit Accrual Rates (Nonfaculty Career & Term Employees, Limited Employees & Employees	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01

	Working Limited Time Schedules)		
§2.08(B)(4)	Vacation Leave (Vacation Credit Accrual Rates; Short-Month's Work)	Updates policy on accrual of vacation credit for full-time and part-time employees.	04/14/99
§2.08(B)(5)	Vacation Credit Accrual Rates	Revised to comply with California law.	8/25/03
§2.08(C)(5)	Vacation Leave (Scheduling of Vacations; Participation in School Activities)	Clarifies that an employee who is a parent or guardian of a child attending a licensed day-care facility may use vacation time to participate in day-care facility activities.	04/14/99
§2.08(F)	Vacation Leave	Accounting and Financial Management Department changed to CFO/Finance.	09/20/96
§2.08(F)	Terminal Vacation Pay	Replaces "Financial Services Department" with "Human Resources Department/Payroll" as Payroll has moved to Human Resources.	10/23/00
§2.08(F)	Vacation Leave/Terminal Vacation Pay	Terminal Vacation Pay for those on military leave revised to reflect recent changes passed by the California Legislature.	03/04/02
§2.08(H)	Use of Vacation Leave for Catastrophic Leave Sharing	New paragraph specifying hour for hour donation of vacation leave to fellow employee under provisions of 2.26, new catastrophic leave sharing policy.	02/14/01
§2.08(I)	Payout of Vacation Credit at Change of Status	New paragraph added that states employees will be paid for accrued vacation credit at the time they change from a vacation-accruing appointment to an appointment that does not accrue vacation.	05/03/06
§2.09(C), (D)	Accrual of Sick Leave (Limited Employees, Employees Working Indeterminant Time),	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented	03/29/01

	Use of Sick Leave (Employees Working Variable Time)	employees only.	
§2.09(C)(1)	Sick Leave/Accrual of Sick Leave/Career Employees	Removed exception for faculty, as they do not earn sick leave per academic policy.	08/03/05
§2.09(C)(8)	Sick Leave (Accrual of Sick Leave; Accrual During Leave Without Pay)	Clarifies rules for accrual of sick leave during leave of absence without pay.	04/14/99
§2.09(D)	Sick Leave (Use of Sick Leave; Use of Sick Leave for Childbearing)	Medical Services Department changed to Health Services Department; Medical Services to Medical Services Clinic.	09/20/96
§2.09(D)(3)	Sick Leave (Use of Sick Leave; Use of Sick Leave for Childbearing)	Deletes superseded provisions on use of sick leave for childbearing. Adds provisions encouraging employees to contact Health Services for information on pregnant worker policy.	04/14/99
2.09(D)(3)	Sick Leave/Use of Sick Leave/Use of Sick Leave for Childbearing	Link to "Declared Pregnant Worker Policy" deleted, as link to policy is no longer live.	09/06/06
§2.09(D)(4)	Sick Leave (Use of Sick Leave for Illness in Employee's Family)	Changes year during which employee may use sick leave to care for relative from fiscal to calendar year.	04/14/99
§2.09(D)(4)	Use of Sick Leave (for Illness in Employee's Family)	Specifies conditions under which eligible employee can use requested vacation-leave donations from other employees for the purpose of caring for a catastrophically ill person, referencing new section 2.26 on catastrophic leave.	10/23/00
§2.09(D)(4)	Sick Leave/Use of Sick Leave for Illness in Employee's Family	Same or opposite sex domestic partners have been added to the list of individuals requiring care for whom an employee may request sick leave.	4/22/03

§2.09(D)(4)	Use of Sick Leave	The deletion of "serious" and addition of "domestic partner" are a result of recent State legislation. The change to the more generic form of family relationships is easier to read.  Deletes restriction of father to attend wife in childbirth to use of only one day of family sick leave.	8/25/03
§2.09(D)(10)	Use of Sick Leave (Sick Leave Beyond Current Credit )	References section 2.26, for procedures under which employee can qualify for catastrophic leave sharing credits when sick leave is exhausted.	02/14/01
§2.09(D)(11)	Sick Leave (Use of Sick Leave; Medical Clearance to Return to Work)	Adds requirement for medical clearance before employee may return to work after lost time due to illness or injury.	04/14/99
§2.10	Holidays (Holidays During Leave Without Pay)	Clarifies provisions on payment for holidays during short-term and extended leave.	04/14/99
§2.10	Holidays	Administrative holiday changed to one floating holiday that may be used, at the employee's discretion, on Cesar Chavez Day (the last Friday in March), Veterans Day (November 11th), or during the annual winter holiday shutdown.	01/02/03
§2.11	Miscellaneous Leave with Pay	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§2.11(A)(2)(b)	Miscellaneous Leave With Pay (Court Leave; Administrative or Legal Procedures)	Deletes reference to classifications specified in Table I, Appendix A, to Contract 98, which no longer exists.	01/24/99
§2.11(D)	Security Leave	Subsection deleted as clearances are not required to work at Berkeley Lab.	10/23/00
§2.11(F)	Miscellaneous Leave With Pay	Associate Laboratory Director, Administration, changed to Deputy	09/20/96

		Director, Operations.	
§2.12	Leave of Absence Without Pay	Rewords leave of absence without pay provisions affected by addition of new section on family care and medical leave.	04/14/99
§2.12	Leave of Absence without Pay	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§2.12(B)	Leave of Absence Without Pay	Associate Laboratory Director, Administration, changed to Deputy Director, Operations; Payroll Office changed to CFO/Payroll.	09/20/96
§2.12(B)(1)–(2)	Leave of Absence Without Pay (Authorization of Leave Without Pay)	Changes text to table format and removes distinction between benefit-accruing and nonbenefit-accruing employees.	10/12/98
§2.12(C)	Authorization of Leave of Absence Without Pay	Rewritten for clarity, no policy change.	11/22/02
§2.12(E)	Leave of Absence Without Pay	Payroll Office changed to CFO/Payroll.	09/20/96
§2.12(E)	Leave of Absence without Pay/National Defense Leave	Formerly §2.14(F), revised to reflect recent changes passed by the California Legislature.	03/04/02
§2.12(E)	Military Leave	Rewritten to reflect recent changes passed by the California Legislature; 2.14(F) moved to 2.12(E).	03/04/02
2.12(F)(1)	Leave of Absence Without Pay/Pregnancy Disability Leave/Definition	Link to "Declared Pregnant Worker Policy" deleted, as link to policy is no longer live.	09/06/06
2.12(I)	Returning from Approved Leave of Absence without Pay	This policy, along with new 2.05(L) (Unauthorized Absences and Job Abandonment), was revised to provide clear definitions and procedures for addressing these issues for nonrepresented employees and supervisors.	10/30/06

2.12(J)	Absence without Permission	Moved to new section, 2.05(L) (Unauthorized Absences and Job Abandonment).	10/31/06
§2.13	Family Care and Medical Leave	Adds new section on family care and medical leave.	04/14/99
§2.13	Family Care and Medical Leave	FMLA leave changed to calendar year effective 1/1/03.	1/02/03
§2.13(B) and (D)	Family Care and Medical Leave	Same or opposite sex domestic partners have been added to the list of individuals requiring care for whom an employee may request FMLA. This change conforms Laboratory FMLA policy to UC Staff policy and affect non-represented employees only.	4/22/03
2.13(E)(3)	Use of Accrued Paid Leave (Catastrophic Leave Sharing)	States that an employee may donate vacation time on an hour-for-hour basis, regardless of differing pay scales, to another employee who has exhausted his or her sick and vacation leaves due to a serious medical condition.	02/14/01
§2.14	Military Leave	Section has been revised as a result of recent changes passed by the California Legislature. In addition, associated changes were made to RPM §2.08(F) (Vacation Leave/Terminal Vacation Pay), and §2.11(E) (Leave of Absence without Pay/National Defense Leave), formerly §2.14(F).	03/04/02
§2.15	Group Insurance and Retirement Plans (Eligibility for Group Insurance)	Deletes reference to minimum length of appointment required for CORE eligibility, which is based on effort only.	07/22/99

§2.15(D)(2)	Compensation While Absent Because Of Work-Incurred Disability/ Extended Sick Leave	Reference to Law enforcement and firefighter employees deleted as Lab no longer has employees covered by this policy.	2/27/03
§2.15(D)(5)	Compensation While Absent Because Of Work-Incurred Disability/Leave of Pay for Safety Employees	Paragraph deleted as Lab no longer has employees covered by this policy.	2/27/03
§2.16	Group Insurance and Retirement Plans	Section rewritten to link Lab benefits information to the appropriate UC and PERS Web sites.	09/24/01
§2.16(D)(1)	Retirement	Law enforcement reference deleted as Lab no longer has law enforcement employees.	10/23/00
§2.17	Employee Records	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§2.17(D)	Employee Records	Associate Laboratory Director, Administration, changed to Deputy Director, Operations.	09/20/96
§2.18	Regulations Implementing University of California Policies Applying to Campus Activities, Organizations, and Students	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§2.18(D)	Advisory Committee on Free Expression	Paragraph deleted because Advisory Committee no longer in existence.	02/20/02
§2.18(E)	Regulations Implementing University of California Policies Applying To Campus Activities, Organizations, & Students	Associate Laboratory Director, Administration, changed to Deputy Director, Operations.	09/20/96
§2.19	Outside Employment and Business Activities	Clarifies that University intellectual property includes more than just patents and that inventions rightfully assignable to University may not be usurped by a consulting agreement. Also clarifies general policy on work	06/07/99

		for which Laboratory management and review are required and when separate University paycheck is required for teaching positions at University.	
§2.20	Outside Employment and Employee Business Activities	<p>1. Revisions reflect a change in policy regarding approval for outside consulting work. There is no longer a time limit, rather the approval lasts as long as the scope of work and terms of employment remain the same. Should one of these change, a new approval must be sought. Rather than a time period expiration that may or may not be useful, a new approval must be sought when circumstances change.</p> <p>2. The policy applies to all nonrepresented employees regardless of percentage-time appointment and/or other institutional affiliation or employers.</p> <p>3. Changes in Seminar policy were updated.</p> <p>4. Former policy concerned itself mainly with relationships with vendors. Policy was changed so that the same rules of engagement apply not only to relationships with vendors but to relationships with any commercial entities with potential economic or technology connections to the Laboratory</p>	02/11/03
2.20	Outside Employment and Business Activities	Entire content moved to Section 10.02, in new Chapter 10.	08/08/06
§2.20(A)	Outside Employment and Business Activities	Clarifies policy on use of work time.	02/03/97

<p>§2.20(A), (C), (F)–(G), (I)</p>	<p>Outside Business Activities</p>	<p>A. General Policy. Language added clarifying that Laboratory management review and approval are required for consulting work.</p> <p>B. Review &amp; Approval Principles &amp; Time Limits. Paragraph (1) revised to state that questions concerning potential conflicts of interest should be referred to the Laboratory Conflict of Interest Coordinator.</p> <p>C. Consulting and Other Short-term Employment. Changed to state that <i>Request to Engage in Outside Employment</i> form available on the Workstation File Server; approval and routing information for the form added.</p> <p>F. Policy on Outside Professional Activities for University Officers and Designated Staff. New subsection pertaining to Lab staff who are part of the UC Executive Committee. Subsequent subsections renumbered.</p> <p>G. Ownership or Management Interest in Potential Vendors to the Laboratory. Formerly Section (F). Employees required to report to their Division Director ownership interest (of at least 10%) or management interest in a vendor doing business or wishing to do business with the Laboratory. Clarifies policy on Laboratory use of employee vendors.</p> <p>I. Disclosure and Reporting Requirements. Formerly Section (H). Notification requirements added for when a Lab employee is investigated by federal or state agency for</p>	<p>11/07/95</p>
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		improper use of information or actions taken for personal gain.	
§2.20(B)	Outside Employment and Business Activities	Questions concerning potential conflicts of interest should be addressed to the Laboratory Conflict of Interest Coordinator rather than the Deputy Director, Operations.	09/20/96
§2.20(C)	Outside Employment and Business Activities	Revised table clarifying rules concerning consulting, service on scientific boards and honoraria, adds provisions concerning service on DOE and DOE cost-type contractor scientific advisory boards by Laboratory Executive Program Members.	09/20/96
§2.20(C)(1), (3)	Terminations (Medical Separation)	Clarifies medical separation policy.	04/14/99
§2.20(F)	Outside Employment and Business Activities	Policy added for service of Laboratory Executive Program members on scientific advisory boards for DOE and DOE cost-type contractors; Budget Office changed to CFO/Budget; Procurement Department changed to CFO/Procurement.	09/20/96
§2.20(H)	Outside Business Activities	Adds requirement for review and approval of employee consultant or employment agreements with outside employers by Laboratory Patent Counsel prior to execution of the agreement.	09/9/97
§2.21(B)	Terminations	Office of Associate Laboratory Director, Development and External Affairs deleted; Office of the Deputy Director changed to Offices of the Deputy Directors.	09/20/96
§2.21(B)	Reduction in Force, Release of Limited, Rehired Retiree,	Modification of temporary employee policy to correspond to UC personnel	03/29/01

	Student Assistant, and Probationary Appointees	<p>policies. Affects nonrepresented employees only.</p> <p>Note: Paragraph C is new and subsequent paragraphs were renumbered.</p>	
§2.21(B)	Reductions in Force, Release of Term Employees	<p>These changes include allowing reassignment of an employee to a vacant position to avoid layoff, redefining the layoff units, clarifying the assistance provided to employees who are laid off, and clarifying language throughout the policy. (Accompanying changes occur in 2.01(B).) Also 2.21(D) (Release of Term Employees) was added a accompanying changes made in 2.01(K) clarifying conditions for release of term employees prior to the stated appointment end date.</p>	10/28/02
§2.21(B)(2)	Reduction in Force/Layout Units	<p>Reporting change due to the development of the Business Services Division. The change is in name only, the actual units have not changed.</p>	05/11/04
§2.21(B)(3)	Reduction in Force/Decision to Implement Reduction	<p>Work Force Diversity Office be included in the initial stages of reduction-in-force planning.</p>	2/27/03
§2.21(C)	Reduction in Force, Release of Limited, Rehired Retiree, Student Assistant, and Probationary Appointees	<p>Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.</p> <p>Note: Paragraph C is new and subsequent paragraphs were renumbered.</p>	03/29/01
§2.21(D)	Reductions in Force, Release of Term Employees	<p>These changes include allowing reassignment of an employee to a vacant position to avoid layoff, redefining the layoff units, clarifying the assistance provided to employees</p>	10/28/02

		who are laid off, and clarifying language throughout the policy. (Accompanying changes occur in 2.01(B).) Also 2.21(D) (Release of Term Employees) was added a accompanying changes made in 2.01(K) clarifying conditions for release of term employees prior to the stated appointment end date.	
§2.21(D)	Termination of Term Appointments	Adds language that employees should be given at least 30 days notice if their term appointment will not be extended.	8/25/03
§2.21(E)	Security Terminations, Security Interview	Subsections deleted as Lab no longer has law enforcement employees.	10/23/00
2.21(E)	Medical Separation	Policy revised to include an interactive process when reasonable accommodation is being considered for an employee who is unable to perform essential functions of his or her position due to disability.	08/29/06
§2.21(F)	Dismissal	Text revised to say that the Dismissal policy has been moved to RPM 2.05(C) ( <i>Corrective Action</i> ).	08/03/05
§2.21(H)	Terminations	Accounting and Financial Management Office changed to CFO/Finance.	09/20/96
§2.21(H)(4)	Security Terminations, Security Interview	Subsections deleted as Lab no longer has law enforcement employees.	10/23/00
§2.21(J)	Reduction in Force/Termination Procedure	Content deleted and link to HR forms page inserted where Termination forms and procedures now reside. <editorial>	4/13/04
§2.21(J)(2)	Reduction in Force/Termination Procedure /Laboratory Property and Travel	Statement on withholding final paychecks removed to meet legal requirements.	07/28/03

§2.22	Severance Payments	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§2.22(C)(2)	Severance (Method of Payment)	Legislation passed (AB2410) requires the Lab to pay an employee all monies owed at the time of termination, including severance.	10/08/01
§2.22(C)(2)	Miscellaneous (Substance Abuse in the Workplace)	Deletes policy on service of alcoholic beverages on Laboratory premises, which was moved to RPM §1.07.	03/19/99
§2.22(D)	Miscellaneous	D. Flextime. Paragraph (5), "Telecommuting," added. Telecommuting defined. Describes process by which employee and supervisor enter into "Agreement to Telecommute" after completing a training module on developing successful telecommuting arrangements.	03/22/96
§2.22(D)(3)(a)		Change "Chief Operations Officer" to "Associate Laboratory Director for Operations"	08/15/05
§2.23(C)	Miscellaneous	C. Substance Abuse in the Workplace. Paragraph (5), "Department of Transportation Rule," added, stating that the Lab endorses the Department of Transportation antidrug policy and regulations while at the same time respecting employees' legal rights and privacy. Who is covered by the DOT rule is delineated.	11/19/95
2.23(D)	Miscellaneous/Flexible Work Options	Section on flexible work options revised to clarify the policies for flextime and telecommuting.	06/16/06
2.23(D)(3)(b)	Miscellaneous/Flexible Work Options/Telecommuting /Agreements	Revision to language regarding documentation required to accompany Telecommuting	11/30/06

		Agreement form.	
§2.23(D)(5)	Miscellaneous/Telecommuting	Concurrence of telecommuting agreements changed from Head of Human Resources to Manager, Labor Relations, for agreements with non-exempt employees.	06/01
§2.23(F)	Miscellaneous	Associate Laboratory Director, Administration, changed to Laboratory Conflict of Interest Coordinator; Office of Sponsored Research Administration changed to Sponsored Projects Office; Sponsored Review Committee, chaired by the Associate Laboratory Director, Administration," changed to "Independent Substantive Review Committee, which is advisory to the DDO."	09/20/96
§2.23(F)	Miscellaneous/Conflicts of Interest	(1) Paragraph on Principal Investigators was renamed to "Research Project Investigators" and revised to reflect that conflict of interest responsibilities fall to a wider range of project investigators; (2) emphasis of the guiding principles for research projects was changed from an enforcement perspective to acknowledge that the principles guide the employee as well as the Laboratory and that avoiding conflicts of interest is first the responsibility of the employee; (3) protocol of convening and chartering an Independent Substantive Review Committee was defined and included.	11/25/02
§2.23(F)–(J)	Miscellaneous	F. Conflicts of Interest. Paragraph (6), "Technology Transfer," added that outlines conflict of interest policy pertaining to technology transfer and	10/23/95

		<p>cooperative research and development agreements (CRADAS).</p> <p>G. Acceptance of Gifts or Favors. Language added that such acceptance by an employee may be construed as a conflict of interest.</p> <p>H. Contracts with State and Federal Officials. Language added stating that for an employee to act or appear to act on behalf of the Lab without authorization is a conflict of interest.</p> <p>I. Privileged Information. Notification requirements added for instances when an Lab employee is investigated by a federal or state agency on improper use of information obtained or actions taken while working at the Lab.</p> <p>J. Nonsmoking Policy. Paragraph (1), "Policy," language added on smoking in Lab bldg. or vehicle, and report procedures when disturbed by smoke in outdoor permitted area. Paragraph (2), "Responsibility," added on delegation of responsibility for carrying out the Lab's nonsmoking policy. Paragraph (3), "Further Information," language added concerning Lab vehicles.</p>	
2.23(F)(1)	Miscellaneous/Conflicts of Interest/General	Moved to Section 10.01, in new Chapter 10.	08/08/06
§2.23(F)(3)		Change "Chief Operations Officer" to "Associate Laboratory Director for Operations"	08/15/05
2.23(F)(3)	Miscellaneous/Conflicts of Interest/Principal Investigators	Moved to Section 10.05(A), in new Chapter 10.	08/08/06

2.23(F)(5)	Miscellaneous/Conflicts of Interest/Technology Transfer	Moved to Section 10.08, in new Chapter 10.	08/08/06
§2.23(H)	Miscellaneous	Head, Associate Laboratory Director for Planning and Development, changed to Head, Office for Planning and Communications.	09/20/96
§2.23(H)	Miscellaneous/Contacts with State and Federal Officials	Head of the Office for Planning and Communications changed to the Head of the Public Affairs Department	12/15/04
§2.24(B)–(D)	Consultants to Lawrence Berkeley National Laboratory	Clarifies that consultants are subject to the requirements of the University of California Conflict of Interest Code. Revisions to provisions concerning Time Requirements, Travel, Source Justification, and Personal Service Agreement approvals; Procurement changed to CFO/Procurement; Laboratory Accounting Office changed to CFO/Finance; Accounts Payable changed to CFO/Accounts Payable.	09/20/96
§2.25	Honoraria and Stipends for Laboratory Guests	The changes provide more accurate definitions and clarify eligibility for honoraria and stipend payments. A restrictions paragraph (C) was added stating that government employees are not eligible for an honorarium or stipend (regardless of leave status). In addition, a new check request form specifically designed for honoraria and stipend payments referenced in and linked from this section provides adequate documentation for compliance with DOE guidelines.	02/14/01
§2.25	Honoraria and Stipends for Laboratory Guests	Section content replaced by a link to the <i>Financial Policy and Procedures Manual</i> on the Office of CFO Web site at <a href="http://www.lbl.gov/Workplace/CFO/fpt/policies/index.html">http://www.lbl.gov/Workplace/CFO/fpt/policies/index.html</a> .	05/27/05

§2.25(A)	Honoraria and Stipends for Laboratory Guests	Procurement Office changed to CFO/Procurement.	09/20/96
§2.25(D)	Honoraria and Stipends for Laboratory Guests	Emphasizes that Contract 98 with DOE requires University approval for honoraria in excess of \$1,500 and stipends in excess of \$2,000; also clarifies that payment for both honoraria and stipends is requested via a Form RC-247, Request for Issuance of Check; CFO/Finance /Accounts Payable changed to CFO/Accounts Payable.	09/20/96
§2.26	Catastrophic Leave Sharing	New section allowing an employee to donate vacation time on an hour-for-hour basis, regardless of differing pay scales, to another employee who has exhausted his or her sick and vacation leaves due to a serious medical condition.	02/14/01
§2.26(B)(3)(c)	Catastrophic Leave Sharing	Adds the condition that the employee receiving donations must have exhausted all paid leaves, including workers' compensation, disability, etc. Allows an employee to use donations during disability waiting period after all vacation and sick leave has been used.	08/25/03
§2.27	Upper Laboratory Management	New section added to describe UC-managed DOE laboratories policy on upper laboratory management positions.	12/21/05
§3.01(C)	Definitions	Clarifies policy on work time.	02/03/97
§3.01(C)(3)	Work Schedule	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
§3.02, §3.05, §3.06	Time Reporting; Pay Periods, Computations, and	Jeffrey Fernandez named responsible manager.	02/25/05

	Deductions; Paydays and Check Distribution		
§3.02	Time Reporting (Reporting Periods and Increments)	Clarifies information in time-reporting category chart.	09/30/99
§3.02	Time Reporting	Section updated to reflect current procedures.	09/22/05
§3.02(B)	Time Reporting	§2.23(D)(5), <i>Telecommuting</i> , referenced.	09/20/96
§3.02(B)	Time Reporting	B. Location of Workplace. Information on telecommuting, formerly in this section, moved to §2.23(D)(5).	03/19/96
§3.02(B)–(H)	Time Reporting	Conforms procedure with new electronic time reporting system; alternate Worksite Arrangement information deleted.	09/20/96
§3.02(D)	Reporting Periods and Increments	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
3.02(D)	Time Reporting/Reporting Periods and Increments	Table revised to reflect current policies regarding reporting periods and increments.	02/17/06
§3.02(E)	Time Reporting/Certification of Time Reports	Approval process revised so that only supervisors may certify LETS time for their employees, or in their absence only another supervisor or manager, with certain exceptions.	09/01/04
§3.02(F)	Time Reporting	CFO/Finance and Accounting changed to CFO/Finance.	09/20/96
§3.02(F)	Time Reporting Periodic Reviews	Section deleted as time keeping is now electronic.	10/23/00
§3.03	Overtime (Requests and Approval for Overtime Work; Payment for Overtime Meals)	Adds conditions under which operating expenses may be used to pay for overtime meals.	03/19/99
§3.03	Overtime	Changed Deputy Director for Operations to Associate Laboratory	8/23/05

		Director for Operations.	
§3.03(B)	Overtime	Associate Laboratory Director, Administration, changed to Deputy Director, Operations (DOD).	9/20/96
§3.03(B)(4)	Overtime; Requests and Approval for Overtime Work; Approvals	Removed requirement for DOE approval. Changed DDO to ALDO.	05/09/05
§3.03(C)	Overtime	FM/Finance and Accounting Payroll Unit changed to CFO/Payroll.	9/20/96
§3.05	Pay Periods, Computations, and Deductions	Revised to correct inaccurate formulas and to clarify how pay for individuals in exempt titles is calculated when the position is non-exempt under the new Fair Labor Standards Act regulations.	02/25/05
3.05(B)	Biweekly Pay Periods	Modification of temporary employee policy to correspond to UC personnel policies. Affects nonrepresented employees only.	03/29/01
§3.05(C)	Pay Periods, Computations, and Deductions	FM/Finance and Accounting Payroll Unit changed to CFO/Payroll.	09/20/96
§4.01	Travel Policy	Increases reimbursement rates for domestic meals & incidental expenses (M&IE), gifts provided to a host, actual expenses for travel outside of the continental US, automobile mileage, and the aircraft rate.	09/26/97
§4.01	Travel Policy	Brings Lab travel policy into compliance with Federal Travel Regulations, as required by law and DOE guidance. Requires pre-trip authorization for all Lab travel (except local travel). Establishes reimbursement limits for lodging, meals, and incidental expenses.	12/20/99
§4.01	Travel Policy	Miscellaneous administrative changes.	02/08/00 02/15/00

§4.01	Travel Policy	Section substantially rewritten to reflect changes in authority, scope, approvals, and processes, as well as to improve the flow of the document.	02/26/02
§4.01(E)	Travel Policy	Indicates that the Laboratory's Procurement credit card (Procard) may not be used for travel expenses and the travel credit card may not be used for low value, off-the-shelf materials.	09/20/96
§4.01(E)–(I), (K)	Travel Policy	<p>E. Advances. Paragraph (1), "Corporate Credit Cards," language added to indicate reimbursement is by submission of travel expense report. Paragraph (2), "Advances," revised to indicate how an employee may obtain an advance and parameters and limitations for same.</p> <p>F. Transportation Expenses. Paragraph (1), "General Rules," revised to indicate how travelers may procure tickets and be reimbursed if they opt for surface travel over air travel. Paragraph (3), "Travel by Auto," now refers to §1.05 for guidelines on the use of Lab automobiles.</p> <p>G. Subsistence Expenses. Paragraph (1), "Definitions," subparagraph "Per Diem" — <i>foreign travel</i> changed to <i>travel outside the continental United States</i>. Paragraph (2), "Domestic Travel," daily expenses within the continental United States differentiated from those within Alaska, Hawaii, and U.S. possessions. Subparagraph g, "Calculation of M&amp;IE Reimbursement," no longer includes calculations for actual costs for</p>	04/08/96

		<p>portions for first day and last day.</p> <p>H. Miscellaneous Expenses. Amount requiring a receipt changed from \$25 to \$75.</p> <p>I. Travel Expense Reports. Travel expense "reports" replace travel expense "vouchers" to account for travel expenses and advances.</p> <p>K. Non-Laboratory Personnel. Table renamed from Appendix A to Table 4.01 (K)(3). Daily Meal and Incidental Expenses for Domestic Travel differentiated between continental U.S., and Alaska, Hawaii, and U.S. Possessions.</p>	
§4.01(F)	Travel Policy	Travel Reimbursement Allowance/Rates Table moved from Paragraph (K) to Paragraph (F).	09/20/96
§4.01(G)	Travel Policy	Indicates that reimbursement for daily expenses within the continental U.S. and its possessions are for temporary expenses.	09/20/96
§4.01(I)	Travel Policy	Expands the definition of unusual items that must be explained as part of the documentation for travel expense reports.	09/20/96
4.01(J)	Travel Policy/Per Diem Allowance	Section revised to clarify lodging reimbursement policy.	11/15/06
§4.01(M)	Travel Expense Reports	Receipts must be original.	12/19/02
4.01(M)	Travel Policy/Travel Expense Reports	Section added to define Travel Office responsibilities. Section 4.01(M)(2) revised to include link to the Lost Receipt Waiver form and explain when the form can be used.	02/14/06
§4.01(M)(2)	Travel Expense Reports/Information Required	*Original* added to receipts and paper record. Editorial correction.	04/22/04

4.01(M)(2)	Travel Policy/Travel Expense Report/Original Receipts Required	Paragraph revised. New text states that travelers are "not allowed to create receipts when receipts are not provided by service providers."	11/15/06
§4.02	Relocation	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§§4.02–4.03	Relocation (Shipment of Household Goods)	Makes miscellaneous changes in reimbursement for relocation costs incurred by new employees.	11/30/98
§4.02(A)	Relocation	A. General. Paragraph (1), "Authorization," information on reimbursement for travel expenses applying to local hires now found in Paragraph (5) ("Local Hires") , a new paragraph defining local hires, and delineating what may constitute moving expenses and what special conditions exist for employees being rehired from LLNL.	01/24/96
§4.02(C)(1)	Travel by Private Auto	Mileage reimbursement is referred to <a href="#">Appendix A</a> , Reimbursement Allowances (on the Berkeley Lab Travel Web Site).	10/12/01
4.02(C)(1)	Relocation/Travel by Private Automobile/Driving	Paragraph revised to clarify Lab's policy for reimbursing employees who use private vehicles to relocate.	06/18/06
§4.02(D)–(E), (H)	Relocation	D. Living Expenses. Paragraph (1), "Daily Subsistence Allowance En Route." DSAs for employees and dependents are increased. New language added that states if commercial lodging is not used only half of the DSA amounts are reimbursed.  E. Shipment of Personal Effects. Paragraph (4), "Transit Insurance" – the \$2.25/pound valuation has been	09/21/95

		deleted.  H. Receipts. Paragraph (1), "Required Receipts," bulleted item added stating that receipts required if commercial lodging used.	
4.02(G)(4)	Relocation/Miscellaneous Expenses/Miscellaneous Allowance	Paragraph revised to provide more information regarding what is covered under a miscellaneous allowance.	10/05/06
4.02(H)	Relocation/Receipts	Revised to include link to the Lost Receipt Waiver form and explain when the form can be used.	02/14/06
4.02(H)(1)	Relocation/Receipts/Required Receipts	Paragraph revised to include additional types of receipts required for reimbursement.	10/05/06
4.02(J)	Relocation/Travel Expense Vouchers	Section added to define Travel Office responsibilities.	02/14/06
§4.03	Shipment of Household Goods	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§4.03(B)(4)	Reimbursement (Transportation Costs)	Mileage reimbursement is referred to Appendix A at <a href="http://www.lbl.gov/Workplace/CFO-Travel/appendixA.html">http://www.lbl.gov/Workplace/CFO-Travel/appendixA.html</a> , Reimbursement Allowances (on the Berkeley Lab Travel Web Site).	10/12/01
§4.03(L)	Shipment of Household Goods	L. Insurance. Costs reimbursed for insurance coverage no longer includes a limit of \$2.25 per pound.	09/29/95
§5.01	Public Information and External Relations	Updates names of organizational entities.	09/20/96
§5.01	Public Information and External Relations	Section rewritten to reflect the following changes: the Public Information Department is now the Communications Department, and the Government and Community Relations Office is now the	04/17/02

		Community Relations Office.	
§5.01	Public Information and External Relations	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
5.01	Public Information and External Relations	List and frequency of publications updated. Reference to "Manager for Community Relations" replaced with "Head of Public Affairs."	08/04/06
§5.01(A)	Public Information and Media Relations	Reference to <i>Currents</i> changed to <i>The View</i> .	04/27/04
§5.01(C)	Public Information and External Relations	Adds provision concerning the use of the Laboratory name by companies that have licensed Berkeley Lab intellectual property.	09/20/96
§5.01(C)	Public Information & External Relations	New section added to establish policy about the educational or scientific use of photos from the LBNL Image Library Website. Former §5.01(C), "Laboratory Tours and Visits," is now §5.01(D).	05/21/97
§5.02	Scientific and Technical Publications	Changed home organization of the Report Coordinator from TEID to the Library, managed by the Scientific and Technical Information Manger.	10/26/05
§5.02(C)	Policy for Scientific and Technical Publications	Conservation and Renewable Energy, Office of Buildings and Community Systems, changed to Energy Efficiency and Renewable Energy, Building Technologies.	09/20/96
§5.02(C)(2)–(3)	Policy for Scientific and Technical Publications (Publication Requirements; Credit Line and Author Affiliations)	Updates name of Office of Energy Research to Office of Science. Clarifies language for author affiliations in Lab publications.	02/18/99
§5.02(C)(2)	Publication Requirements	Credit line language for LDRD supported research added.	10/27/00

§5.02(F), (G)	Sci./Tech Pubs (Patent/Copyright Review, Rev. Sci. & Tech. Pubs.)	Language added re UC Regents ownership of copyright of Lab sci. & tech. pubs	01/31/01
§5.03(C)	Patent Policy	Reference to §2.24(C)(6) updated to §2.24(C)(11).	09/20/96
§5.04	Printing	Name Update: Publications Work Order Form to Document Submissions Form	01/17/03
§5.04	Printing	Revised to reflect changes in responsible organization from TEID to Creative Services Office, specifically for multicolor requests and printing.	03/14/05
§5.05	Royalty Income Distribution Policy	New section covering distribution of royalties to inventors, and allocation and use of Lab royalty income.	09/01/95
§5.05	Licensing Income Distribution	Modifies policy on distribution of net income from intellectual property licensing to Berkeley Lab inventors to reflect a change in UC Patent Policy. Also makes changes governing uses of Berkeley Lab's share of licensing income.	06/20/00
§5.05	Licensing Income Distribution	A recent change in implementation of the inventor share policy by the University of California necessitates a change in this Laboratory policy. Now inventors who were hired by Berkeley Lab prior to 10/1/97, and who have not had a break in service since that date, are allowed a one-time opportunity to elect whether all their current and future inventions and other intellectual property shall be governed by the 10/1/97 policy or the 11/18/85 policy.	06/17/04
§5.06	Proprietary Information From External Sources	New section: conforms policy with current practice; originally a part of	09/20/96

		§1.21.	
§5.07	Disclosure of Laboratory Proprietary Information	New section: conforms policy with current practice; originally a part of §1.21.	09/20/96
§6.01	Obtaining Goods and Services	Updates to organization names - Procurement to CFO/Procurement, Accounts Payable to CFO/Accounts Payable, Laboratory Property Services to CFO/Property Services, Laboratory Budget Office to CFO/Budget; describes Procurement Card program and changes to the Advanced Acquisition Plan.	9/20/96
§6.01	Obtaining Goods and Services	Section changed to reflect dropping of the reference to "procard" in the procurement card program, procurement lead times, monetary requirements for AAC submissions, and a link of the AAP database.	06/04/01
§6.01	Obtaining Goods and Services	The policy was revised to include the following: establishment of the Low Value Procurement Program; revision of procurement-process initiation; modification of FSD/Procurement's purchase actions regarding DOE subcontracts; change to requisition-submittal process; the title "Procurement Manager" is now "Chief Procurement Officer."	09/29/03
§6.01	Obtaining Goods and Services	Information about the Low Value Procurement Program was removed. Revisions made to text regarding Financial Services Department/Procurement purchase actions and procurement lead times. Policy now states in 6.01(G) that original receipts are required for reimbursement.	10/22/03

§6.01	Obtaining Goods and Services	"DOE Order 5480.13A" changed to "DOE Order 440.2B."	3/10/04
6.01	Obtaining Goods and Services	Changed "Property Services" to "Property Management Group."	03/23/06
§6.01(A); (L)	Obtaining Goods and Services/General Policy; Obtaining Goods and Services/Unauthorized Procurements	"Financial Services Department" replaced with "Office of the CFO." Unauthorized Procurement Policy revised to say that those who make unauthorized purchases of goods and services may be subject to disciplinary action.	11/21/05
§6.01(B)	Obtaining Goods and Services	CFO/Procurement Web Page information added; Procurement/Inventory Management and Material Operations/Stores changed to Facilities Inventory Management/Stores; new requirement for users to perform annual self-inventories of precious metals, which are monitored by Property Services.	09/20/96
§6.01(F)	Obtaining Goods and Services	Approval requirements for acquisitions of \$100,000 or more for ADP equipment revised; formal justification requirement threshold raised for sole-source purchases from \$25,000 to \$50,000, and approval requirements revised.	09/20/96
§6.01(F)	Obtaining Goods and Services	Deletes requirement for approval from the Office of Computing Resources for acquisition of computing equipment with a cost <2M\$.	07/29/97
§6.01(F)	Obtaining Goods and Services	Deletes procedures on automatic data processing equipment and resources that are no longer required by DOE or useful to the Laboratory.	03/18/99
§6.01(G)	Petty Cash/Reimbursements	Reimbursement requirements added.	11/04/02

§6.01(G)	Obtaining Goods and Services/Emergency and Unusual Circumstances	At request of EH&S, "Safety Shoes" purchase language revised such that an employee can purchase shoes on his/her own from any retail outlet; however, the employee must still have the completed "Shoe Issuance Form" with proper authorization in order to be reimbursed by the Lab for shoes purchased outside the Lab's on-site shoe-mobiles.	03/17/05
§6.01(I)–(J)	Obtaining Goods and Services	New policy added on procard program, wherein career employee may purchase goods and services of less than \$5,000 directly from merchants using a University-authorized procard; DOE safety policy and procedure references deleted for charter and lease agreements between the Laboratory and aviation subcontractors; expansion to procedures for initiating Laboratory procurements; delineation of procurements not allowed under the Laboratory's prime contract.	09/20/96
§6.01(K)	Obtaining Goods and Services	Advanced Acquisition Plan required from requestor for each purchase of purchase of \$100,000 or more; provision deleted requiring DOE approval for procurement solicitations of \$1 million or more that involve other than price competition in the evaluation; justification factors changed for noncompetitive procurement actions; formal justification requirement threshold raised for sole source purchases from \$25,000 to \$50,000 and for Intra-University Transactions to over \$25,000.	09/20/96

6.02	Use of Laboratory Property and Supplies	Changed "Property Services" to "Property Management Group."	03/23/06
§6.02(A)	Use of Property and Supplies	A. General. Paragraph (2) – Language added stating that use of facilities, tools, and equipment for non-Laboratory business constitutes a conflict of interest.	11/02/95
§6.02(A)	Use of Property and Supplies	Property Services changed to CFO/Property Services; <i>Property Services Guide</i> changed to <i>Property Guide</i> ; Procedural changes concerning excess property.	09/20/96
§6.03	Property Management	Updates to organization names – Property Services changed to CFO/Property Services; Associate Laboratory Director, Administration, changed to Deputy Director, Operations; Materiel Operations to Support Services; Materials Operations to Materials Services; procedural changes concerning inventory.	09/20/96
§6.03	Property Management	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§6.03	Property Management	Changed "Property Services" to "Property Management Group."	03/23/06
§7.01	Health & Safety	Policy was revised to state that heads of independent departments now share with division directors the responsibility for ensuring their employees' compliance with Laboratory environment, health, safety, and emergency-preparedness policies; and that Laboratory managers are responsible for ensuring that employees, including matrixed employees, participating guests, contractors, students, and	11/7/03

		visitors, are properly trained in emergency and safety procedures and are provided a safe working environment. Paragraph (D) ( <i>Matrixed Employees and Responsibilities for Safety</i> ) was added.	
§7.01(C)	Health & Safety/Planning a Safe Work Environment	Add bullet: "Comply with special approval requirements for human subjects research, animal research, work with biological hazards, or development of radioactive drugs."	07/25/03
§8.00	Quality Assurance	Chapter completely re-written, sections on self-assessment program, lab notebooks& doc. control all subsumed under Section (D) Implementing Elements & Guidelines. New: chain of command for non-emergencies.	03/30/97
§8.01	Quality Assurance	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§8.01(C)	Chain of Command for Nonemergency Situations	List Revised.	12/21/00
§8.01(C)	Chain of Command for Nonemergency Situations	Reorg Chain of Command Language under 8.01; minor edits.	01/31/01
§8.01(C)(1)(b)	Chain of Command for Nonemergency Situations	Change in structure of chain of command.	02/15/02
§8.01(C)(2)(c)	Quality Assurance — Document Control and Records Management	Division of responsibility for Document Control & Records Management now divided between TEID and CSO due to changes in organization.	03/14/05
§9.00 Appendix A	Guide to Computing & Communications Operational Procedures	A. Communications and Networking Systems. Paragraph (8), "Publication Address System Announcements" – language deleted on reservation of public address system for	12/22/95

		announcements to entire Lab population. Reader referred to "Integrated Communications System Office," in the Organizations and Services section of the <i>Berkeley Lab Telephone Directory</i> , for further information on this topic.	
§9.01	Computing and Communications	Renumbered from §9.00 to conform to the rest of the sections; retitled to reflect its procedural nature; references to Appendix A changed to §9.02.	09/20/96
§9.01	Computing and Communications	Modifies policy on authorized use of information resources for on-site and off-site data-communication and telecommunication facilities, equipment, and services.	02/07/00
§9.01	Computing and Communications	Deletes reference to classified or unclassified "sensitive" national security information because the Laboratory does not permit the accessing, processing, or storing of this type of information.	05/23/00
§9.01	passim	Information Computing Sciences Division renamed Information Technologies and Services Division (ICSD --> ITSD)	04/08/02
§9.01	Computing and Communications Office	Changed Deputy Director for Operations to Associate Laboratory Director for Operations.	8/23/05
§9.01(C)(3)(b)	Computing and Communications, Authorized Use of Information Resources/Policy/Notice to Users	Notice to Users wording updated to be consistent with notification on Lab computers	09/27/02
§9.01(H)	Computing and Communications (Software Management), Operational	Deletes both subsections to reflect the fact that the Laboratory Software Management Program ended some	05/15/00

	Procedures for Computing and Communications (Laboratory Software Management Program)	years ago.	
§9.02	Operational Procedures for Computing and Communications	Renumbered from §9.00, Appendix A, to §9.02 to conform to the rest of the sections; retitled to reflect its procedural nature.	09/20/96
9.02	Operational Procedures for Computing and Communications	Deletes reference to classified or unclassified "sensitive" national security information because the Laboratory does not permit the accessing, processing, or storing of this type of information.	05/23/00
§9.02	Operational Procedures for Computing and Communications	Information Computing Sciences Division renamed Information Technologies and Services Division (ICSD --> ITSD).	04/08/02
§9.02 passim	Operational Procedures for Computing and Communications	Update links.	10/14/02
§9.02	Operational Procedures for Computing and Communications	CCSD changed to CPIC.	05/18/04
§9.02(A)	Operational Procedures for Computing and Communications	Separate numbered paragraph on e-mail.	09/20/96
§9.02(A)	Communications and Networking Systems	(A)(1) Link added to CIO Policy Website; (A)(2)(e)(i) Supports Desktop validation of personal calls on Lab phones (A)(17) Support's ITSD's authority to draft remote access policy	03/30/05
§9.02(A)(2)	ICS Voice Telephone System/Personal Calls	Addition of personal cellular phone call policy; division of policy into desktop and cellular; and addition of personal usage criteria.	05/09/02

§9.02(A)(2)	ICS Voice Telephone System	Language deleted re Telephone Services Office arranging for ordering and distribution of external telephone directories as that is not part of their function.	10/04
§9.02(A)(2)(e)(ii)	Operational Procedures for Computing and Communications/ Communications and Networking Systems/ICS Voice Telephone System/Personal Calls/Cellular Personal Calls	States that Laboratory cellular telephones are intended for official business use, and that issuance of a Laboratory cellular phone requires division-management approval and the employee's signed acknowledgment of receiving Laboratory cellular procedures.	09/23/03
§9.02(A)(4)	Communications and Networking Systems/LBLnet) ("the Wireless Policy")	RPM 9.02(A)(4) was revised to incorporate the Laboratory's policy for providing Wireless LAN services. Such services will be provided as part of the Laboratory's standard networking technology and services offerings through ITSD's Networking Telecommunications Department.	10/14/02
§9.02(A)(14)	Operational Procedures for Computing and Communications (Cardkey, Security, and Other Alarm Systems)	Establishes procedure for requesting card access, property protection, area surveillance, and personal assistance alarm devices.	05/15/00
§9.02(B)	Operational Procedures for Computing and Communications	Reference to §2.23(H) added for more information on contacts with state and federal officials	09/20/96
§9.02(C)(1)	Authorized Use of Information Resources	Update link to ESnet policy (editorial)	
§9.02(D)	Operational Procedures for Computing and Communications	Adds policies concerning designation of system administrators and training for UNIX systems, minimum UNIX standard configurations and the LBNL Host Database. §9.02(D)(3) is now in tabular form.	05/21/97

§9.02(D)(10)(c)	Operational Procedures for Computing and Communications (Information Security Guidelines, User IDs and Passwords)	Conforms Laboratory information and security policy with DOE directive on creation, sharing, accessibility, retention, and automatic expiration of passwords.	05/15/00
§9.02(D)(10)(c)(iv)	Operational Procedures for Computing and Communications/Computer and Network Security/Information Security Guidelines/User IDs and Passwords/Password Administration	Language describing current password encryption protocol inserted.	06/07/04
§9.02(E)	Operational Procedures for Computing and Communications	Reference to §1.21 changed to §5.06	09/20/96
9.02(F)	Computing and Communications (Software Management), Operational Procedures for Computing and Communications (Laboratory Software Management Program)	Deletes both subsections to reflect the fact that the Laboratory Software Management Program ended some years ago.	05/15/00
§9.02(F)	Standards for Procurement of Personal Computers	Chapter revised to reflect current standards for procuring personal computers. Links updated. ICSD changed to ITSD.	04/08/02
§9.02(F)	Operational Procedures for Computing and Communications/Standards for Procurement of Personal Computers	Text describing waiver requirement removed to reflect current ITSD policy.	05/18/04
10.01	Conflict of Interest — General	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.02	Outside Employment and Employee Business Activities	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.03	Self-Disqualification and Conflict of Interest for	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06

	Designated Officials		
10.04	Employment of Near Relatives and Domestic Partners	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.05	General Research-Related Conflict of Interest	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.06	Federal Financial Disclosure	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.07	State of California Financial Disclosure	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.08	Technology Transfer/Cooperative Research and Development Agreement (CRADA)	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.09	Human Subjects Conflict of Interest	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.10	Disclosure of Laboratory Proprietary Information	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06
10.11	Disclosure of Financial Interests Relating to Licensing	Part of new chapter, Chapter 10 (Conflict of Interest)	08/08/06

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# Chapter 1

## General Administration and Services

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- §1.08 Laboratory-Hosted (Funded) Conferences (Moved to [RPM §11.02](#))
- §1.09 Open Meetings **[Section deleted 06/08]**
- §1.10 [Conference Rooms](#)
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- §1.12 [Health Services](#)
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- §1.14 Credit Unions **[Section deleted 03/08]**
- §1.15 Employee Activities Association **[Section deleted 06/08]**
- §1.16 Campus Facilities **[Section deleted 03/08]**
- §1.17 [Archives and Records Management](#)
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- §1.20 [Space Management](#)
- §1.21 [Berkeley Lab Stationery and Logos](#)
- §1.22 Forms Management **[Section deleted 09/07]**

§1.23 [Organizational Membership](#)

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§1.25 [Institutional Committees](#)

§1.26 [Financial Management](#) (Moved to [RPM §11.03](#) and the [Financial Policy and Procedures Manual](#))

§1.27 [Unified Project Call Process](#)

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Denotes a rewritten or new section



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Denotes the end of changed text within a section



Denotes deleted text

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# §1.01

## Manuals, Handbooks, and Similar Publications

[Responsible Manager](#)

Rev. 07/08

- A. [General](#)
- B. [Contract Number DE-AC02-05CH11231 \(the DOE/LBNL Contract\)](#)
- C. [Regulations and Procedures Manual \(RPM\)](#)
- D. [Procurement Policy and Standard Practices Manual](#)
- E. [Safety Manuals](#)
- F. [Emergency Plans](#)
- G. [Property Guide](#)
- H. [Security Program Plans](#)
- I. [Laboratory Operating and Quality Management Plan](#)
- J. [Laboratory Environment, Safety, and Health Self-Assessment](#)

### A. GENERAL

This section describes core policy and program documents of Lawrence Berkeley National Laboratory. Documents in this section are considered controlled documents and must be managed in accordance with Laboratory Document Control Procedures. As noted in the Foreword to the RPM, internal policy documents do not replace governing Directives, the Prime Contract, or applicable Law.

### B. CONTRACT NUMBER DE-AC02-05CH11231 (THE DOE/LBNL CONTRACT)

[The DOE/LBNL Contract](#) is the performance based management and operating contract between the Department of Energy (DOE) and the Regents of the University of California for the management of Berkeley Lab. It is the primary governing document that sets the mission of the Laboratory, provides the basis for Berkeley Lab's policies and procedures, and includes:

- DOE directives (orders) that pertain to the Laboratory.
- The contractual terms and conditions governing the Laboratory's operations in areas such as human resources; finance; procurement; environment, safety, and health; technology; facilities; and legal (e.g., intellectual property).
- The annual performance measures against which Berkeley Lab is evaluated by DOE.

[The DOE/LBNL Contract](#) is available online from the University of California Office of the President's Laboratory Administration Office. It is controlled via a modification process defined in the Contract.

## C. REGULATIONS AND PROCEDURES MANUAL (RPM)

This Regulations and Procedures Manual (RPM) serves as a reference for guidelines, rules, and general business practices for Laboratory personnel and is available on the Web. Questions concerning policy interpretation, regulation applicability, or allowability of activities should be directed to the manager responsible for the particular RPM section, as designated in [Managers Responsible for RPM Sections](#).

## D. PROCUREMENT POLICY AND STANDARD PRACTICES MANUAL

The [University of California Laboratory Procurement Standard Practices Manual](#) implements policies of the University of California and sets forth the standard practices for the Laboratory's procurement system. The purpose of the procurement system is to ensure that goods and services required by the Laboratory are obtained in an economical, efficient, and timely manner while meeting the requirements of the Laboratory's Prime Contract. The purpose of the Standard Practices (SPs) is to ensure consistent application of the policies and procedures of the University of California.

Laboratory personnel who perform procurement functions must be thoroughly familiar with this manual. Questions pertaining to the guide should be referred to the Office of the Chief Financial Officer/Procurement.

## E. SAFETY MANUALS

### 1. Laboratory-wide Regulations

Laboratory-wide safety regulations are contained in the [Health and Safety Manual \(LBNL/PUB-3000\)](#). This manual contains statements on safety policy; chemical safety; electrical safety; the design, installation, and test of hazardous research equipment; and general safety recommendations for fire and accident prevention. Questions should be referred to the Environment, Health, and Safety Division.

### 2. Safety Documentation

Safety documentation for individual facilities is contained in Safety Analysis Documents (SADs), which describe mitigation and activities within the facility, and identify hazards. SADs are prepared by the operating division; reviewed by the Environment, Health, and Safety Division; and kept in the facility notebook.

## F. EMERGENCY PLANS

### 1. Master Emergency Plan

The Master Emergency Plan describes how the Laboratory's resources are organized to respond to disasters such as a significant earthquake. The [Master Emergency Plan](#) is available online. The point of contact is the Laboratory Emergency Manager.

## **2. Business Continuity Plan**

The Berkeley Lab Business Continuity Plan describes how key services will operate after the initial response to a major disaster. The Business Continuity Plan is available from the Business Continuity Program Manager.

## **G. PROPERTY GUIDE**

The [Property Manual](#) describes the Laboratory's accounting system for property and the controls governing the acquisition, use, and disposition of property used in performance of Laboratory work. All Berkeley Lab personnel responsible for property management activities must be thoroughly familiar with this guide. Requests for copies and questions pertaining to the guide should be addressed to the Office of the Chief Financial Officer/Property Manager.

## **H. SECURITY PROGRAM PLANS**

### **1. Site Security Plan**

The Laboratory Site Security Plan describes the Lab's approach to physical security. The point of contact is the [Security Manager](#).

### **2. Computer Security Program Plan**

The Computer Security Program Plan describes the Lab's approach to cyber security. The point of contact is the [Computer Protection Program Manager](#). A summary is [available](#).

## **I. LABORATORY OPERATING AND QUALITY MANAGEMENT PLAN**

The [Operating and Quality Management Plan](#) (LBNL/PUB-3111) specifies the Quality Assurance and Conduct of Operations requirements for all divisions of the Laboratory. Copies of this publication are available from the Office of Institutional Assurance. That Office will answer questions concerning the applicability of the Operating and Quality Management Program to particular activities.

## **J. LABORATORY ENVIRONMENT, SAFETY, AND HEALTH SELF-ASSESSMENT PROGRAM IMPLEMENTATION PLAN**

The Environment, Safety, and Health [Self-Assessment Program](#) (LBNL/PUB-5344) describes the Laboratory's program for ensuring compliance with environmental, safety, and health requirements, and for achieving quality assurance/conduct of operations performance objectives. This publication contains the procedures divisions must follow to implement the self-assessment program. The point of contact is the Office of Contract Assurance (OCA).

The Environment, Safety, and Health Self-Assessment Manual contains Berkeley Lab's self-assessment objectives and criteria and the procedures followed by divisions to develop their self-assessment

programs. The point of contact is the the Office of Contract Assurance.

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# **§1.03**

## **Plant Construction, Maintenance, and Service**

*Responsible Manager*

Rev. 12/01

- A. [Plant Construction and Alterations](#)
- B. [Repair and Maintenance Work](#)
  - 1. [General](#)
  - 2. [Special Research Equipment](#)
- C. [Miscellaneous Services](#)
- D. [Response to Power Reduction Alerts](#)

### **A. PLANT CONSTRUCTION AND ALTERATIONS**

The Facilities Division is responsible for all construction and alterations to Laboratory buildings, infrastructure, utilities, and building systems except for those systems specifically assigned to other divisions/departments (e.g., telephone and ProxCard). Requests for plant construction and alteration work are made to the Facilities Division's Work Request Center.

### **B. REPAIR AND MAINTENANCE WORK**

#### **1. General**

The Facilities Division is responsible for maintenance and repair of plant facilities and equipment, including buildings, grounds, utility systems, roadways, walks, fences, and plant mechanical and electrical equipment. Requests for such work are made to the Facilities Division's Work Request Center.

#### **2. Special Research Equipment**

The Facilities Division performs maintenance and repair work on specialized research equipment when requested by a responsible member of the group having charge of the equipment. Requests for such work are made to the Facilities Division's Work Request Center.

### **C. MISCELLANEOUS SERVICES**

Service functions are assigned to the divisions shown in RPM Table 1.03(C) (*Service Functions*).

<b>Table 1.03(C) Service Functions</b>	
<b>Type of service</b>	<b>Division responsible</b>
Vehicle Fleet Operations	Facilities
Bus Service	Facilities
Nonstandard Vehicle Operator's Certification	Environment, Health, and Safety
Locksmith and Key Issuance and Records	Facilities
Electric Light Service	Facilities
Building Custodial Service	Facilities
Groundskeeping	Facilities
Refuse Disposal	Facilities
Parking Permit Issuance and Records	Environment, Health, and Safety
Transportation	Facilities
Mail Services	Facilities
Central Stores	Facilities

#### **D. RESPONSE TO POWER REDUCTION ALERTS**

The Facilities Division is responsible for implementing the Laboratory's response plan to Stage I, II, and III electrical emergency alerts issued by California's Independent System Operator and communicated to Berkeley Lab by the Western Area Power Administration. The Facilities Division is also responsible for updating the Laboratory's response plan.

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# §1.04

## Operation and Parking of Motor Vehicles and Bicycles

*Responsible Manager*

Rev. 2/08

- A. General
- B. Motor Vehicle and Bicycle Parking
  - 1. General
    - Table 1.04(B)(1) — Eligibility for an LBNL Parking Permit
    - Table 1.04(B)(2) — Ineligibility for an LBNL Parking Permit
  - 2. Types of Parking Permits and Parking Spaces
  - 3. Parking Regulations
  - 4. Modes of Transportation Prohibited at the Laboratory
- C. Emergency Off-Hour Automotive Assistance
  - 1. Availability
  - 2. Nonavailability
- D. Commuting Alternatives

### A. GENERAL

Berkeley Lab presents many unique challenges for motor vehicle, bicycle, and pedestrian safety. The roadways are narrow, can be crowded and under construction, traverse steep terrain, and intersect in many different ways. It is critically important for all individuals who share the roadways at the Laboratory to exercise caution at all times for their own safety and the safety of others. Bicyclists, drivers, and pedestrians must be especially aware of safety considerations and be more vigilant when in close proximity to one another.

All individuals operating motor vehicles or bicycles on Laboratory property must comply with the [California Vehicle Code \(CVC\)](#) and Berkeley Lab traffic and parking regulations. Permission to operate a vehicle or bicycle on Laboratory property is subject to the control of the Laboratory Security Manager and may be revoked at any time. Because of the steep terrain, all skateboards, scooters, electronic personal assisted-mobility devices (such as Segways), and in-line skates are prohibited from operating on Laboratory property. Employees may also be subject to discipline up to and including dismissal for traffic and parking violations. In the absence of any special conditions or regulations applicable to traffic or parking, all provisions of the California Vehicle Code relating to traffic or parking apply. The maximum speed limit on all Laboratory property is 25 miles per hour (for all but emergency vehicles), or slower as conditions require.

### B. MOTOR VEHICLE AND BICYCLE PARKING

## 1. General

Limited on-site vehicle parking is provided for certain employees and visitors. For a list of eligible and ineligible persons, see RPM [Table 1.04\(B\)\(1\)](#) (*Eligibility for Parking Permit*) and [Table 1.04 \(B\)\(2\)](#) (*Ineligibility for Parking Permit*). The Badge Office issues valid Laboratory parking permits. Some parking spaces are open to unreserved parking, while others are reserved. Maps indicating parking areas are available at the entry gates, or the Badge Office. Only one parking permit is issued to an eligible person who requests a parking permit. Exceptions are made for motorcycle, motor scooter, and bicycle permits, which may be issued in addition to an automobile permit.

### **PARKING PERMIT VIOLATIONS**

- a. Use of Laboratory parking permit by a person other than the one to whom it was originally issued is prohibited.
- b. The sale, transfer, alteration, or loan of Laboratory parking permits is prohibited.
- c. All vehicles parked on Laboratory property must display a valid (hanging) Laboratory parking permit suspended from the rearview mirror.
- d. Orange Circle spaces are for the use of Laboratory Directors, and other personnel designated by the Laboratory Directorate. Orange Circle parking spaces are reserved on a 24-hour, 7-day-a-week basis, and parking in Orange Circle spaces is prohibited.
- e. Spaces designated as Blue Triangle are reserved for Senior Staff and Senior Scientists between the hours of 6:00 a.m. and 3:00 p.m., Monday through Friday. (At times and days other than those specified, Blue Triangle parking spaces and lots revert to General Parking spaces and lots.)
- f. Parking spaces for persons with a disability are reserved (for those persons) at all times.
- g. Parking in spaces designated for government vehicles is prohibited.
- h. Parking of cars for a period of more than three days is prohibited without first receiving a Prolonged Parking Pass signed by the Site Access Manager.
- i. Parking outside of marked parking spaces or designated parking strips along roadways is prohibited. Parking restrictions must be observed in posted areas.
- j. Parking in a manner that encroaches on or blocks an adjacent parking space or traffic way is prohibited, except in specific stack-parking areas. (All stack parking guidelines must be followed.)
- k. Parking in a way as to project a vehicle over a parking lane or end line is prohibited.
- l. Backing into parking spaces is prohibited in all areas so posted.
- m. Parking of vehicles in spaces designated for motorcycle parking is prohibited.

<b>Table 1.04 (B)(1)</b>	
<b>Eligibility for an LBNL Parking Permit</b>	
<b>EMPLOYEES</b>	
Career	Individuals who have an appointment established at a fixed percentage of time at 50 percent or more of full time for an indefinite period.

Visiting Faculty	University or college faculty members who have dual employment between a university or college and the Laboratory, and are approved by the cognizant Division Director.
Term Appointments	Scientific and nonscientific individuals who are employed to work on a specific project of clearly limited duration of six months or more.
Rehired Retirees	Employees, including retirees under special UC/state provisions and those rehired from layoff status, who were formerly eligible for parking.
Participating Retirees	Specific class of employees rehired from layoff status, who were formerly eligible for parking.
Limited Appointment	Individuals employed to work for less than 1,000 hours in a 12-month period.
Graduate Students	Registered graduate students who are affiliated with the Laboratory as student employees. Parking upgrades can be granted by the Site Access Manager for graduate students who commute from campuses outside the Bay Area.
Student Assistants	Registered college or university students whose affiliation with the Laboratory is as a student employee. Parking upgrades can be granted by the Site Access Manager for students who commute from campuses outside of the Bay Area.
Disabled	Disabled persons working at the Laboratory (including non-employees engaged in on-site services)
<b>NONEMPLOYEES</b>	
<b>Participating Guests</b>	
Professionals	Professionals and their associates engaged in Laboratory-approved research, including (1) individuals using the Laboratory using the Laboratory National User Facilities, (2) personnel currently employed at other University of California facilities, and (3) other professionals when the Laboratory and the participant have mutual interests and the individuals have adequate training and experience to meet high professional standards in their fields. NSF, DOE participants in NSF, DOE, or similarly sponsored programs in which the Laboratory is participating (e.g., faculty on programs of Associated Western Universities or postdoctoral fellows).

Contract Employees	Employees of companies that have a formal contractual agreement with the Laboratory.
Consultants	Recognized experts in a specific field of scientific, engineering, technical, or administrative interest who primarily furnish advice or express views or opinions about problems or questions presented by the Laboratory.
DOE Employees (Berkeley Site Office)	Employees of the Department of Energy's Berkeley Site Office.
Students not on Laboratory payroll	Students who are comparable to graduate student research assistants but who are not on Laboratory payroll, including those participating in NSF, DOE, or similarly sponsored programs in which the Laboratory is participating.
Casual Visitors	Individuals visiting the Laboratory for a week or less who are not engaged in Laboratory research or use Laboratory facilities.
Vendors (Service Contractors)	Employees of service contractors (i.e., food services, computer services)

<b>Table 1.04(B)(2)</b>	
<b>Ineligibility for a Berkeley Lab Parking Permit</b>	
<b>NONEMPLOYEES</b>	
<b>Participating Guests</b>	
Agency (Temp) Personnel	Employees of a temporary-help agency; contract labor employees.
<b>Nonparticipating Guests</b>	
Contract Employees	Employees of contractors, unless the employee's vehicles are necessary to the job.
Subcontractor Employees	Employees of subcontractors, unless the employee's vehicles are necessary to the job and can be parked inside the agreed-upon contractors' "laydown" area. Special permit must be issued by the Site Access Manager.

The Site Access Manager may make exceptions to the parking policy. For extenuating circumstances that require an exception to the policy, requests should be made directly to the Site Access Manager.

## 2. Types of Parking Permits and Parking Spaces

Authorized Laboratory permits hang on the vehicle's rearview mirror. (Decal-type permits are used for motorcycles, scooters, motorbikes, mopeds, and bicycles.) In addition, the Badge Office issues temporary hanging-type parking permits for all participating guests and other noncareer eligible employees.

- a. **Orange Circle:** Allows parking in Orange Circle permit parking spaces, Blue Triangle parking spaces, or any General parking spaces. Eligible Orange Circle permit holders are determined by the Laboratory Deputy Director for Operations.
- b. **Blue Triangle (Permanent):** Issued to Career and UC Faculty Employees. Allows parking in Blue Triangle parking spaces or unreserved General parking spaces. Determination for Blue Triangle Permanent parking is based on a yearly set salary minimum.
- c. **Blue Triangle (Temporary):** Issued to noncareer Laboratory and certain UC Faculty personnel. Allows parking in Blue Triangle spaces or unreserved General parking spaces. Determination for Blue Triangle Temporary parking is based on job classification.
- d. **General (Permanent & Temporary):** Allows parking in all designated parking spaces not otherwise restricted or marked.
- e. **Off-Hours (After-Hours):** For employees who do not have regular parking. Allows parking only during off-hours between 3 p.m. and 6 a.m., Monday–Friday, and all day Saturdays, Sundays, and holidays.
- f. **Medical Parking (Blue Triangle or Reserve status):** When requested by the Laboratory, Medical Department Medical Parking is issued for 30 days to someone who has a medical situation or is recovering from a medical injury and, due to restricted general mobility, needs to park close to his/her office or place of work.
- g. **Vendor Parking: (Blue Triangle status):** Issued to vendor companies who service the Laboratory on a regular basis.
- h. **Disabled Person Permit:** Allows parking for disabled persons through a special permit that is issued in addition to a regular Laboratory Parking permit.
  - State of California Disabled Person Permit (special license plate or placard issued by the State Department of Motor Vehicles (DMV)). This permit allows the Holder to park in spaces designated by an official State blue-and-white logo or in any unreserved parking space.

- Temporary [Medical Parking Permit](#) is issued to give the requester time to apply for and receive a DMV permit.
- i. **Visitor Permit:** Paper permit issued at Laboratory entry points or by Site Access for parking spaces that are reserved for visitors only and are not for use by regular or temporary employees.
- j. **Official Vehicle:** An official vehicle permit is designated by license plate (United States Government or State of California) or by a special placard issued by the Laboratory Motor Pool only, to identify vehicles leased or rented for official business. For the complete policy statement on the use of official vehicles, see [RPM §1.05 \(Use of Official Vehicles\)](#).
- k. **Stack Parking:** Because Laboratory policy encourages the use of stack parking for commuter vehicles, stack-parking areas have been established. Movement of a vehicle in stack parking may be necessary to accommodate unforeseen circumstances. Employees are encouraged to use stack parking. If they do not observe the following regulations, they may be subject to the penalty provisions of [Paragraph \(B\)\(3\)](#), below:
- Park as close as possible to the vehicle, stop line, or barrier in front of you (maintain less than a 30-inch gap between vehicles).
  - Display your standard Berkeley Lab parking permit.
  - Display a stack-parking card. This card must include:
    - i. Your name
    - ii. Your parking permit number
    - iii. Your normal location
    - iv. Your Laboratory telephone number
    - v. If different from (iv), the Laboratory telephone number of the person in custody of your vehicle keys

Stack parking cards are available on request from the Badge Office (ext. 4551).

### 3. Parking Regulations

- a. **Forgotten Permit.** Persons who forget their hanging permit may request a temporary one-day parking permit at the entry gate. The issuance of a temporary parking permit will be reported to Site Access. Abuses of the temporary permit provisions are subject to the penalties noted in

[Paragraph \(C\)](#), below.

- b. **Replacement of Lost or Stolen Parking Permits.** To replace a lost or stolen parking permit contact the Badge Office.
- c. **Penalties for Abuse of Parking Privileges.** To ensure that the parking policy is enforced equitably throughout Berkeley Lab on-site parking areas, the Laboratory has instituted a point system for parking violations by which various parking offenses are assigned penalty points within a period of time, and after six points are accumulated within a six-month period, parking privileges are suspended. If a continual pattern of abuse is detected, further disciplinary action may be taken (see Parking Enforcement System).
- d. **Return of Parking Permit on Termination of Employment.** Parking permits are the property of the Laboratory and must be returned to the employee's Division Office or the Badge Office no later than the last day of employment. If the permit holder leaves after hours, parking permits can also be turned in to the security officer at the entry gates.

#### **4. Modes of Transportation Prohibited at the Laboratory**

The following modes of transportation are prohibited at the Laboratory:

- a. In-line skates (Rollerblades)
- b. Roller skates
- c. Segways (two-wheel motorized vehicles)
- d. Skateboards
- e. All other modes of transportation, motorized or non-motorized, that may be considered unsafe by the Laboratory Directorate.

### **C. EMERGENCY OFF-HOUR AUTOMOTIVE ASSISTANCE**

#### **1. Availability**

Emergency off-hour (night and weekend) automotive assistance for employees who encounter difficulties with their personal automobiles may be obtained by contacting the Maintenance and Operations Group between 4:30 p.m. and 7 a.m., as well as weekends and Laboratory holidays. The Laboratory will provide (a) a battery charge to start an employee's car or (b) one gallon of fuel (unleaded gasoline or diesel fuel, for \$2). If an employee's car cannot be started with Laboratory assistance and commercial service is not available, the responding Laboratory person is authorized to take the stranded employee to the nearest public transportation.

#### **2. Nonavailability**

During normal business hours (7 a.m.–4:30 p.m.), employees are expected to use their choice of commercial emergency service available in the area. Laboratory facilities, supplies, or equipment may

not be used for the repair or maintenance of employee vehicles.

## **D. COMMUTING ALTERNATIVES**

Because of the limited parking available on site, employees are encouraged to use public and other transportation options whenever available. Options are described on the [Site Access Web Site](#), or call the Site Access Office at ext. 4551 for more information.

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# §1.06

## Laboratory Site Access

*Responsible Manager*

Rev. 02/08

### A. Site Access Policy

1. General
2. Casual Visitors
3. Participating Guests
4. Policy for All Participating Guests
5. Specific Categories

### B. Site Access Procedures

1. General
2. Casual Visitors
3. Participating Guests
4. International (Non-United States Citizen) Guests

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## A. SITE ACCESS POLICY

### 1. General

#### a. Overview

Visits to Lawrence Berkeley National Laboratory by employees of other organizations or companies not only are an important element of scientific collaboration, knowledge exchange and technology transfer, but also are one way that the Laboratory meets its educational and public service objectives.

Site access is a privilege granted in accordance with Laboratory policy and procedure to individuals who do not have regular-employee status. This privilege may be withdrawn at any time. Loss of privilege may occur for various reasons, including nonconformance with Laboratory policies and procedures. Access privileges granted to any visitors under this Site Access policy do not confer University/Laboratory employee status or any benefits that would come from that status.

Access to the Laboratory is granted subject to the willingness and ability of non-employees to comply with all relevant Laboratory policies, procedures and instructions, including those related to health, safety and the protection of the environment.

The Laboratory's policy on substance abuse in the workplace is set forth in [RPM §2.23\(C\)\(1\)](#) (Substance Abuse in the Workplace). In relevant part this policy states:

"The Laboratory strives to maintain a work site free from the illegal use, possession, or distribution of alcohol; or of controlled substance as defined in Schedule I-V of the Controlled Substances Act (21 USC 812) and 21 Code of Federal Regulations 1308. Unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol or of controlled substances by employees in the workplace, on Laboratory premises, at official Laboratory functions or on Laboratory business is prohibited. Unauthorized possession, use, or consumption or being under the influence of alcohol on Laboratory premises is prohibited. In addition, employees may not use illegal substances or abuse legal substances, including alcohol, in a manner that impairs work performance, scholarly activities, or student life."

To the extent that this policy governs conduct on the Laboratory site or on Laboratory business, it applies to all those present on the Laboratory site or performing Laboratory business, including visitors, guests, consultants, subcontractor employees, and students. Violation of this policy may result in revocation of site access or other appropriate action

Children are not allowed at the Laboratory except when part of a guided tour approved by management or when accompanied by an employee or parent. Children must be supervised at all times; they must not be left unattended or allowed to wander. Although pets may not be brought to the Laboratory, service animals may be brought on site by their owners.

Employees of Lawrence Livermore National Laboratory are accorded the same site access status when visiting the Laboratory as employees of other organizations.

#### **b. Requests for Site Access**

Any Laboratory employee may request site access for a prospective visitor with the approval of the employee's supervisor and/or with the knowledge of the division administrator/director. A Laboratory employee who extends an invitation to a prospective visitor becomes the Laboratory host for that prospective visitor, and the employee's division becomes the host division for the prospective visitor. As the Laboratory host, the division employee must advise the prospective visitor of the Laboratory site-access policies and procedures applicable to the forthcoming visit, as detailed below.

#### **c. General Responsibilities**

The Laboratory host and hosting division are responsible for ensuring that casual visitors or participating guests (as defined in [paragraphs \(B\)\(2\)](#) and [\(B\)\(3\)](#) of this document) (1) are directed to the Site Access or the ALS (for ALS users) to initiate a Laboratory visit and (2) are aware of and comply with applicable Laboratory policies, including EH&S policies and substance abuse policy.

The Site Access Manager is responsible for ensuring that each casual visitor or participating guest identified by a Laboratory host or hosting division has complied with access procedures pertinent

to the visit.

Casual visitors or participating guests are responsible for compliance with scientific and administrative requirements as identified by the Laboratory host, hosting division and/or Site Access. Casual visitors or participating guests must take all responsible precautions in the performance of work at the Laboratory site to protect the environment, and the safety and health of others.

Responsibility for compliance with the applicable Laboratory policies and EH&S regulations and requirements of UC and DOE extends from the Laboratory host and hosting division to the casual visitors or participating guests.

Failure of casual visitors or participating guests to carry out the responsibilities as cited above may result in loss of access privileges.

## 2. Casual Visitors

### a. Definition

Casual visitors are individuals visiting the Laboratory for a week or less than two weeks with permission granted by the Site Access Manager) who are not engaged in Laboratory research or using Laboratory facilities. All casual visitors driving a vehicle to the Laboratory must obtain a one-day permit issued at the gate. This category includes but is not limited to those giving or attending seminars, those visiting the Laboratory for limited scientific discussion or as participants solely to observe research in progress, radiotherapy patients, job seekers, tour groups, employee friends/family, retired employees with occasional reason to visit the site, and the press. The Integrated Environment, Health & Safety Management Plan covers the safety aspects of Laboratory access for all contractor personnel, vendor delivery/pickup personnel, sales representatives, and service maintenance personnel who also qualify as casual visitors.

### b. Policy

Casual visitors will be granted access to the Laboratory on the request of an employee or participating guest to Site Access or the ALS User Office. Gate controllers may issue a one-day permit (for each day approved). Site Access may issue permits for up to one week (two with permission granted by the Site Access Manager).

## 3. Participating Guests

**Definition:** Participating guests are non-Laboratory employees who are engaged in Laboratory activities on-site and who fall into one or more of the following categories:

- a. **Users.** Individuals visiting the Laboratory to use Laboratory user facilities or other user resources by the Office of Energy Research at DOE.
- b. **National Energy Research Scientific Computer Center (NERSC Users).** Individuals using

NERSC facilities either remotely or while visiting the Laboratory.

- c. **Scientific Collaborators.** Individuals visiting the Laboratory who are engaged in Laboratory-approved research, testing or analysis either through “hands-on” activities or through collaborative discussion with Laboratory employees. Included in this category are faculty and graduate students from other University of California facilities and other educational institutions, students, postdoctoral fellows, research fellows, and other professionals having adequate training and experience and meeting high professional standards in their field.
- d. **Student Guests.** Individuals who are graduate students under the direct supervision of a division to which the student is attached.
- e. **Nonscientific.** Individuals who have been assigned to the Laboratory as their place of work either as employees of temporary employment service/agencies or as contract labor employees.
- f. **Consultants.** Individuals who have entered into a consultant agreement with the Laboratory under [RPM §11.04 \(Consultants to Lawrence Berkeley National Laboratory\)](#).

#### 4. Policy for All Participating Guests

##### a. General

All participating guests must display a temporary parking permit issued by the Badge Office section of Site Access and are subject to the parking regulations established by the Laboratory (see [RPM §1.04](#)). All participating guests must execute a Laboratory Patent Agreement. Employees of the Regents of the University of California at another campus or laboratory location and users of Laboratory User Facilities covered by a formal agreement under [Paragraph \(A\)\(5\)\(a\)](#), below, are not required to execute a Patent Agreement. Property information brought to the Laboratory is protected in accordance with policy stated in [RPM §5.06 \(Property Information from External Sources\)](#). Participating guests may be entitled to office or Laboratory space and/or the use of other Laboratory resources and services, as may be arranged by the Laboratory host and/or host division.

Participating guests are identified by a valid LBNL picture ID issued by Site Access through the Badge Office (for ALS users through the ALS Users Office) designated as a guest with an expiration date and any other information as may be required. Responsibility for notification to the Site Access Office of a guest's departure at the end of a project or program rests with the Laboratory host or hosting division.

#### 5. Specific Categories

- a. **Users.** A formal User Agreement must be executed between the Laboratory and the user's employer (including the user). The agreement must include compliance with the User Facility

Pricing Policies in DOE Order 2110.1A and amendments to these policies.

- b. **NERSC Users.** A formal agreement must be executed between NERSC and the user or the principal investor responsible for the user. Such an agreement must comply with applicable policies established by NERSC and approved by the DOE Office of Energy Research. Information on obtaining allocations of NERSC resources may be found by clicking on the Accounts link on the NERSC Web page.

## **B. SITE ACCESS PROCEDURES**

### **1. General**

- a. Employees are expected to inform Site Access prior to any visits from non-employees. Site Access will determine whether appropriate measures have been taken for admission of the prospective visitor, which may include assurance that the proper agreements have been executed for participating visitors.
- b. Employees, departments and/or divisions sponsoring seminars, meetings, conferences or other events are expected to notify Site Access well before the event. Site Access will then be responsible for notifying gate controllers and Shuttle Bus Services, as appropriate, of the time, date and location of the event.

### **2. Casual Visitors**

Laboratory hosts or hosting divisions expecting casual visitors are expected to notify Site Access of the impending visit and the expected length of stay. In addition, if the visitor is a member of the press, the Laboratory host, or hosting division must notify the Laboratories Public Information Officer. Site Access will then issue an entry/parking permit for the expected length of the stay, not to exceed one week (without authorization of the Site Access Manager). Gate controllers must issue a one-day entry/parking permit to a casual visitor on the authorization of Site Access.

### **3. Participating Guests**

#### **a. Initiating Contacts**

Application for approval of participating guest status is made on the appropriate forms signed by the Laboratory host or hosting division. The complete forms are submitted to the Human Resources Department or designated appropriate administrative office before the guest's arrival. The Laboratory host or hosting division also informs the prospective guests that access to the Laboratory will be through Site Access. The Human Resources Department or designated appropriate administrative office establishes communications with the prospective guests and works with the Laboratory host or hosting division to facilitate administrative procedures needed before the visitor's arrival at the Laboratory.

- b. **Guest Approval.** Approval of the guest status is given by Site Access and is based on the following criteria:
- i. The guest meets the criteria for participating guests.
  - ii. The guest is covered by a formal agreement with the Laboratory satisfying intellectual property requirements. University of California employees who can present appropriate evidence of current employment and users of the Laboratory User Facilities covered by a formal User Agreement are not required to execute a Laboratory Visitor Patent Agreement.
  - iii. The guest qualifies for worker's compensation insurance through a source other than the Laboratory, gives evidence of coverage, or obtains coverage for adequate medical and/or disability insurance satisfactory to the Laboratory. Determination of satisfactory evidence rests with the Risk Management Office. Satisfactory health insurance coverage may be obtained with the assistance of the Human Resources Department or designated appropriate administrative office.
  - iv. Environment, Health, and Safety (EH&S) training appropriate to the anticipated exposure to hazards has been completed or will be completed before any anticipated potential for exposure at the Laboratory. Such training may include attendance at a new employee/visitor orientation session; certain EH&S training sessions; or satisfactory completion of certain related tests.
  - v. The period of approval extends for more than two years from the visitor's arrival at the Laboratory as a participating Guest.
  - vi. The requirements of [Paragraph \(B\)\(4\) \(International \(Non-United States Citizen\) Guests\)](#) are satisfied if the participating guest is a foreign national.
    - (a) **Contractual Agreements.** To ensure a smooth arrival and expeditious entry procedures for participating guests at the Laboratory, Site Access, in coordination with the Office of Sponsored Research Administration, will have documentation of a fully executed User Agreement or Computer Agreement, as applicable.
    - (b) **Visitor Identification.** A renewable badge is issued.
    - (c) **Environment, Health, and Safety (EH&S) Information.** The Human Resources Department or designated appropriate administrative office issues to each participating guest appropriate EH&S publications. In addition, participating guests may be required to read additional EH&S publications; to attend certain EH&S training sessions to satisfactorily complete certain EH&S testing requirements; to wear a personal radiation dosimeter; and to attend an introduction to EH&S requirements in conjunction with the Laboratory host or hosting division, based on

the guest's anticipated need to enter laboratories, accelerators, or shops and his or her anticipated exposure to any hazardous activity at the Laboratory.

(d) **Parking.** Refer to [RPM §1.04 \(Operation and Parking of Motor Vehicles and Bicycles\)](#).

(d) **Guest Departure.** At the end of the project or program, the participating guest must stop at the Site Access (Badge Office) or division office as part of the departure procedure, to surrender any parking permit, dosimeter, ID badge, keys, and other appropriate administrative material. Failure to surrender the material may result in the loss of future access privileges.

(f) **Termination of Guest Status.** The guest status of an individual terminates automatically on the expiration date indicated on the guest's record. The Laboratory host or hosting division notifies Site Access of termination of guest status that is to occur earlier. Notice of the departure of the guest at the end of a project or program is sent from the Laboratory host or hosting division to the Human Resources Department or designated appropriate administrative office.

#### 4. International (Non-United States Citizen) Guests

International participating guests must present an approved PGIF (Participating Guest Form), which is generated by the host department. A letter of invitation from the host and appropriate visa documents must be presented to Site Access (or the ALS Users Office), such as:

- a. **J1 or J2 Visa:** Current passport (must show issue date, passport number, and photo), I-94, U.S. visa stamp, DS2019 form, Active Health Insurance, Active Repatriation Insurance (English translation).
- b. **F1 or F2 Visa:** Current passport (must show issue date, passport number, and photo), I-94, U.S. visa stamp, I-20, Student ID, (EAD if using optional practical training after I-20 expires).
- c. **H1B Visa:** Current passport (must show issue date, passport number, and photo), I-94, U.S. visa stamp, 797 form.
- d. **B1 or B2:** Current passport (must show issue date, passport number, and photo), I-94, U.S. visa stamp.
- e. **WB, WT, or CP:** Current passport (must show issue date, passport number, and photo), and I-94.
- f. **TN:** Current passport (must show issue date, passport number, and photo), and I-94.
- g. **Alien Registration Card (Green Card):** Alien Registration Card and passport or driver's license.

The above documents must be complete and properly dated before Site Access will badge an International Guest. HRIS expiration dates cannot exceed the expiration dates that appears on the guest's DS2019, I-20, 797, I-94, or Green Card (whichever is applicable). In the case of visa waivers, the expiration date cannot exceed 90 days from the stamped date on which the guest has entered the United States.

**Sensitive Countries:** Citizens from sensitive countries (contact Site Access for an accurate list) can receive a badge, after which the PGIF must be faxed to Counterintelligence along with an e-mail (also being sent to Counterintelligence) listing the Guest's Badge ID number, name, cex, place of birth, along with a statement whether or not the PGIF was submitted and has been faxed.

**Terrorist-Sponsoring Countries (TSC):** An accurate list of Terrorist-Sponsoring Countries will be sent from Site Access on request. Citizens of Terrorist-Sponsoring Countries **cannot receive a badge under any circumstances. In the event someone from a Terrorist-Sponsoring Country is sent to the Badge Office contact the Site Access Manager immediately. This is also true if a visitor from a TSC appears on the Gate List, or on a meeting/conference roster.**

Before receiving a badge **everyone** will be asked two questions about himself/herself:

- citizenship and
- place of birth (if he/she is not a U.S. citizen).

U.S. citizenship overrides all issues. Example: If a person was born in a Terrorist-Sponsoring Country but is now a U.S. citizen, the fact the person is now a U.S. citizen qualifies him/her for entry to the Laboratory. On the other hand, if that person is a citizen of another country, he/she is not qualified for entry to the Laboratory.

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# §1.10

## Conference Rooms

[Responsible Manager](#)

### Section Renumbered 8/06

- A. [General](#)
- B. [Conference Room Coordination](#)
- C. [Reservations](#)
- D. [Standing Reservations](#)

### A. GENERAL

A number of conference and assembly rooms are available for use by Laboratory groups and by outside groups when the purpose of the meeting is related to Laboratory work. Use by employee organizations must be arranged through the Human Resources Department. Rooms may not be used for purposes unrelated to Laboratory work unless the proposed use has been approved by the Laboratory Director's Office. Although some rooms have been assigned to specific groups or departments, all Laboratory conference/meeting rooms are to be listed on Calendar and are intended to be available for general use by Laboratory employees. Meeting rooms and auditoriums that are 45 square meters or larger are defined as Institutional Conference Rooms and are administered and maintained by the Facilities Division. Institutional Conference Rooms are listed on the [Facilities Web page](#) and are scheduled through the Work Request Center.

### B. CONFERENCE ROOM COORDINATION

Each conference room is assigned a Conference Room Coordinator (CRC) to reserve rooms and provide guidelines for conference room users. The Work Request Center is the CRC for Institutional Conference Rooms.

### C. RESERVATIONS

Reservations are made by the responsible CRC with consideration for the following:

- The Laboratory Director has priority use of all Laboratory meeting rooms.
- In specific-purpose rooms (e.g., those with video-conferencing facilities), groups that need to use the equipment have priority. Currently, these rooms are 50B-4205, 50B-6106, 50F-1647, 71-264, and 90-3075. Rooms 50B-4205, 50F-1647, and 90-3075 are administered by Video Conferencing Services (ext. 6767).

- If a change is made in a room reservation (e.g., a group with a standing reservation is persuaded by another user group to relinquish the room), the CRC must be notified of the change by the original user. The CRC is not responsible for changing reservations.

## **D. STANDING RESERVATIONS**

Groups that need meeting space on a regular basis (e.g., weekly, monthly) may reserve a conference room under the following conditions:

- The request for a standing reservation must be made in writing to the appropriate CRC.
- If the standing reservation will not be used on a specific date, the CRC should be notified at the earliest possible time to allow others to use the room.

Standing reservations that are not used on a frequent and regular basis may be canceled by the CRC.

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# §1.12

## Health Services

[Responsible Manager](#)

### Section Renumbered 8/06

- A. [Laboratory Occupational Medical Program](#)
  - 1. [Medical Surveillance](#)
  - 2. [Injuries/Illnesses](#)
  - 3. [Eye Protection Program](#)
- B. [Employee Assistance Program](#)
- C. [Blood Bank](#)
- D. [Optometry Clinic](#)
- E. [Dental Clinic](#)

## A. LABORATORY OCCUPATIONAL MEDICAL PROGRAM

### 1. Medical Surveillance

Medical examinations may be offered initially and periodically during employment and at the time of termination or retirement, in accordance with DOE guidance. Employees engaged in potentially dangerous occupations, such as firemen and those working with certain hazardous substances (e.g., lead, asbestos, or carcinogens), are enrolled in the Medical Surveillance Program. For employees voluntarily participating in the Medical Surveillance Program, the Health Services staff determines both the medical measurements and observations required and the frequency of health evaluations, based on identified potential hazards and risks. Women who are or plan to become pregnant should consult Health Services about their work environment.

### 2. Injuries/Illnesses

A medical service facility is maintained in Building 26 to treat injuries and minor illnesses and to advise employees of medical conditions that should be discussed with or treated by an outside personal physician. Supervisors must require their employees to report as soon as possible all injuries and illnesses that occur at work so that medical evaluation and treatment may be provided promptly and effectively. On returning to work after a work-related injury/illness resulting in lost time, employees must report to Health Services for an evaluation of their condition and ability to resume customary duties. For nonoccupational health problems, employees are required to contact Health Services if five or more consecutive workdays have been lost or if a work restriction is needed.

### 3. Eye Protection Program

Safety glasses are available to all employees and are required at certain potentially hazardous work sites, such as the mechanical shops and laser laboratories. Eye examinations by an optometrist are provided at low cost to employees needing prescription safety glasses.

## **B. EMPLOYEE ASSISTANCE PROGRAM**

Employees who are experiencing problems, including those related to family difficulties, substance abuse, legal and financial concerns, personal adjustments, emotional trauma, and their jobs, can secure confidential counseling and/or referrals to appropriate resources. The Employee Assistance Program is an off-site program provided by the University of California Health Center (the Tang Center) of the Berkeley campus. See [RPM §2.05\(G\)](#) (*Employee Assistance Program*). Employees and managers seeking Employee Assistance Program services may contact the University of California at Berkeley Employee Assistance Program directly.

## **C. BLOOD BANK**

The Laboratory maintains a blood bank in cooperation with the Alameda–Contra Costa Medical Association Blood Bank. The Laboratory blood bank is for the benefit of employees, members of their families, and close relatives. All employees who meet the blood bank requirements for donors are urged to donate blood during the periodic blood drives held at the Laboratory. Information regarding use of the blood bank or donations may be obtained from the Health Services Group, which administers this program.

## **D. OPTOMETRY CLINIC**

The Optometry Clinic of the School of Optometry on the University of California at Berkeley campus provides eye examinations to students, employees, and the general public. When glasses are prescribed, they may be purchased from the clinic, if desired. For additional information and appointments, call the School of Optometry.

## **E. DENTAL CLINIC**

Employees may have certain types of dental work performed by dental students at the Dental Clinic of the University of California Medical Center in San Francisco. Additional information may be obtained from the Dental Clinic.

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## §1.13 Food Services

[Responsible Manager](#)

**Revised 09/07**

The Laboratory operates a cafeteria primarily to provide convenient lunch services for employees. The cafeteria also provides catering services to Laboratory groups wishing to have food services at approved, on-site informal meetings. See [RPM §11.01 \(Laboratory-Hosted \(Funded\) Meetings\)](#) for definitions, requirements for approval, and allowable costs. Arrangements may be made for special lunches or dinners for Laboratory groups or groups with which Laboratory employees have a work-related connection. These facilities may not be used by outside groups having no connection with University of California work. Reservations for group use of the cafeteria (Building 54) are made electronically through Oracle Calendar. Requests for catering services are made with the cafeteria manager.

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# §1.17

## Archives and Records Management

*Responsible Manager*

### Section Renumbered 8/06

- A. General
- B. Legal Requirements
- C. Responsibilities
- D. Program Components and Services
  - 1. Training and Workshops
  - 2. Records Inventory
  - 3. Records Scheduling
  - 4. Program Survey
  - 5. Information in Electronic and Optical Form
  - 6. Vital Records
  - 7. Disaster Recovery
  - 8. Disposition of Personal Papers and Official Records
  - 9. Privacy and Access Laws
  - 10. Access to Laboratory Records
  - 11. Quality Assurance
  - 12. Central Records Holding Area

### A. GENERAL

The Laboratory and the University of California recognize the importance of appropriate treatment of records. Every Laboratory employee has responsibilities for Laboratory records. Records management is a line-management function at Berkeley Lab, and the Laboratory Archives and Records Office assists line management in meeting its records management responsibilities.

Records management provides a rational basis for making decisions about recorded information, including what should be saved and what should be discarded. These decisions are necessary to support the legal, fiscal, administrative, and other research needs of the Laboratory, University, federal government, State of California, and general public. The ultimate goal of records management is to identify and maintain records that adequately and properly document the organization, functions, policies, decisions, procedures, and essential transactions of projects and research.

Additional information about records-keeping requirements can be obtained by calling the Laboratory Archives and Records Office.

## B. LEGAL REQUIREMENTS

All records generated by the Laboratory under terms of [the DOE/LBNL Contract](#) with DOE are considered institutional. As such, all Laboratory records are owned by the United States government, with the exception of the University's fiscal and administrative records.

According to the DOE/LBNL Contract, "University administration and fiscal records" are owned by the University of California and are therefore subject to the California Public Records Act and the Information Practices Act. All other Laboratory records are federal records. Four primary laws relate to federal records management: the Federal Records Act of 1950, as amended; the Freedom of Information Act; the Privacy Act; and the Paperwork Reduction Act of 1980.

The Laboratory records management program is mandatory.

## C. RESPONSIBILITIES

The Archives and Records Office must:

- Establish standards, procedures, and guidelines for the Laboratory archives and records management program.
- Assist Laboratory departments in developing programs for effective records management, files maintenance, records disposition, and vital records protection.
- Collect and disseminate information on records management, technological developments, and other records-management-related activities.
- Train records liaison officers and Laboratory employees about their records responsibilities.
- Inventory and appraise records and submit Laboratory-specific records retention schedules to the National Archives and Records Administration.
- Assign records retentions according to authorized retention schedules.
- Ensure that semiactive records are appraised for their legal, fiscal, administrative, research, and historical value, and are properly accessioned, stored, and retrieved as needed.
- Obtain departmental written authorization to dispose of temporary records.
- Ensure that permanent, historically valuable records are appropriately accessible to researchers.
- Conduct surveys of divisions', departments', and research groups' records management practices to ensure accountability and improve records care.
- Assist all principal investigators with designated quality assurance records.
- Assist Laboratory departments in Laboratory disaster preparation and recovery if records are involved.

- Identify, store, and display historic Laboratory artifacts.
- Assist the Laboratory in adhering to the National Historic Preservation Act.

Each Laboratory division/department must:

- Designate records liaison officers responsible for overall coordination of records programs; add the records liaison officer duties to the individual's job description and his or her annual job evaluation; and ensure that the records liaison officer is trained by the Archives and Records Office.
- Cooperate with the Laboratory Archives and Records Office in applying standards and procedures to improve the management of records.
- Establish effective management controls over the creation, maintenance, and use of records.
- Create and preserve records that adequately and properly document the organization, functions, policies, decisions, procedures, and essential transactions of the divisions, departments, and research groups.
- Destroy records according to retention schedules approved by the National Archives and Records Administration.
- Submit records inventories to the Laboratory Archives and Records Office.
- Transfer semiactive records from office space to the Laboratory Archives and Records Office.
- Establish safeguards against the unauthorized removal or destruction of records, and notify the Laboratory Archives and Records Office if removal or destruction occurs or threatens to occur.
- Provide safeguards in all records management activities for the protection of individual privacy in accordance with federal and state laws and regulations.
- Identify, develop, and maintain a vital records protection program.
- Ensure that document retention schedule/destruction practices are suspended when litigation, governmental investigation, or an audit is pending or imminent.

## **D. PROGRAM COMPONENTS AND SERVICES**

### **1. Training and Workshops**

The Archives and Records Office offers training and workshops on records management, including records disposition, vital records protection, files management, electronic records retention scheduling, and disaster preparedness.

### **2. Records Inventory**

All Laboratory divisions, departments, and research groups are responsible for completing and keeping current inventories for their records, and should share the information electronically with the Archives and Records Office.

### **3. Records Scheduling**

Records must be maintained according to the retention schedules approved by the National Archives and Records Administration. The schedule is the legal instrument by which records are evaluated and decisions are made about their storage, preservation, availability, or transfer to the National Archives and Records Administration. The Archives and Records Office is responsible for developing retention schedules that accurately reflect the nature and content of the Laboratory's records.

After the schedule is prepared, it is sent to DOE and the National Archives for review and approval. It is critical to note that records may not be destroyed unless they are covered by an approved schedule.

### **4. Program Survey**

To establish accountability and to assess the Laboratory's records management practices, the Archives and Records Office will survey each division, department, project, and research group's area using National Archives and Records Administration guidelines and requirements. Reports of the records surveys will be given to the Records Liaison Officer and appropriate line management. Line management and the Records Liaison Officer are responsible for correcting the deficiencies within a reasonable amount of time.

### **5. Information in Electronic and Optical Form**

Scientific and technical records may consist of laboratory notebooks, raw observational or experimental data, text files, software, or modeling and design systems recorded on electronic or optical media. According to the law and National Archives and Records Administration regulations, records may consist of any media, including microfilm, magnetic tape, floppy and hard disks, and optical cards and disks. Information on these media must be covered by an approved records schedule and handled according to the terms of the schedule.

Federal law and regulations require the Laboratory to schedule electronic and optical record retention by information system (including inputs, outputs, documentation, and magnetic or optical media). Unscheduled records or records scheduled for permanent retention in hard copy may not be destroyed without National Archives approval. Before a division, department, project, or research group creates electronic or optical data systems, the records liaison officer should contact the Archives and Records Office about disposition requirements.

### **6. Vital Records**

Vital records should be inventoried and identified. Scientific groups and departments must take appropriate measures to protect vital records.

## **7. Disaster Recovery**

If records are damaged by fire, water, or other natural or manmade hazards, the Laboratory Archivist and Records Manager should be contacted to assess the damage, determine whether in-house methods can be used to recover the information, or find additional records disaster recovery expertise.

## **8. Disposition of Personal Papers and Official Records**

[The DOE/LBNL Contract](#) between the University of California and DOE specifies that all records, except the University's fiscal and administrative records, are federal records. Individuals do not own Laboratory records and do not have the authority to dispose of them or transfer records to another institution. If individuals maintain personal files at the Laboratory, they must not mix Laboratory records with their personal records. Individuals may make convenience copies of appropriate Laboratory records for their personal files in reasonable quantities.

## **9. Privacy and Access Laws**

Laboratory records, except for the University's fiscal and administrative records, are subject to the procedures outlined in the Freedom of Information Act and the Privacy Act. University fiscal and administrative records are subject to the California Public Records Act and the Information Practices Act. For assistance and clarification about these laws, call the Archives and Records Office.

## **10. Access to Laboratory Records**

Laboratory records that are permanent, historically valuable, and noncurrent are open to research, subject to Freedom of Information and Privacy Act provisions. Researchers are encouraged to call the Archives and Records Office to make arrangements to use these records.

## **11. Quality Assurance**

Laboratory Quality Assurance Policy (LBNL/PUB-3111) addresses quality assurance records. The records liaison officer must carry out records responsibilities according to procedures established by quality assurance guidelines, Laboratory policy and procedure, and federal laws and regulations. The Archives and Records Office will assist divisions, principal investigators, departments, projects, and research groups in understanding and meeting their quality assurance records obligations.

## **12. Central Records Holding Area**

The Laboratory Archives and Records Office operates the Laboratory's Central Records Holding Area. All offices are required to retire semiactive records series to the Archives and Records Office. The Central Records Holding Area facility standards are set forth in 36 CFR 1228.222 and 1228.224, and ASME-NQA-1 §17.

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# §1.18

## Solicitation and Acceptance of Gifts

[Responsible Manager](#)

Links updated 09/08

- A. [General Policy](#)
- B. [Definition](#)
- C. [Responsibility](#)
- D. [Procedures](#)

### A. GENERAL POLICY

The President of the Regents of the University of California (the Regents) has delegated to the Laboratory Director the authority to solicit and accept gifts, including gifts of equipment, having an individual value not exceeding \$100,000. Solicitation or acceptance of individual gifts exceeding \$100,000 requires authorization from the University of California, Office of the President (UCOP). In addition, the Regents' authorization is required for solicitation or acceptance of any gift that exceeds \$1 million or involves exceptions to University/Lawrence Berkeley National Laboratory programs and policies, long-term commitments, construction of facilities, or an interest in real property.

This delegation is subject to the following conditions:

- Gifts must be accepted in the name of and become the property of The Regents of the University of California.
- Gifts must be solicited, accepted, administered, documented, and reported in accordance with applicable [University](#) and Laboratory policies and procedures. See [current Laboratory policy and procedures](#).
- Gift funds expended at Berkeley Lab are subject to the conditions set forth in [Clause H27](#) of contract 31 and the [DOE-approved implementation plan for Contractor-funded R&D](#).

### B. DEFINITION

A gift imposes no contractual requirements and is given irrevocably. The proposed gift must support the scientific mission of the Laboratory. A gift from nongovernmental entities, earmarked for a specific project or for a principal investigator, is subject to the financial disclosure provisions of the [Political Reform Act of 1974](#). Questions regarding these provisions should be referred to the Laboratory Conflict of Interest Coordinator.

In some cases, particularly where funding is provided from a nonprofit entity, it may be difficult to

distinguish between a gift and a sponsored project. The following are characteristics that should be considered to make such a distinction:

### Gifts vs. Sponsored Projects

Gifts	Sponsored Projects
Contractual requirements are not imposed and the funds are not program-specific. However, objectives may be stated and use of the funds may be specified for a particular purpose such as research in a defined area (e.g., Alzheimer's disease).	The award carries such terms on the use of funds as specified budgetary restrictions; the objectives to be achieved by the use of the funds; the program in which the work will be carried out; the individuals responsible for the completion of the work; the period of performance; indirect costs; and invention rights (intellectual property), a schedule of payments.
Award is irrevocable.	Unused funds must be returned to the sponsor.
A period of performance is not specified.	Formal period of performance is stated in an award document.
Formal financial accounting over a specified project period is not required and there is no requirement to return unexpended funds. Good stewardship does allow general communication as a courtesy to the donor. E.g., reports of expended funds and a description of research status.	Formal financial accounting, during the life of the project, at its termination, or both, is required. Reports related to the substance of the work during the life of the project, at its termination, are required by the sponsor. Copies of published and other materials may also be requested. Final deliverables are required.
Generally, funds received from individuals, closely held corporations, and private family foundations will be classified as gifts; and funds received from corporations, corporate foundations, and major foundations may be classified as gifts, depending on the circumstances.	Generally, research-related awards from corporations, corporate foundations, and major private foundations subject to specific restrictions will be classified as sponsored research.

## C. RESPONSIBILITY

The Sponsored Projects Office (SPO) is responsible for reviewing, processing, and monitoring gift

proposals and awards to ensure compliance with University and Laboratory policies. SPO is responsible for ensuring that the gift is not better classified as a Sponsored Project. The Principal Investigator and Division Director are responsible for making the initial determination of the appropriateness of the gift.

## D. PROCEDURES

The procedures listed below must be followed for handling all gifts (see also RPM [§11.40\(H\)](#) (*Property Acquired as a Gift*)). A proposed gift that is not handled according to these procedures will not be accepted:

1. A principal investigator must consult with his or her division director before initiating any action. Once the division director has approved the gift, the division office will assist the principal investigator in preparing the [gift acceptance package](#). The division director must review the gift against the criteria for sponsored projects to ensure whether it should not be a sponsored project. Questions should be directed to [SPO](#).
2. The division submits the documentation to the Sponsored Projects Office to review for completeness, accuracy, and adherence to policy.
3. The Sponsored Projects Office submits the [Director's gift acceptance package](#) including the [LBNL Gift Acceptance Report form \(UDEV-100\)](#) to the Laboratory Director.
4. After review and acceptance, the Laboratory Director signs the formal letter of acknowledgment, which will be sent to the donor by the Sponsored Projects Office.
5. If the gift is property, the Sponsored Projects Office will notify Property Management.
6. If the gift requires UCOP acceptance, the Sponsored Projects Office will forward the necessary forms to the University.
7. The Sponsored Projects Office will notify the division when the gift processing is complete.
8. After notification, the division will request that a project be opened by the Budget Office.
9. No charges may be incurred until the Sponsored Projects Office notifies the division that all processing is complete. See also RPM [§11.40\(H\)](#) (*Property Acquired as a Gift*).

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## §1.19 Use of Laboratory Mail System

*Responsible Manager*

### **Section Renumbered 8/06**

The Laboratory's mail system is intended only to process official mail, which is mail that results from the performance of duties directly related to official Laboratory business. The Laboratory uses government funds to provide postage on outgoing mail. Using Laboratory-furnished postage for other than official business mail is a violation of Laboratory policy and the Laboratory's contractual obligations to DOE. Examples of mail that are not considered official are gifts, calendars, Christmas cards, and resumes sent to other organizations. In addition, the Laboratory's mail system may not be used for stamped personal mail. A United States Postal Service box is located for employee convenience in the cafeteria parking lot.

Similarly, the mail system may not be used for incoming personal mail (e.g., personal correspondence, bank and credit statements, popular magazines, clothing catalogs, gift packages). Incoming mail of a personal nature may be refused or returned to sender at the discretion of the Mail Services Supervisor.

The Laboratory will fund all mailings up to 200 pieces. Mailings in excess of 200 pieces will require a valid project number. All personnel are encouraged to plan for and choose the more cost-effective "bulk" mailing rate, which, on an average, provides a four- to six-day delivery time and a cost savings of up to 55 percent over normal third-class mail. Information regarding these rates and/or other Mail Services procedures should be directed to the Mail Services Manager at extension 5353.

Laboratory mail is checked to ensure that the proper postage charges are paid. If it is uncertain which mail classification should be used or there is reasonable cause to believe that the mail is not directly related to official Laboratory business and a return address is present on the material, the sender will be contacted to ascertain its status. If it is uncertain which mail classification should be used or there is reasonable cause to believe that the mail is not directly related to official Laboratory business and a return address is not present on the material, the mail will be opened to ascertain its status.

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# §1.20

## Space Management

*Responsible Manager*

### Section Renumbered 8/06

- A. General
- B. Responsibilities and Approvals
  - 1. Division Space Management Responsibility
  - 2. Interdivision Space Management Responsibility
  - 3. Institutional Space Management Responsibility
- C. Procedures
  - 1. Allocation of Space Costs
  - 2. Record-Keeping
  - 3. Requests for Space
  - 4. Return Policy
- D. Off-Site Space
- E. Space at the University of California at Berkeley
- F. Funding
- G. General Space Management Principles

## A. GENERAL

The Laboratory's policy on space management is to maximize the use of this resource in a planned, judicious, and cost-effective manner while minimizing disruption of activities. The Laboratory Director has delegated the implementation of this policy and the authority to allocate space in all Berkeley Lab-managed property to the Associate Laboratory Director for Operations (ALDO), assisted by the Facilities Planning staff.

## B. RESPONSIBILITIES AND APPROVALS

### 1. Division Space Management Responsibility

Each division is responsible for managing the utilization of space assigned to it. [Facilities Planning](#) works with each division to monitor compliance with space utilization policy.

Each division director designates a [division space coordinator](#), who serves as the point of contact for the division's space information.

When a division has new space needs, it is responsible for examining all possibilities to meet this need within its existing allocations before submitting a request for additional space to [Facilities Planning](#).

With the exception of individual office space intended for immediate reuse by the same division, reuse of any vacated space must be reviewed by Facilities Planning for consistency with Laboratory-wide plans. Any modifications made to a room configuration, including change of use, must be approved by Facilities Planning for compliance with applicable building codes and consistency with Laboratory-wide plans.

## **2. Interdivision Space Management Responsibility**

Division directors are expected to work together in resolving space issues when reallocations must take place across division lines. Before interdivisional negotiations begin, a request for space reassignment is submitted to Facilities Planning to allow for a check for consistency with Laboratory-wide plans and options available to the requester. All reassignments of space must, however, be approved by the ALDO.

## **3. Institutional Space Management Responsibility**

In unresolved interdivisional space issues, reassignment of space is made by the ALDO in consultation with the Laboratory Space Committee. This committee is chaired by the ALDO and includes representatives from Computing, Energy, General, and Life Sciences; the heads of the Office for Planning and Strategic Development and Facilities Division; and staff from [Facilities Planning](#).

# **C. PROCEDURES**

## **1. Allocation of Space Costs**

Allocation of costs associated with space will be charged directly to the project utilizing the space, consistent with the "final cost objective" of the Cost Accounting Standards of the Laboratory. As a basic guideline, space should be allocated to each cost objective to which labor is associated.

Final cost objectives for the Laboratory include:

- DOE projects
- Work-for-Others projects
- Organization burden
- Recharges
- Laboratory Directed Research and Development projects
- Projects funded by other sources (e.g., University Directed Research and Development, fellowships, gifts, etc).

## **2. Record-Keeping**

The Odyssey Space Database is the institutional record of space assignments by division. Information from this database is used for all institutional record-keeping concerning space, including space charges. The database is updated monthly and is available Laboratory-wide through the Information Systems and Services IRIS v.2 data warehouse. A separate publication, *Odyssey Space Management*

*System*, describes the maintenance of Odyssey.

### 3. Requests for Space

Requests for additional space are made by memo or e-mail to [Facilities Planning](#). Requests may only be made by an authorized division representative (i.e., division director, division administrator, or division space coordinator).

### 4. Return Policy

Requests to return space are made by memo or e-mail to [Facilities Planning](#). Requests may only be made by an authorized division representative (i.e., division director, division administrator, or division space coordinator).

Prior to vacating space and returning it to the Laboratory, the Principal Investigator assigned to the space must meet the following requirements:

- The space must be cleared of materials and equipment and be devoid of any contamination.
- The space must be of a reasonable size and relatively contiguous configuration to enable reasonable reuse by other Laboratory divisions.
- Office furniture, if free of materials, debris, and contamination, may be left in place and returned with the space.

If the Principal Investigator fails to meet the above requirements, the responsibility will fall to the division.

Ninety days after receiving the written request to return space, [Facilities Planning](#) will transfer the space from the requesting division if, by the date of transfer, the space meets the above requirements. This 90-day period will allow another user to be located. If another division accepts assignment of the space, some or all of the 90-day waiting period will be waived. If the space is not acceptable for release after 90 days, it will remain the assigned division's responsibility until it meets the requirements for release.

## D. OFF-SITE SPACE

Under certain circumstances, off-site space may be leased to accommodate Laboratory needs. Off-site space acquisition is governed by a variety of contractual, legal, and University policy provisions. Requests for off-site space must be made by memo or e-mail to [Facilities Planning](#). As the designated staff to the Associate Laboratory Director of Operations, Facilities is the sole authorized requester for the procurement of leased real estate for the Laboratory.

## E. SPACE AT THE UNIVERSITY OF CALIFORNIA AT BERKELEY

Each division using space in a University of California at Berkeley–managed facility to conduct

Laboratory-funded research is required to report the building, room, and percentage of space used by Berkeley Lab to [Facilities Planning](#) at the beginning and end of occupancy, and upon any change to the percentage of space used by the Laboratory.

## F. FUNDING

Costs related to moving in or alterations of newly assigned space are normally borne by the incoming division. When moves are required by the Laboratory, costs will be borne by Laboratory overhead and/or the benefiting division. Alterations to leased space funded by the Laboratory must be approved by the DOE Berkeley Site Office.

## G. GENERAL SPACE MANAGEMENT PRINCIPLES

The following principles are guidelines for space allocation:

- *Research.* Research divisions have priority for space over support divisions.
- *Laboratory-Based Research.* Laboratories should be used for the purposes for which they were designed (e.g., wet laboratories should be used for wet-laboratory-based research). Converting laboratory space to office space should be avoided.
- *Asset Proximity.* In buildings containing both offices and laboratories, groups with laboratory space in the building have priority for office space. If research programs depend on a major facility (e.g., the Advanced Light Source, the 88-Inch Cyclotron, electron microscopes), programs using the facility have priority for adjacent office and laboratory space.
- *Office Space.* Office space is allocated to be generally equitable among the divisions. "Equitable" means that roughly the same amount of floor area should be provided for people, including students, of approximately equal rank. This approach accounts for program size and funding in a reasonable way. For cost effectiveness and maximum utilization, the Laboratory encourages open and shared office space.

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# §1.21

## Berkeley Lab Stationery and Logos

*Responsible Manager*

Revised 09/07

- A. Use of Name and Logo
- B. Use of Letterhead
  - 1. Requirements for Nonstandard Berkeley Lab Letterheads
  - 2. Approval of Nonstandard Letterheads
- C. Berkeley Lab Business Cards
  - 1. Policy
  - 2. Printing by Off-Site Printers
  - 3. Requests for Authorization of Business Cards

### A. USE OF NAME AND LOGO

Lawrence Berkeley National Laboratory is the official, legal Laboratory name, to be used in written and formal situations, on all major reports, and on first mention in text references. Berkeley Lab, the short form of the official name, is preferred for common usage in writing and familiar situations. This appears on the official Laboratory logo. In situations in which an acronym is required, "LBNL" should be used.

The official Laboratory logo is available in a variety of forms and should generally be applied to all publications and visual representations of the Laboratory, in particular to those distributed externally. The logo must be used as designated without alterations. The use of other logos or graphic symbols displayed with the official logo must be approved by the Director of Public Affairs.

Questions regarding appropriate use of the name and logo in text and design should be directed to the [Creative Services Office \(CSO\)](#).

### B. USE OF LETTERHEAD

Official Berkeley Lab stationery in standard and approved nonstandard variations must be used for all official external correspondence. Standard stationery may be ordered through Stores or obtained electronically via a public server. Nonstandard stationery may be ordered through CSO.

#### 1. Requirements for Nonstandard Berkeley Lab Letterheads

- a. All nonstandard letterheads must include the official Laboratory logo and the following text at the bottom of the first page: "Lawrence Berkeley National Laboratory, One Cyclotron Road, Berkeley, California 94720." Laboratory or program telephone and fax numbers are permissible as part of the letterhead.

- b. Laboratory divisions may add the division name and telephone number. The use of additional divisional/center or group logos is not permitted on either standard or approved nonstandard letterheads.
- c. National centers located at Berkeley Lab, approved Berkeley Lab science centers, or other major organizational units may add their name to the letterhead if they can show a need for having their own letterhead. Appropriate application of name, including placement and type size, will be provided by CSO. Federal regulations prohibit showing an individual's name.
- d. Printing must be done in black or blue ink. The official blue PMS color number is available through CSO.

## 2. Approval of Nonstandard Letterheads

- a. The California Education Code as well as University policy prohibit unauthorized use of the University's name and seal. Authority to approve the use of the University's name and seal have been delegated to the Associate Laboratory Director for Operations (ALDO). The University seal may not be used on Laboratory letterhead and business cards unless specifically authorized by the ALDO. Use of the University seal must be limited to official University business within the course and scope of the individual's employment.
- b. Requests for approval of nonstandard letterheads should be made by memorandum from the cognizant division director to the Head of Public Affairs.

## C. BERKELEY LAB BUSINESS CARDS

### 1. Policy

- a. Business cards may be provided to an employee (1) whose job requires regular interaction with representatives of federal agencies; other contractors; state, local, or foreign governments; private industry; or the general public; and (2) for whom a business card would facilitate prompt and efficient communication with such individuals and entities as a representative of Berkeley Lab for DOE.
- b. Under the terms and conditions of [the DOE/LBNL Contract](#), which requires Berkeley Lab to facilitate contract performance in support of DOE's mission, discretion must be used in determining whether business cards will serve a suitable mission-related use.
- c. When the relevant division director or designee approves business cards for an employee, the number of cards should be kept to a reasonable amount, based on cost and percentage of use. Cards must include the following statement on the face of the card: "Operated for the United States Department of Energy." Expense for cards meeting these conditions will be paid for by the individual's department or division.

### 2. Printing by Off-Site Printers

Regulations of the Joint Congressional Committee on Printing, which apply to Berkeley Lab, prohibit the printing of business cards at government expense unless the conditions outlined in [Paragraph \(C\)\(1\)\(a\)](#), above, are met. Therefore, printing of business cards not meeting these conditions, by off-site printers not coordinated through the General Printing Officer in CSO, must be paid for directly by the employee. Procards may not be used to pay for printing.

### **3. Requests for Authorization of Business Cards**

Employees may request authorization of business cards from the relevant division director or designee by following these procedures:

- a. Contact [CSO](#) for a [Request for Business Cards form](#), which includes samples of card styles approved by the Director's Office.
- b. Select one of the approved card styles.
- c. Send the form to the division director or designee to ensure compliance with the California Education Code. To avoid possible misrepresentation of the University or Laboratory, this Code prohibits use of the University's name without permission from the Laboratory Director or designee.
- d. Send the approved form to the CSO Front Desk, Mail Stop 46R0125. CSO will provide graphic services for appropriate placement of logo and text, and coordinate the printing of cards created at a division's expense. Those wishing to pay for their own cards may receive the camera-ready artwork to arrange for their own printing services.
- e. Provide one business card to the division administrator to demonstrate conformance with approved card styles.

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## §1.23 Organizational Membership

*[Responsible Manager](#)*

### **Section Renumbered 8/06**

The Laboratory's former Organizational Membership policy and procedures were rescinded by DOE's Contract DE-AC02-05CH11231, effective June 1, 2005.

Organization membership dues and fees are allowable under the contract if they meet the cost allowability requirements. Please see the [policy on cost allowability in the Financial Policies and Procedures Manual](#).

For matters of organization costs for licensing or certification required by a Laboratory employee's position, please see [RPM §2.04\(G\)](#).

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# §1.24

## Metric Usage

[Responsible Manager](#)

### Section Renumbered 8/06

- A. [Metrication Policy](#)
- B. [Definitions](#)
- C. [Scope of Metrication](#)
- D. [Responsibilities](#)
- E. [Implementation Guidelines](#)
  - 1. [SI Units: Definitions](#)
  - 2. [Metric Practice](#)
  - 3. [New Design and Development](#)
  - 4. [Repair, Modification, and Retrofit of Existing Inch-Pound Facilities and Equipment](#)
  - 5. [Tools and Equipment](#)
  - 6. [Technical Documentation](#)
  - 7. [Deviation from SI Usage](#)
  - 8. [Reference](#)

## A. METRICATION POLICY

The Laboratory requires the use of the modern metric system, the International System of Units (abbreviated SI, from the French *Système International d'Unités*), except when safety considerations dictate otherwise or when metric usage would entail excessive costs or otherwise seriously impede Laboratory operations. Exceptions are also allowed for programs whose sponsors specify the use of the inch-pound system. Division directors are responsible for implementing the metric system within their respective divisions as expediently as feasible.

The Laboratory has adopted SI units in response to Trade and Competitiveness Act of 1988 §5164, Executive Order 12770 of 1991, and DOE Order 5900.2.

## B. DEFINITIONS

**Metric System.** In general parlance, any of a number of closely related decimal unit systems, including the centimeter-gram-second (cgs) system, the meter-kilogram-second (MKS) system, the meter-kilogram-second-ampere (MKSA) system, and the current International System of Units (SI). As used in this section, the expressions metric, metric system, and metric units refer exclusively to the International System of Units.

**International System of Units (SI).** The modern metric system (i.e., the system of decimal units currently defined and sanctioned by the International Bureau of Weights and Measures, which operates under the authority of the General Conference on Weights and Measures).

**Metrication.** The process of expanding the use of SI units and phasing out the use of non-SI units.

**Inch-Pound System.** The system of measurement units most commonly used in the United States. This system is based on such units as the inch, pound, second, and degree Fahrenheit. It is also frequently referred to as the "English System" or the "U.S. System."

**Hard Metric Usage (or Practice).** Exclusive and direct use of SI units (i.e., without first converting measurements made using inch-pound or other non-SI units into SI equivalents). Hard metric usage generally means that a product will differ physically from an analogous product designed and produced using the inch-pound system. For example, a mechanical designer working in the inch-pound system might specify the thickness of a flat metal part as 1 inch. Working in "hard metric," the same designer might specify the thickness of this part as 25 mm.

**Soft Metric Usage (or Practice).** The conversion of inch-pound or other non-SI measurements to equivalent SI units, within the established measurement tolerances. In general, "soft metric" products will not differ physically from analogous products fabricated using the inch-pound system. Working in "soft metric," the mechanical designer in the example above would specify that the flat metal part in question must be exactly 25.4 mm thick.

**Metric Design.** Design work that incorporates SI usage. For purposes of this document, metric design generally means hard metric design, although soft metric design will be acceptable during the transition from inch-pound to SI units.

**Dual Dimensioning.** The inclusion of both SI and non-SI dimensions in drawings and publications.

**Dual Indication.** The inclusion of both SI and non-SI units and calibrations on instruments and gauges.

**Hybrid Practice.** Mixing SI units and non-SI units in an activity or a product.

## C. SCOPE OF METRICATION

The Laboratory aims to implement the use of SI units throughout its operations as rapidly as it is reasonable and cost-effective to do so. In principle, all research programs, facilities, and equipment are subject to metrication. The Laboratory's divisions are granted latitude, however, to determine the pace and stages of metric conversion. In general, postponement of metrication should be allowed only in situations in which metric conversion would seriously impede Laboratory operations.

## D. RESPONSIBILITIES

All Laboratory planning, design, procurement, manufacturing, installation, integration, testing, operation, and maintenance must be performed in a manner consistent with the provisions of this

policy. Division directors will be responsible for ensuring adherence to these guidelines within their respective divisions.

## **E. IMPLEMENTATION GUIDELINES**

### **1. SI Units: Definitions**

SI as currently defined is based on seven units that are considered dimensionally independent: the meter, kilogram, second, ampere, kelvin, mole, and candela. All other units are derived from these base units and two supplemental units that are considered dimensionless derived units: the radian and the steradian. Information on the base, supplemental, and derived units are given in ASTM E 380-92, *Standard Practice for Use of the International System of Units (SI) (the Modernized Metric System)* (ASTM, Philadelphia, 1992).

### **2. Metric Practice**

Metric practice at the Laboratory will conform to the provisions of ASTM E 380-92 and subsequent revisions of that document. ASTM E 380-92 prescribes standards of usage governing the following issues:

- Use of prefixes
- Permissible use of non-SI units under some circumstances
- Obsolete metric units and names to be avoided
- Specific SI units, including those expressing mass, force, weight, temperature, linear dimensions, rotational mechanics, impact energy absorption, and pressure and vacuum
- Use of nominal dimensions in naming customary items
- Writing numbers, numerals, and unit names and symbols
- Conversion, rounding, and tolerances
- Correct use of significant digits to indicate the accuracy of measured, converted, or computed quantities

ASTM E 380-92 also provides comprehensive tables of conversion factors.

Contrary to the style used in ASTM E 380-92, Laboratory drawings and publications will use the spellings "meter" and "liter" instead of "metre" and "litre." The Laboratory also expressly sanctions the use of the degree Celsius in place of the Kelvin in all contexts except formal scientific publications.

If multiple codes and standards exist governing specific disciplines and trades (e.g., fasteners), the Laboratory Metric Transition Council will be responsible for adopting the code or standard most appropriate for the Laboratory. The Metric Transition Council is chaired by the Engineering Division

Director.

### 3. New Design and Development

Metric design is preferred in all new projects. Major projects nearing completion that have been designed and constructed in the inch-pound system may be completed in that system. Materials, components, parts, subassemblies, and semifabricated materials of commercial design will be specified in SI units except when exemptions are granted on the basis of the criteria listed in [Paragraph \(E\)\(7\)](#), below. Bulk materials will be specified and accepted in SI units for projects and items designed and specified using SI units.

### 4. Repair, Modification, and Retrofit of Existing Inch-Pound Facilities and Equipment

Repair, modification, and retrofit of existing facilities and equipment of inch-pound design using SI-designed items are permissible. Decisions concerning such modification will be determined on a case-by-case basis, however, with consideration given to the technical and economic feasibility of using SI and to other relevant factors such as safety. The final decision in such cases will be made by the project leader with the concurrence of the responsible division director. In general, increasing use of SI-designed items is strongly encouraged.

### 5. Tools and Equipment

For the foreseeable future, shop, laboratory, and general-purpose tools and test equipment used by Laboratory personnel must permit work in either SI or inch-pound units or in both, depending on which system is encountered in work situations. The purchase and assignment of tools and equipment must take this requirement into account, though gradual conversion to pure metric usage is expected to reduce its importance over time.

### 6. Technical Documentation

Technical documentation and Laboratory publications will comply with the following requirements:

- a. **Specifications and Engineering Drawings for New Designs and Modifications of Existing Designs.** These engineering documents must incorporate SI units in either of two ways. The preferred method is SI units only. Alternatively, dual dimensioning may be used. If dual dimensioning is used, the general rule will be for SI units to be given first, with the corresponding non-SI units following in parentheses. In cases in which safety is a prime consideration and with the approval of the responsible division director, engineering documents may use dual dimensioning with inch-pound units first and SI units following in parentheses.
- b. **Engineering Calculations.** All engineering calculations that contribute to metric designs must be expressed in SI units.
- c. **Laboratory Publications.** Metric units must be used in all Laboratory reports and publications. Exclusive use of SI units is preferred wherever possible, but dual dimensioning is allowed during

the transitional period. If dual dimensions are used, the preferred format is SI units first and the corresponding inch-pound units in parentheses. For cases in which safety is a prime concern, publications may provide dual dimensions with inch-pound units first and SI units following in parentheses.

## 7. Deviation from SI Usage

Deviation from SI usage may be approved by the responsible division director. Acceptable criteria for allowing continued use of non-SI units include such factors as:

- Safety considerations
- Unavailability of applicable metric standards
- Unavailability of metric materials
- Seriously adverse cost effects of metrication
- Program sponsor instructions regarding the units to be used in specific projects or activities

## 8. Reference

For more information, see *Guidelines for Metrication at Lawrence Berkeley Laboratory* (LBNL/PUB-729), which is available from the Metric Transition Council.

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# §1.25

## Institutional Committees

*Responsible Manager*

### Section Renumbered 8/06

#### A. General

#### B. Committees

1. Director's Action Committee
2. Laboratory Committee on Diversity
3. Laboratory Staff Committee
4. Scientist/Engineer Salary Committee
5. Laboratory Compensation Committee
6. Laboratory Advisory Group on Research
7. Laboratory Professional Awards Committee
8. Human Subjects Committee
9. Animal Welfare and Research Committee
10. Independent Substantive Review Committee

### A. GENERAL

The Laboratory has a number of standing committees that support various aspects of its scientific and management functions.

### B. COMMITTEES

#### 1. Director's Action Committee

The Director's Action Committee (DAC) considers and approves major policy changes and institutional decisions and acts as a conduit for information of institutional importance flowing to and from the divisions and the Laboratory Directorate. DAC has the following members: the Laboratory Director; the Deputy Director; the Associate Laboratory Director for Operations; the Associate Laboratory Director, Computing Sciences; the Coordinating Division Directors for Energy, General, and Life Sciences; and the Laboratory Counsel. DAC members are selected and appointed by the Director.

#### 2. Laboratory Committee on Diversity

The charge of the Laboratory Committee on Diversity is to provide advice on diversity in the Laboratory workforce, with the aim of more fully integrating diversity into the fabric of the Laboratory's culture, and to provide an environment that is accessible, equitable, and hospitable to all employees. Members

are drawn from all divisions.

### **3. Laboratory Staff Committee**

The Laboratory Staff Committee is charged with providing advice on important issues affecting the Laboratory senior staff, including reviewing cases for appointment and promotion. See [RPM §2.07\(B\)\(1\) \(\*Laboratory Staff Committee\*\)](#).

### **4. Scientist/Engineer Salary Committee**

The Scientist/Engineer Salary Committee (SESC) is charged with recommending head-level appointments to the Director, approving post-October salary adjustments for scientist and engineer appointment levels, approving salary offers for senior staff scientist/engineer and division fellow appointments, adjudicating scientist and engineer salary offers on appeal, and approving the post-doctoral salary schedule. See [RPM §2.06\(C\) \(\*Laboratory Committees\*\)](#).

### **5. Laboratory Compensation Committee**

The charge of the Laboratory Compensation Committee is to provide feedback to the Human Resources Department on proposed pay policy changes, new and/or revised classification and pay programs, and training for and/or communications with Laboratory supervisors and employees. See [RPM §2.06\(C\) \(\*Laboratory Committees\*\)](#).

### **6. Laboratory Advisory Group on Research**

The charge of the Laboratory Advisory Group on Research (LAGR) is to advise the Director on matters pertaining to new scientific directions, quality of the work environment, promoting the highest quality science, and campus relations. Members are drawn from nonmanagement members of the scientific and engineering staff of each scientific area (Biosciences, Energy, and General Sciences, including Laboratory Centers).

### **7. Laboratory Professional Awards Committee**

The charge of the Laboratory Professional Awards Committee is to seek and publicize outside recognition of Laboratory scientific and technical staff. To this end, it promotes awareness of awards at the Laboratory, advises the Director on strategies for awards, and encourages coordination and cooperation among divisions and with the University in nominating candidates for awards. Members are drawn from all scientific divisions.

### **8. Human Subjects Committee**

The Laboratory has a long-standing agreement with the University of California at Berkeley campus Committee for Protection of Human Subjects to review and certify Laboratory projects. The Laboratory's Human Subjects Committee is responsible for reviewing and approving all Laboratory projects. Members

of the Laboratory committee are generally drawn from the Life Sciences and Environment, Health, and Safety divisions. More information about this committee is available in [Health and Safety Manual \(LBNL/PUB-3000\), Chapter 22](#).

### **9. Animal Welfare and Research Committee**

The charge of the Animal Welfare and Research Committee (AWRC) is to ensure the humane and ethical treatment of research animals at the Laboratory. The AWRC is also the Laboratory's link to people and institutions involved with animal research outside the Laboratory. Members are generally drawn from the Biosciences Divisions.

### **10. Independent Substantive Review Committee**

The charge of the Independent Substantive Review Committee (ISRC) involves part of the Laboratory's implementation of the University policy on Disclosure of Financial Interest in Private Sponsors of Research. The policy applies in situations in which a proposed research project is to be sponsored by a nongovernmental entity. If the project principal investigator has a positive financial interest in the sponsor, he or she must disclose it. The ISRC reviews the disclosure statement and relevant features of the research project, and recommends to the Associate Laboratory Director for Operations whether the contract, grant, gift, or Cooperative Research and Development Agreement should be accepted and any conditions or modifications that may be needed.

The Institutional Program Manager is the ex officio Chair of the ISRC. Laboratory Counsel and the Laboratory Conflict of Interest Coordinator are also ex officio members. There are also rotating members from the scientific divisions.

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## §1.26 Financial Management

[Responsible Manager](#)

**Moved 04/07**

Note: Laboratory guidelines for financial management are now located in the [Financial Policy and Procedures Manual](#), on the Office of the Chief Financial Officer Web site. *Financial Management General Guidelines* is also available in a PDF [here](#).

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# §1.27

## Unified Project Call Process

*Responsible Manager*

Revised 09/07

A. General

B. Responsibilities and Approvals

1. Laboratory Director, Deputy Director, Associate Laboratory Director for Operations, and Director's Action Committee
2. Facilities Division
3. Berkeley Lab Divisions
4. Environment, Health, and Safety (EH&S) Division
5. Office of the Chief Financial Officer
6. Project Coordinating Committee
7. GPE Review Committee
8. Department of Energy/Federal Project Director

C. Process and Schedule

1. Candidate Project Identification
2. Institutional Review and Prioritization
3. Communication of Project Funding Status

D. Mid-Year Changes to GPP, NCA, and GPE Projects

E. Definitions

1. Line Item Projects (LIPs)
2. General Plan Projects (GPPs/Institutional General Plan Projects (IGPPs))
3. Non-Capital Alterations (NCAs)
4. General Purpose Equipment (GPE)
5. Capitalization Criteria
6. Betterments
7. Risk-Based Priority Model Score
8. Capital Asset Management Plan Score
9. Laboratory Corrective Action Tracking System

F. References

## A. GENERAL

Berkeley Lab's Unified Project Call Process:

- Provides programmatic and infrastructure organizations with the opportunity to examine their operational needs and to submit prioritized candidate Line Item Project (LIP), General Plant Project (GPP), Non-Capital Alteration (NCA), and General Purpose Equipment (GPE) proposals in the budget process.
- Serves as a vehicle for implementation of the Laboratory's mission as expressed by Laboratory management and documented in Berkeley Lab's Ten-Year Site Plan and [Institutional Plan](#).
- Facilitates Laboratory-wide coordination of divisional project proposals, Laboratory Corrective Action Tracking System (LCATS) project proposals, and Laboratory infrastructure improvement and expansion project proposals.
- Identifies sources of funding to adapt facilities to new or improved production techniques, effect economies of operations, and reduce or eliminate health, fire, and security problems.

## **B. RESPONSIBILITIES AND APPROVALS**

### **1. Laboratory Director, Deputy Director, Associate Laboratory Director for Operations, and Director's Action Committee**

- At the inception of the annual Unified Project Call, the Laboratory Director, Deputy Director, and Associate Laboratory Director for Operations—in consultation with the Planning and Strategic Development Director, the EH&S Division Director, the Facilities Division Director, the Information Technology Division (ITD) Director, and the Chief Financial Officer—establish funding goals and priorities for the Call. The Director's Action Committee (DAC) provides final review and approval of these goals and priorities.
- The Laboratory Director, upon recommendations from the Deputy Director, the Associate Laboratory Director for Operations, and Associate Laboratory Directors, appoints five research division deputies (one from each Laboratory area) to serve on the Project Coordinating Committee.

### **2. Facilities Division**

- Issues the Unified Project Call. This invitation to submit candidate projects will outline the goals and priorities established by Laboratory management.
- Schedules meetings at which a member of the Architectural and Engineering (A/E) staff and a member of the Facilities Planning staff discuss potential candidate projects with the division deputy of each Laboratory division. The division deputy may invite others at the division deputy's discretion.
- Schedules a meeting during which each division deputy presents his or her division's top three to five projects to the Project Coordinating Committee or, for overhead-supported divisions, the GPE Review Committee.
- Schedules a meeting with the Budget Officer to ensure that the appropriate funding source has been identified for all candidate projects that are likely to be approved during the institutional review process.

NOTE: Major changes to project scope must be reviewed by the Budget Officer to ensure

that the previously identified funding source is still appropriate to the new scope.

- Reviews all submittals to resolve conflicting or duplicate project requests.
- Provides initial Risk-Based Priority Model (RPM) and Capital Asset Management Plan (CAMP) scores for all candidate projects and obtains cost estimates, as needed.
- Serves as staff to the Chair of the Project Coordinating Committee and Chair of the GPE Review Committee.
- Communicates project funding status and changes to division directors and division deputies on an as-needed basis, but not less frequently than quarterly.
- Continuously updates the project call database to ensure that Berkeley Lab management has the most accurate information to make funding decisions.
- Obtains the Federal Project Director's approval to start design and construction for all GPPs on Project Management's Planning List and for NCAs with an estimate over \$500,000.

### **3. Berkeley Lab Divisions**

- Under the direction of its division deputy, each division compiles a list of candidate projects and reviews them, with assistance of Facilities Division staff, for eligibility.

NOTE: The Facilities Division and the Budget Officer will identify funding type. Divisions are to submit candidate projects without regard to the potential funding source.

- Prioritize project requests in order of importance to the division, regardless of funding type.

### **4. Environment, Health, and Safety (EH&S) Division**

- Reviews project requests that can be tracked and possibly funded through the Laboratory Corrective Action Tracking System (LCATS).

### **5. The Office of the Chief Financial Officer**

- The Chief Financial Officer (CFO) appoints a representative, currently the Budget Officer, to serve on the Project Coordinating Committee and the GPE Review Committee.
- The CFO and Budget Officer review and provide written approval of the appropriateness of the funding type for each committee-selected project.

### **6. Project Coordinating Committee**

The Project Coordinating Committee provides institutional review and prioritization of LIP, GPP, and NCA requests, and is composed of the following members:

- A division deputy from each Laboratory organizational area, i.e., Computing Sciences, Physical Sciences, Energy Sciences, Biosciences, and General Sciences.
  - One of these five division deputies will serve as chair to the committee for a one-year term.
  - This is a rotating assignment, with three division deputies being replaced as Project Coordinating Committee members each year. No division deputy will be asked to serve

more than three consecutive years.

- Planning and Strategic Development Director
- Office of the Chief Financial Officer (OCFO) representative (identified by the Chief Financial Officer)
- EH&S Division Deputy
- EH&S Division Environmental Protection Group Leader
- Engineering Division Deputy (identified by the Engineering Division Director)
- Facilities Division Deputy
- Facilities Division Space Planning Lead (staff to committee)
- Budget Officer (staff to committee)

## 7. GPE Review Committee

The GPE Review Committee provides institutional review and prioritization of GPE requests and is composed of the following members:

- Facilities Division Director (Chair)
- The Chief Financial Officer
- EH&S Division Director
- Engineering Division Director
- Facilities Division Space Planning Lead (staff to committee)
- Budget Officer (staff to committee)
- ITD Deputy

## 8. Department of Energy / Federal Project Director

The Federal Project Director authorizes the GPP Planning List (created by the Facilities Division) for all GPPs, all GPEs, and for NCAs with a Total Estimated Cost (TEC) of greater than \$500,000. This authorization also includes approval of proposed funding type. The Federal Project Director then approves project-specific Construction Directive Authorizations for GPPs and GPEs with a total estimated cost (TEC) greater than \$500,000.

# C. PROCESS AND SCHEDULE

## 1. Candidate Project Identification

<i>March</i>	<ul style="list-style-type: none"> <li>• Laboratory Director, Deputy Director, and Associate Laboratory Director for Operations establish goals and priorities for the current year.</li> <li>• Laboratory Director appoints new research division deputies to the Project Coordinating Committee.</li> <li>• Unified Project Call memoranda issued to all division directors.</li> </ul>
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	<ul style="list-style-type: none"> <li>● The Facilities Division forwards list of unfunded projects to division deputies.</li> <li>● Divisions gather new project requests and updates previously requested projects.</li> <li>● Facilities Division A/E and Planning personnel meet with division deputies (and other division staff at the discretion of each division deputy) to review project requests and, as required, develop action plans to identify, document, and prioritize requests for the divisions.</li> <li>● Divisions provide new and escalated estimates.</li> <li>● Divisions prioritize requests—without regard to funding type—in order of importance as to safety and mission goals.</li> </ul>
<i>April</i>	<ul style="list-style-type: none"> <li>● Divisions submit prioritized division project requests to the Facilities Division.</li> <li>● The Facilities Division refers candidate projects with potential environment, safety, and health impacts to the EH&amp;S Division for review.</li> <li>● Candidate projects with research implications are forwarded to the Planning and Strategic Development Director for institutional priority review and confirmation of consistency with the Laboratory's mission and goals.</li> </ul>
<i>May – July</i>	<p>The Facilities Division reviews prioritized projects and meets with appropriate internal staff and customers as needed to achieve the following:</p> <ul style="list-style-type: none"> <li>● Review project scopes, justifications, and estimates.</li> <li>● In conjunction with the Budget Officer, ensure that most appropriate funding source is identified.</li> <li>● Assign RPM and CAMP scores to all projects. <ul style="list-style-type: none"> <li>○ Adjust raw RPM scores, as directed by the Facilities Division Director and EH&amp;S Division Director.</li> </ul> </li> <li>● Prepare Laboratory-wide prioritized project lists for review by institutional committees.</li> </ul>

## 2. Institutional Review and Prioritization

<i>August</i>	<ul style="list-style-type: none"> <li>● The Project Coordinating Committee and GPE Review Committee meet and select projects to be funded in the following fiscal year. <ul style="list-style-type: none"> <li>○ The list of projects selected should exceed the amount of</li> </ul> </li> </ul>
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	<p>funding available to facilitate adjustments to the lists should additional funding become available or if senior Laboratory Management identifies new mission priorities.</p> <ul style="list-style-type: none"> <li>• The Chief Financial Officer and/or Budget Officer review selected projects and provides written confirmation of the appropriateness of the funding type selected.</li> <li>• The Facilities Division Director and Associate Laboratory Director for Operations review the list of recommended projects.</li> <li>• Committee Chairs present the list of recommended projects to DAC for approval.</li> </ul>
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### 3. Communication of Project Funding Status

<p><i>March, June, September &amp; December (other times as required)</i></p>	<p>The Facilities Division communicates project funding status and changes to division directors, division deputies, and others identified by division deputies.</p>
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## D. MID-YEAR CHANGES TO GPP, NCA, AND GPE PROJECTS

Changing conditions throughout the year necessitate that changes be made to the projects selected by the Project Coordinating Committee and GPE Review Committee. These changes include such things as reduced program funding, reprioritization of research activities, etc. To ensure institutional support of the proposed mid-year change, the following must take place:

1. Facilities Planning, the appropriate committee chair, and the Facilities Division Deputy:
  - Review the programmatic implications of the change with the division originally requesting the project and the financial implications of the change with the division responsible for completing the project.
  - Identify projects to be added to or removed from the list or projects that can have their funding allocation adjusted to accommodate the proposed change.
2. The Budget Officer reviews the requested change and provides written approval of the appropriateness of the funding type.
3. Facilities Planning prepares documentation of the reasons for and scope of the proposed change and forwards it, along with a revised funding list, to the chair of the appropriate committee and the Facilities Division Deputy.
  - Funding adjustments that do not involve adding or removing projects from the list may be approved by the Facilities Division Director, with the concurrence of the chair of the appropriate committee and the appropriate Deputy Laboratory Director.
    - Institutional Committee members will be informed of the changes.

- Changes to the project list that either fund projects not previously selected by the institutional committee or remove funding for previously selected projects must be approved by the appropriate committee.
  - The appropriate institutional committee will review the proposed changes through either a convened meeting or e-mail poll.
  - The Facilities Division Director will implement the changes approved by the appropriate committee.
- 4. Following approval as outlined above, the Facilities Division will notify division directors, division deputies, and others identified by division deputies.

## E. DEFINITIONS

### 1. Line Item Projects (LIPs)

- LIP funds are used for institutional infrastructure project activities that are specifically reviewed and appropriated by Congress through a process managed by DOE. These projects should be submitted at least three years prior to the desired construction start. LIPs are then submitted to DOE for approval two years prior to the requested start date. LIPs have no project scale or schedule limit, and no specific cost cap.
- LIPs should be consistent with the Laboratory's Ten-Year Site Plan and [Institutional Plan](#).
- LIPs include design and construction of large new facilities, such as:
  - Equipment installed in and made part of a facility
  - Related site preparation including excavation, filling, and landscaping
  - Other land improvements
- Multiple LIPs may be developed and funded to address related aspects or phases, or a particular need or concern
- LIPs are capitalized, and result in betterments to land or facilities

### 2. General Plant Projects (GPPs)/Institutional General Plant Projects (IGPPs)

- GPPs/IGPPs are miscellaneous minor new construction projects of a general nature, the total estimated costs of which may not exceed the congressionally established limit (currently \$5 million). GPP funds come directly from DOE. IGPP funds are derived from the conversion of Laboratory operating funds to capital funds under certain strict provisions.

NOTE: Overhead rates may not be increased for the sole purpose of generating additional funds to convert to IGPP.
- GPP/IGPP projects provide for design or construction (or both), additions and improvements to land, buildings, and utility systems, and they may include the construction of small new buildings, replacements or additions to roads, and general area improvements.
- GPP/IGPP funds are not intended to be used in incremental segments to construct larger facilities. Care should be exercised to ensure that each specific project is a discrete, stand-alone entity. Each project is to result in the delivery of a complete and usable facility, including the initial complement of equipment required for the facility to meet its intended purpose.

- GPPs/IGPPs are capitalized and result in betterments to land or facilities.
- The U.S. Comptroller General has established as federal policy that, in general, the federal government may not make permanent improvements to land or buildings not federally owned. Therefore, GPP funds cannot be used for projects involving off-site leased and University of California campus facilities.

### 3. Non-Capital Alterations (NCAs)

- Alterations are adjustments to interior arrangements or other physical characteristics of an existing facility so that it may be more effectively adapted to or used for its designated purpose. Alterations do not result in betterments. Examples of alterations are as follows:
  - Removal or installation of interior walls for purposes of rearranging the layout of an office building, and incidental heating and ventilation ducting system modifications that do not significantly extend the capacity of the system;
  - Construction of a door or passage through an interior structural wall;
  - Installation of new lighting fixtures that do not significantly increase the lumens emitted but may result in energy or maintenance savings.
- NCA or operating funds may be used for "improvements to the property of others" such as projects in off-site-leased and University of California Campus facilities.
- NCAs are not capitalized.

### 4. General Purpose Equipment (GPE)

GPE funds are designated for institutional project support. Research-oriented equipment, which is normally funded with programmatic funds, may not be purchased with GPE funds. The following limits apply to GPE purchases:

- Equipment must exceed \$25,000 and two years of useful life.
- Equipment installation costs should not exceed \$2 million or 20% of the total equipment cost (construction funds should be used to pay for installation costs exceeding those amounts).
- Equipment must not be permanently affixed to the real estate and must be removable without seriously damaging or diminishing the functional value of either the real estate or the items themselves, for example:
  - Heavy equipment, including vehicles, processing or manufacturing machinery, and shop machinery;
  - Automated data-processing equipment includes computers, printers, operating system software, and interface peripherals.
- GPEs are capitalized.

### 5. Capitalization Criteria

Individual plant and capital equipment (P&CE) items that are purchased, constructed, or fabricated

in-house (including major modifications or improvements—e.g., betterments—to any of these items) are capitalized if they have an anticipated service life of two years or more and if they cost \$25,000 or more. The only exceptions are items that are inherently experimental, used as special tools, or, by nature of their association with a particular scientific experiment, not expected to have an extended useful service life or an alternative future use. Further detail can be found in the [DOE Accounting Handbook](#), Chapter 10: Plant and Capital Equipment, Paragraph 1d.

## 6. Betterments

Betterments are improvements to P&CE that result in better quality work, higher capacity, extended useful life, or work required to accommodate regulatory changes. Betterments are capitalized. Determining when and to what extent an expenditure should be treated as a betterment requires judgment. When a minor item is replaced in each of a number of similar units, the effect of the replacement as related to each unit, rather than to the cumulative costs, is the proper basis for determining whether or not a betterment is effected. Although a particular project may meet the characteristic of a betterment, if the capitalization criteria are not met or the improvement added is insignificant, then the project should be expensed. Listed below are the various terms that are commonly used to describe various categories of betterments.

- Construction is the erection, installation, or assembly of a new plant facility; the addition, expansion, improvement, or replacement of an existing facility; or the relocation of a facility. Construction includes equipment installed in and made part of the facility and related site preparation; excavation, filling, and landscaping, or other land improvements; and design of the facility. Examples of improvements to an existing facility include the following types of work:
  - Replacing standard walls with fireproof walls.
  - Installing a fire-sprinkler system in a space that was previously not protected with a sprinkler system.
  - Replacing utility system components with significantly larger-capacity components (e.g., replacing a 200-ton chiller with a 300-ton chiller) and converting the functional purpose of a room (e.g., converting an office into a computer room).
- Conversion is a major structural revision of a facility that changes the functional purpose for which the facility was originally designed or used.
- Replacement is a complete reconstruction of a facility or equipment item that has deteriorated or has been damaged beyond the point where its individual parts can be economically repaired.

## 7. Risk-Based Priority Model Score

Derived by a risk-analysis scoring method weighted toward environment, health, and safety concerns, the Risk-Based Priority Model (RPM) score is calculated for all projects as an aid to ranking.

## 8. Capital Asset Management Plan Score

Derived by a risk-analysis scoring method weighted toward infrastructure concerns, the Capital Asset Management Plan (CAMP) score is calculated for all projects as an aid to ranking.

## 9. Laboratory Corrective Action Tracking System

The Laboratory Corrective Action Tracking System (LCATS) is administered by the EH&S Division to track and record deficiencies and corrective actions identified through divisional self-assessment inspections.

## F. REFERENCES

1. LBNL's Ten-Year Site Plan
2. [LBNL's Institutional Plan](#)
3. [DOE O 430.1B: Real Property Asset Management](#)
4. [DOE Accounting Handbook](#)

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# Chapter 2

## Human Resources

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§2.23 [Miscellaneous](#)

§2.24 Consultants to Lawrence Berkeley National Laboratory (Moved to [RPM §11.04](#))

§2.25 Honoraria and Stipends for Laboratory Guests Laboratory guidelines for honoraria and stipends are now located in the [Financial Policy and Procedures Manual](#), on the Office of the Chief Financial Officer Web site; see [Honoraria](#) and [Non-Employee Stipends](#).)

§2.26 [Catastrophic Leave Sharing](#)

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## §2.01 Employment

*Responsible Manager*

Links updated 09/08

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## A. Nondiscrimination

### 1. Policy

It is the policy of Lawrence Berkeley National Laboratory to ensure equal employment opportunity to all employees and job applicants. The Laboratory will not engage in discriminatory practices against any person employed or seeking employment because of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, gender identity, pregnancy, [\[1\]](#) physical or mental disability, medical condition (cancer-related or genetic characteristics), age, citizenship, or status as a covered veteran. [\[2\]](#) This applies to all personnel actions, including hiring, transfer, training, promotion, termination, and other terms and conditions of employment. See [RPM §2.05\(D\) \(Employee Complaint Resolution\)](#).

### 2. University of California Policy on Sexual Harassment

#### a. General

With the exception of the numbering system, which has been redone to conform to the Laboratory's RPM, this policy is reproduced exactly as it appears in the University of California Sexual Harassment Policy.

When the following UC policy refers to *Appendix I: University Complaint Resolution and Grievance Procedures* there will also be a link to [RPM §2.05\(D\) \(Employee Complaint Resolution\)](#). This is the complaint resolution procedure for nonrepresented Laboratory employees. When the following UC policy refers to *Appendix II: University Disciplinary Procedures*, there will also be a link to [RPM §2.05\(C\) \(Corrective Action and Dismissal\)](#), which is the Corrective Action policy for nonrepresented Laboratory employees. The policies contained therein are the approved Human Resources policies for Lawrence Berkeley National Laboratory nonrepresented employees. Represented employees should refer to their collective bargaining agreements for applicable policies.

Laboratory-specific information may be found [here](#).

#### b. Introduction

The University of California is committed to creating and maintaining a community where all persons who participate in University programs and activities can work and learn together in an atmosphere free of all forms of harassment, exploitation, or intimidation. Every member of the University community should be aware that the University is strongly opposed to sexual harassment, and that such behavior is prohibited both by law and by University policy. The University will respond promptly and effectively to reports of sexual harassment, and will take appropriate action to prevent, to correct, and if necessary, to discipline behavior that violates this policy.

This policy applies to the University of California campuses, the DOE Laboratories, the

Medical Centers, and the Office of the President, including Agriculture and Natural Resources, and all auxiliary University locations (*the locations*).

**c. Definition of Sexual Harassment**

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when submission to or rejection of this conduct explicitly or implicitly affects a person's employment or education, unreasonably interferes with a person's work or educational performance, or creates an intimidating, hostile or offensive working or learning environment. In the interest of preventing sexual harassment, the University will respond to reports of any such conduct.

Sexual harassment may include incidents between any members of the University community, including faculty and other academic appointees, staff, coaches, housestaff, students, and non-student or non-employee participants in University programs, such as vendors, contractors, visitors, and patients. Sexual harassment may occur in hierarchical relationships or between peers, or between persons of the same sex or opposite sex.

In determining whether the reported conduct constitutes sexual harassment, consideration shall be given to the record of the conduct as a whole and to the totality of the circumstances, including the context in which the conduct occurred.

This policy covers unwelcome conduct of a sexual nature. Consensual romantic relationships between members of the University community are subject to other University policies, for example, those governing faculty-student relationships are detailed in the Faculty Code of Conduct. [\[3\]](#) While romantic relationships between members of the University community may begin as consensual, they may evolve into situations that lead to charges of sexual harassment, subject to this policy.

Harassment that is not sexual in nature but is based on gender, sex-stereotyping, or sexual orientation also is prohibited by the University's nondiscrimination policies [\[4\]](#) if it is sufficiently severe to deny or limit a person's ability to participate in or benefit from University educational programs, employment, or services. While discrimination based on these factors may be distinguished from sexual harassment, these types of discrimination may contribute to the creation of a hostile work or academic environment. Thus, in determining whether a hostile environment due to sexual harassment exists, the University may take into account acts of discrimination based on gender, sex-stereotyping, or sexual orientation.

**d. Retaliation**

This policy also prohibits retaliation against a person who reports sexual harassment, assists someone with a report of sexual harassment, or participates in any manner in an investigation or resolution of a sexual harassment report. Retaliation includes threats,

intimidation, reprisals, and/or adverse actions related to employment or education.

e. **Dissemination of the Policy, Educational Programs, and Employee Training**

As part of the University's commitment to providing a harassment-free working and learning environment, this policy shall be disseminated widely to the University community through publications, Web sites, new employee orientations, student orientations, and other appropriate channels of communication. The locations shall make educational materials available to all members of the University community, to promote compliance with this policy and familiarity with local reporting procedures. In addition, the locations shall designate University employees responsible for reporting sexual harassment and provide training to those designated employees. Generally, such persons include supervisors, managers, academic administrators, deans, department chairs, student advisors, graduate advisors, residence hall staff, coaches, law enforcement officers, student judicial affairs staff, and health center staff. Each location shall post a copy of this policy in a prominent place on its website.

f. **Reports of Sexual Harassment**

Any member of the University community may report conduct that may constitute sexual harassment under this policy. In addition, supervisors, managers, and other designated employees are responsible for taking whatever action is necessary to prevent sexual harassment, to correct it when it occurs, and to report it promptly to the Title IX Compliance Coordinator (Sexual Harassment Officer) or other appropriate official designated to review and investigate sexual harassment complaints. An individual also may file a complaint or grievance alleging sexual harassment under the applicable University complaint resolution or grievance procedure (*University of California Procedures for Responding to Reports of Sexual Harassment, Appendix I: University Complaint Resolution and Grievance Procedures*).

g. **Response to Sexual Harassment**

The locations shall provide a prompt and effective response to reports of sexual harassment in accordance with the *University of California Procedures for Responding to Reports of Sexual Harassment (Procedures)*. A prompt and effective response may include early resolution, formal investigation, and/or targeted training or educational programs. Upon findings of sexual harassment, the University may offer remedies to the individual or individuals harmed by the harassment consistent with applicable complaint resolution and grievance procedures (*Procedures, Appendix I: University Complaint Resolution and Grievance Procedures*). Such remedies may include counseling, an opportunity to repeat course work without penalty, changes to student housing assignments, or other appropriate interventions. Any member of the University community who is found to have engaged in sexual harassment is subject to disciplinary action up to and including dismissal in accordance with the applicable University disciplinary procedure (*Procedures, Appendix II:*

*University Disciplinary Procedures*) or other University policy. Generally, disciplinary action will be recommended when the harassing conduct is sufficiently severe, persistent, or pervasive that it alters the conditions of employment or limits the opportunity to participate in or benefit from educational programs. Any manager, supervisor, or designated employee responsible for reporting or responding to sexual harassment who knew about the harassment and took no action to stop it or failed to report the prohibited harassment also may be subject to disciplinary action. Conduct by an employee that is sexual harassment or retaliation in violation of this policy is considered to be outside the normal course and scope of employment.

#### **h. Intentionally False Reports**

Because sexual harassment frequently involves interactions between persons that are not witnessed by others, reports of sexual harassment cannot always be substantiated by additional evidence. Lack of corroborating evidence or “proof” should not discourage individuals from reporting sexual harassment under this policy. However, individuals who make reports that are later found to have been intentionally false or made maliciously without regard for truth, may be subject to disciplinary action under the applicable University disciplinary procedure (*Procedures, Appendix II: University Disciplinary Procedures*). This provision does not apply to reports made in good faith, even if the facts alleged in the report cannot be substantiated by an investigation.

#### **i. Free Speech and Academic Freedom**

As participants in a public university, the faculty and other academic appointees, staff, and students of the University of California enjoy significant free speech protections guaranteed by the First Amendment of the United States Constitution and Article I, Section I of the California Constitution. This policy is intended to protect members of the University community from discrimination, not to regulate protected speech. This policy shall be implemented in a manner that recognizes the importance of rights to freedom of speech and expression. The University also has a compelling interest in free inquiry and the collective search for knowledge and thus recognizes principles of academic freedom as a special area of protected speech. Consistent with these principles, no provision of this policy shall be interpreted to prohibit conduct that is legitimately related to the course content, teaching methods, scholarship, or public commentary of an individual faculty member or the educational, political, artistic, or literary expression of students in classrooms and public forums. However, freedom of speech and academic freedom are not limitless and do not protect speech or expressive conduct that violates federal or state anti-discrimination laws.

#### **j. Additional Enforcement Information**

The federal Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment and Housing (DFEH) also investigate complaints of unlawful

harassment in employment. The U.S. Department of Education Office for Civil Rights (OCR) investigates complaints of unlawful harassment of students in educational programs or activities. These agencies may serve as neutral fact finders and attempt to facilitate the voluntary resolution of disputes with the parties. For more information, contact the nearest office of the EEOC, DFEH, or OCR listed in the telephone directory.

Additional information on harassment and complaint procedures may be found at [§2.05\(E\) \(University of California Procedures for Responding to Reports of Sexual Harassment\)](#).

### 3. Other Harassment

Berkeley Lab is committed to maintaining a work environment that is free of discrimination. In keeping with this commitment, the Laboratory will not tolerate harassment in violation of the Laboratory's policies against its employees or employees performing services for the Laboratory by anyone, including any supervisor, co-worker, vendor, client, customer, or any third party.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex ([see §2.05\(E\) \(University of California Procedures for Responding to Reports of Sexual Harassment\)](#)) or other protected status as defined in the Laboratory's "Nondiscrimination" policy, above.

Berkeley Lab will not tolerate harassment that affects tangible job benefits, interferes unreasonably with an individual's work performance, or creates an intimidating, hostile, or offensive working environment. Such harassment may include, for example, making or using derogatory comments, epithets, slurs or jokes, or teasing or badgering about a person's protected status.

The complaint procedure for harassment as defined in this section is the same as for sexual harassment and may be found in [RPM §2.05\(E\) \(University of California Procedures for Responding to Reports of Sexual Harassment\)](#).

#### a. Retaliation

This policy also prohibits retaliation against a person who reports harassment, assists someone with a report of harassment, or participates in any manner in an investigation or resolution of a harassment report. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment or education.

## B. Affirmative Action

### 1. Policy

Consistent with its status as a federally funded institution, the Laboratory undertakes affirmative action for minorities and women, for persons with disabilities, and for covered veterans as required by federal law. [\[5\]](#)

## **2. Affirmative Action Compliance Program**

Consistent with its affirmative action obligations and all other operative legal requirements, the Laboratory's affirmative action program includes implementation of policies, practices, and procedures to ensure that all qualified applicants and employees are receiving an equal opportunity for recruitment, selection, advancement, and every other term and privilege associated with employment at the Laboratory.

## **3. Responsibilities**

- a. The Laboratory Director, as the Equal Opportunity Officer, appoints the Equal Employment Opportunity / Affirmative Action (EEO/AA) Officer to administer the Affirmative Action Compliance Program.
- b. Division directors are responsible for implementing the Affirmative Action Compliance Program in the units for which they are responsible, with particular attention to hiring, promotion, and employee development, and for evaluating managers and supervisors on their effectiveness, including their good-faith efforts to implement the program.

## **4. Reasonable Accommodation**

### **a. General**

The Laboratory provides reasonable accommodation to otherwise qualified employees who are disabled or become disabled, and need assistance to perform the essential functions of their position. The interactive process shall be used to determine what, if any, reasonable accommodation will be made.

### **b. The Interactive Process**

The interactive process is an ongoing dialogue between the employee and appropriate representatives of the Laboratory about possible options for reasonably accommodating the employee's disability. Options may include, but are not limited to, a modified work schedule, a leave of absence, reassignment, modified equipment, assistive devices, modification of existing facilities, and restructuring the job. Both the Laboratory and the employee are expected to participate in the interactive process.

During the interactive process the Laboratory considers information related to: the essential functions of the job, functional limitations, possible accommodations, the reasonableness of possible accommodations, and implementation of a reasonable accommodation. This information will be used by the Laboratory to determine what, if any, reasonable accommodation will be made.

University and Laboratory procedures provide further guidance on the implementation of the interactive process.

### c. **Medical Documentation**

The employee is responsible for providing medical documentation to assist in understanding the nature of the employee's functional limitations. When necessary, the Laboratory may require that the employee be examined by a Laboratory-appointed licensed health care provider. In such a case, the Laboratory shall pay the costs of any medical examinations requested or required by the Laboratory.

### d. **Special Selection**

Any employee who becomes disabled may be selected for a position that has not been publicized (see [Paragraph \(C\)\(3\)\(a\)\(vii\) \(Recruitment\)](#) below).

## **C. Recruitment and Selection**

### **1. Policy**

The Laboratory will recruit from within and outside its workforce to obtain qualified applicants. Every good-faith effort is made to inform and recruit qualified applicants in conformance with the objectives as set forth by the Laboratory Affirmative Action Compliance Plan. The duties and responsibilities of the vacant position and the qualifications necessary to perform those duties and responsibilities are identified before recruitment begins.

It is the goal of the Laboratory to maximize the opportunity for the promotion of qualified career employees to positions either in their current division or elsewhere in the Laboratory and to encourage career employees to apply for open positions that would further their career development. It is important that each supervisor emphasize the right of the employee to apply for promotion opportunities; however, the employee is responsible for doing so.

### **2. Responsibilities**

- a. Under the general direction of the Head of the Human Resources Department, the Recruitment unit has responsibility for development and implementation of recruitment programs.
- b. The EEO/AA Officer reviews, monitors, and evaluates the effectiveness of recruitment programs in meeting affirmative action objectives, and consults and advises on methods for meeting those objectives.
- c. Division directors and Operations department heads (hereinafter "hiring manager"), in conjunction with the Human Resources Center (HR Center), define the duties and qualifications of the vacant position. In conjunction with the HR Center, the Recruitment unit of Human Resources will advise and assist hiring managers in determining the most effective recruitment plan for the vacant position.

### **3. Recruitment**

- a. Recruitment is not required when a position is to be filled by
- i. demotion or lateral transfer of an employee within the same division or department;
  - ii. reassignment of an incumbent employee without a change in general job duties, responsibilities, or classification within the same division or department;
  - iii. lateral transfer of incumbent employees to another division or department as a result of a reorganization including the transfer of the budgetary provisions for the employees;
  - iv. recall or preferential rehire of a career employee who has been laid off or received formal notice of layoff;
  - v. transfer of a career employee in accordance with [RPM 2.21\(B\)\(1\) \(Reduction in Force/Policy\)](#) in order to avoid a layoff;
  - vi. transfer or re-employment of an employee in accordance with RPM [Paragraph \(B\)\(4\) \(Reasonable Accommodation\)](#), [§2.21\(E\) \(Medical Separation\)](#), [§2.12\(F\) \(Pregnancy Disability Leave\)](#), or [§2.13 \(Family Care and Medical Leave\)](#);
  - vii. appointment of a qualified employee who has become disabled;
  - viii. an employee whose responsibilities or title have changed as a result of a reorganization or reassignment of functions among positions within the same organizational unit;
  - ix. appointment of an individual into a limited, student assistant, Graduate Student Research Assistant (GSRA), faculty, visiting faculty, visiting researcher or rehired retiree position;
  - x. an employee who is competitively selected for a University-sponsored internship program, and upon completion of the internship and with the approval of the hiring manager, is appointed to a vacant position for which he or she meets the minimum qualifications.

Recruiting requirements for a career position as defined in this policy apply when the need for a term appointment extends beyond the maximum term of five years. For information regarding scientific term appointments, including postdoctoral fellows, see [RPM §2.07 \(Professional Research Staff\)](#).

- b. Recruitment may be limited to Laboratory employees if the applicant pool is diverse enough to allow the hiring supervisor a meaningful choice in obtaining the essential job-related skills, knowledge, abilities, and other qualifications, including meeting affirmative action objectives.
- c. Recruitment may be limited to applicants in the Laboratory's resume database if the position is re-opened within six months of the original posting and the applicant pool is diverse enough to allow the hiring supervisor a meaningful choice in obtaining the essential job-related skills, knowledge, abilities, and other qualifications, including meeting affirmative action objectives.

- d. Individual exceptions to the recruitment requirement may be approved by the Head of the Human Resources Department and Head of the Workforce Diversity Office through the waiver of recruitment process.
- e. Job vacancies must be posted for a minimum of two weeks. However, recruitment strategies must allow sufficient time to establish a qualified and diverse applicant pool.
- f. In order to verify information about an applicant's qualifications, current or former supervisors who can provide relevant information must be contacted. If the applicant is a Laboratory employee, the selecting supervisor must obtain a written assessment or a current performance evaluation from the current supervisor and submit it with the recommendation for hire to the division director for approval.

#### **4. Selection**

The selection decision must be based on the match of the applicant's qualifications against the job requirements and essential duties defined in the posting and position description.

- a. Career employees who have preferential rehire status will be granted preference over other applicants in accordance with RPM [§2.21\(B\)\(9\)\(b\) \(Preference for Re-employment\)](#).
- b. If, in the opinion of the hiring manager, two or more applicants are substantially equally qualified, consideration will be given to the objective of providing promotional and transfer opportunities to career employees.

#### **5. Special Hiring Circumstances**

##### **a. Employment of Minors**

California state law requires work permits for all persons under age 18 who have not yet graduated from high school. Individuals under the age of 18 who have been awarded a certificate of proficiency pursuant to Section 48412 of the California Education Code do not need a work permit. Persons under age 16 will not be employed unless specific approval is obtained from the Head of the Human Resources Department. When a person under age 18 is hired or assigned to work in areas where background radiation exceeds natural radiation, the Human Resources Center, in consultation with the hiring division or department, will contact the Environment, Health and Safety Division for final clearance.

##### **b. Employment of Near Relatives and Domestic Partners**

- i. Near relatives are defined as parents, children (including the child of a domestic partner), spouses, same or opposite sex domestic partners, brothers, or sisters, including in-laws and step-relatives in these relationships. Relatives of the domestic partner who would be covered if the domestic partner were the employee's spouse are also so defined.
- ii. Employment of near relatives requires the recommendation of the Human Resources Center

Manager and the approval of the Head of Human Resources. Approval is required when:

- There is a supervisory relationship.
  - The near relative has the same immediate supervisor.
  - There is a close working relationship with a near relative.
- iii. If the request is not approved by the Head of Human Resources, the supervisor may request further review by the Chief Operating Officer (COO).
- iv. If two employees in any of the above types of working relationships become near relatives, the same approval process must be followed in order that they may continue in the same working relationship.
- v. Approval for such employment may be granted when justified as being in the best interest of the Laboratory.

## 6. Appointment Conditions

### a. Background Checks

- i. In order to ensure that individuals who have the qualifications to perform the duties of positions, and who are likely to serve the Laboratory's interests are selected, the following information found on the employment application or resume will be verified on final, external candidates for all positions: work history, degree verification, Social Security number, driver's license, and criminal convictions. Additional background information may also be checked for positions designated as requiring additional review as found on the list of [LBNL Background Checks Requirements](#). This list is maintained by the Human Resources Department, and may be changed if warranted.

In most cases, the background check must be completed before the candidate begins employment. Adverse information found on any of the above may result in the withdrawal of the job offer.

If programmatic needs require that the candidate begin employment prior to the completion of the background check, continued employment is contingent upon successful completion of the background check.

In the event there are diverging opinions among the hiring supervisor, division/department management, and Human Resources on how to proceed as a result of adverse information, the Head of Human Resources will make the final decision on the action to be taken.

- ii. The Laboratory reserves the right to conduct background checks on internal applicants for a change of status to a career or term position from one for which a background check was not required. In addition, the Laboratory reserves the right to conduct background checks

on internal applicants for promotion/transfer/reclassification to a position requiring additional review as noted on the list of [LBNL Background Checks Requirements](#).

- iii. Background checks may be conducted by both Laboratory staff and a third-party service provider.

#### **b. Employment of Foreign Nationals**

Employment of foreign nationals must be in accordance with federal law and the regulations of the U.S. Bureau of Citizenship and Immigration Services. Employment of students (Graduate Student Research Assistants (GSRA) and student assistants) must also be in accordance with the student's educational institution's requirements. Determination of the work eligibility status of a non-immigrant will be made by the Laboratory's International Researchers and Scholars Office (IRSO). IRSO will also make the job offer to non-immigrants when authorized by the Human Resources Center.

Foreign nationals with permanent resident status do not require IRSO review.

Recruitment policies as stated in this [Paragraph \(C\)](#) above apply to employment of foreign nationals.

#### **c. Medical Screening and Approval**

All new employees are required to complete the "Employee Report of Exposures" form in Health Services. In some cases, Health Services may recommend restrictions on an employee's work assignment or activities, and advise the division director or department head and the Head of the Human Resources Department, who will be jointly responsible for working out with the employee, an alternative to deal with the restrictions, if possible. See [RPM §1.12\(A\)\(1\) \(Laboratory Occupational Medical Program/Medical Surveillance\)](#) for additional information on medical services and requirements.

The Laboratory employee medical program requires pre-placement, post-employment physical examinations for all new employees when required by government regulations. Current positions requiring a pre-placement, post-employment physical may be found [here](#). When a pre-placement physical is required, the offer of employment is subject to the applicant's passing those portions of a physical examination pertinent to the position.

#### **d. Probationary Period**

##### **i. Probationary Period Requirements**

With the exceptions noted below, all new career employees and term employees hired with an initial appointment of more than one year must work a probationary period of six months, during which their work performance and general suitability for Laboratory employment are carefully evaluated.

Individuals hired into term appointments for one year or less and career employees who transfer from another University of California employer without a break in service need not serve a probationary period.

Individuals hired into Research Scientist/Engineer (Career-track), Staff Scientist/Engineer (Career-track), Divisional Fellow, and Senior Staff Scientist/Engineer, and Distinguished Scientist/Engineer appointments do not serve a probationary period. See [RPM §2.07 \(Professional Research Staff\)](#).

Employees who are rehired after a break in service, whether or not they previously completed a probationary period, must serve a new probationary period unless they are hired in a classification that they previously held and for which they completed a probationary period.

Employees who were originally hired into term appointments and subsequently accept a career position in the same classification, are not required to serve a probationary period if their term appointment lasted at least one year and they received at least a "satisfactory" rating on the annual performance evaluation.

An employee who is required to serve a probationary period and who has worked in a limited appointment immediately preceding the career appointment shall have up to 1,000 hours on pay status, exclusive of on-call and overtime hours, credited toward completion of the probationary period, provided that the credited time was served in the same position and with the same supervisor that the employee had immediately prior to the career appointment.

## ii. Progress Monitoring and Reports

The supervisor is responsible for monitoring the progress and performance of probationary employees throughout the probationary period.

The supervisor must provide the employee with written documentation of the employee's progress at least once during the probationary period. This progress report will normally take place close to the midpoint of the probation period.

If at any point in the probationary period the employee is not meeting expectations, the supervisor, in consultation with the HR Center, must advise the employee that she or he is not meeting expectations, and confirm this advice in writing, that she or he is not meeting expectations.

## iii. Release of Probationary Employees

If the employee does not show improvement after being advised in writing that she or he is not meeting expectations ([Paragraph ii](#), above), the supervisor will consult with the HR Center regarding release the employee, with the concurrence of the Manager, Labor Employee Relations, in accordance with [RPM §2.21\(C\) \(Release of Limited, Rehired Retiree\)](#),

[Student Assistant, and Probationary Appointees](#)).

iv. **Extension of Probationary Period**

Under unusual circumstances, the employee's probationary period may be extended with the concurrence of the division director and the Head of the Human Resources Department. Such an extension will be for a specific period of time not to exceed three months of work in the position. The employee will be informed in writing of the reasons for and the period of extension.

v. **Completion of Probationary Period**

The probationary period is completed following six months of continuous service at one-half time or more without a break in service or through any extension (except as noted above for employees who have worked in a limited appointment prior to beginning a career appointment). Time on leave with or without pay will extend the probationary period.

An employee who satisfactorily completes the probationary period will be notified in writing by the supervisor that full career employee status has been attained.

e. **New Employee Orientation and Safety Training**

All new employees must attend a New Employee Orientation and Safety Training during their first month of employment. The new employee must complete additional safety training that is required based upon potential hazards associated with the position and in compliance with Laboratory safety training requirements.

**7. Links to Additional Information and Resources for Recruitment and Selection**

a. **Travel Expenses of Applicants**

See [RPM §11.08\(N\) \(Non-Laboratory Personnel\)](#) for information on payment of travel costs for the purpose of a personal interview of an applicant.

b. **Reimbursement for Meals**

See [RPM §11.01\(F\) \(Laboratory-Hosted \(Funded\) Meetings/Authorization\)](#).

c. **Moving Expenses**

See [RPM §4.01 \(Relocation Policy\)](#) for information on allowable relocation costs.

d. **Patent Policy**

All employees must sign the Laboratory's patent agreement. See [RPM §5.03 \(Patents\)](#) for additional information.

## D. Types of Appointments

### 1. Career

A career appointment is an appointment established at a fixed percentage of time at 50 percent or more of full time for an indefinite period.

In addition, a limited appointment shall be designated as a career appointment when the incumbent has attained 1,000 hours of qualifying service in any 12 consecutive months without a break in service of at least 120 consecutive calendar days. Qualifying service includes all time on pay status in one or more limited appointments within the University of California system. On-call and overtime hours shall not be included as pay status hours when computing qualifying service. Such career designation shall be effective the first of the month following attainment of 1,000 hours of qualifying service.

### 2. Faculty

#### a. UC Faculty

Some University of California faculty members have dual employment between a campus of the University and the Laboratory. Their appointment as faculty at the Laboratory is contingent upon their campus faculty appointment and is subject to UC Academic Personnel Policy. See [RPM §2.07\(C\)\(9\) \(\*Appointments of University of California Faculty\*\)](#).

#### b. Visiting Faculty

Visiting faculty are members of the faculty of non-University of California colleges and universities. They are eligible for benefits, vacation, or sick leave in accordance with their appointment type. See [RPM §2.07\(C\)\(11\) \(\*Visiting Faculty and Visiting Researcher\*\)](#).

### 3. Laboratory Management

This policy applies to appointees and incumbents in the University of California Senior Management Group (SMG) and positions designated as Upper Laboratory Management, collectively referred to as Laboratory Management or Laboratory Managers. The positions covered by this policy are found on the [Lawrence Berkeley National Laboratory Management Positions list](#).

Appointees and incumbents in positions designated as Laboratory Management have responsibility for defining overall Laboratory policy and direction. Laboratory Managers are appointed by and serve at the discretion of the Regents, the President of the University of California, or the Laboratory Director, as appropriate. All such appointments are at will and may be terminated at any time with or without cause.

The following policies do not apply to positions designated as Laboratory Management due to the at will nature of such appointments.

- [Probationary Period \(Paragraph \(C\)\(6\)\(d\)\)](#)

- [Transfer, Promotion, and Other Changes in Status \(RPM §2.02\)](#)
- [Early Problem Resolution \(RPM §2.05\(B\)\)](#)
- [Corrective Action and Dismissal \(RPM §2.05\(C\)\)](#)
- [Employee Complaint Resolution \(RPM §2.05\(D\)\)](#)
- [Reduction in Force \(RPM §2.21\(B\)\)](#)

Appointees entering Laboratory Management positions who hold Laboratory scientific staff appointments (see [RPM §2.07 \(Professional Research Staff\)](#)) will retain that parallel classification while serving as Laboratory Managers. In addition, Laboratory Managers will, when appropriate, be considered (using normal Laboratory procedures) for entrance into or advancement in such parallel scientific classifications.

When an incumbent's appointment in a position designated as Laboratory Management is terminated, he or she will be returned to the appropriate parallel Laboratory scientific classification, held or attained.

If a decision is made to also terminate an appointee's parallel scientific classification, the applicable provisions of RPM policies [§2.05 \(Management/Employee Relations\)](#), [§2.07 \(Professional Research Staff\)](#), and [§2.21 \(Terminations\)](#) must be followed.

Additional employment policies for positions included in the University Senior Management Group may be found in [Personnel Policies for Staff Members Appendix II](#). Additional employment policies for positions included in the Upper Laboratory Management Series may be found in RPM [§2.27 \(Upper Laboratory Management\)](#).

#### 4. Term

##### a. General

Term appointments apply to staff hired to work on a specified project of clearly limited duration for six months to five years. If the initial appointment is between six and twelve months, the individual must be on a fixed 100% schedule. If the initial appointment is one year or more, the appointment must be fixed at 50% time or more. Time spent in term appointments is cumulative and may not exceed five years. Time spent in Postdoctoral Fellow appointments is excluded from the five-year limit. For information regarding scientific term appointments, including postdoctoral fellows, see [RPM §2.07 \(Professional Research Staff\)](#).

##### b. Appointment

Term appointments are made by a hiring manager after a thorough search for suitable candidates or as otherwise provided by Laboratory policy. (See also [Paragraph \(C\)\(3\)\(b\) \(Recruitment\)](#), above.)

In order for an employee in a scientific non-career track term appointment to move to a

career appointment, they must apply and compete for a career position. For information regarding scientific career-track term appointments, see RPM [§2.07 \(Professional Research Staff\)](#).

### c. **Applicability of Policies**

Term appointees are covered by all Laboratory policies, with the following exceptions:

- **Probationary Period.** Term employees do not serve a probationary period, unless the initial appointment is for longer than one year. See [Paragraph \(C\)\(6\)\(d\)](#), above.
- **College-Level Courses.** Term employees are not eligible for time off with pay for class attendance or reimbursement of course fees for college degrees, certification programs, and college-level courses. See [RPM §2.04\(F\) \(College Degrees, Certification Programs, and College-Level Courses\)](#).
- **Reduction in Force and Severance Payments.** The Laboratory layoff and severance policies do not apply to term employees (see [RPM §2.21\(B\) \(Reduction in Force\)](#) and [§2.21 \(Terminations\)](#)).
- **Termination.** See [RPM §2.21\(D\) \(Release of Employees in Term Appointments\)](#).

## 5. **Limited**

A limited appointment is an appointment established at any percentage of time, fixed or variable, that is expected to continue for less than 900 hours in a 12-month period. See also [Paragraph \(D\)\(1\) \(Types of Appointments/Career\)](#).

## 6. **Visiting Researcher**

- a. Visiting researchers are individuals who are on an approved leave from their home institution. The home institution does not need to be a university or college, nor does the individual have to be a faculty member of any institution (see [RPM 2.07\(C\)\(11\) \(Visiting Faculty and Visiting Researcher\)](#)).
- b. The approved leave is confirmed in a letter from the home institution that provides the dates of the leave, full salary of the individual, and what, if any, portion of the salary will be paid by the home institution during the leave. A letter is not required for a faculty member from outside the University of California system who is at the Laboratory for the summer intersession only. If the stay continues into the fall term, a letter is required.
- c. The duration of the appointment will be between three and 12 months at 100% time. The initial appointment is not to exceed one year. The total length of consecutive service must not exceed two years. If the appointment extends into a second year, and was not included in the initial

letter, a new letter of confirmation is required from the home institution.

- d. While recruitment is not required, if a visiting researcher is later considered for a change of status to a corresponding appointment as a term or career appointee, the change of status will be treated as a new appointment subject to the usual recruitment policies.
- e. Salary is determined on a case-by-case basis.
- f. Visiting researchers are eligible for mid-level benefits. They are not eligible for participation in UCRP membership.

## **7. Graduate Student Research Assistants**

Graduate student research assistants (GSRAs) must be registered graduate students of the University of California, and eligible for a Graduate Student Researcher appointment on their campus. University of California rules and regulations pertaining to graduate students in the various disciplines normally apply. GSRAs work a fixed percentage schedule and receive a flat monthly salary in accordance with their campus department policies. They are also eligible to receive fee remissions, including health insurance benefits, and nonresident tuition as determined by the University of California policies and as implemented for graduate student researchers on the individual campuses.

## **8. Student Assistants**

### **a. Eligibility**

- i. Student Assistant appointments are reserved for individuals who are at the Laboratory/University primarily for purposes of obtaining an education or training.
- ii. Student assistants must be enrolled in a full-time academic program. However, students enrolled in school-sponsored co-op and internship programs may be registered less than full-time when their Laboratory assignment is part of their internship.
- iii. The duties and responsibilities of student assistants must be related to their field of study. In addition, the duties and responsibilities of Co-op students and students in formal internship programs must conform to the requirements of their institution's program to ensure that the student receives the appropriate academic credit.
- iv. Enrollment in University Extension courses does not qualify for a student assistant appointment.

### **b. Effort**

Student assistants may work up to 50 percent time during their academic year and 100 percent

time during the summer and other significant academic breaks. They may be appointed to fixed or variable time schedules.

**c. Salary**

Student assistant salaries are based on their academic progress. Increases are allowed on the achievement of the next academic milestone as indicated on the [student salary table](#) and with written confirmation by the supervisor that the student's performance is satisfactory. Student assistants are paid bi-weekly.

**d. Benefits**

Student assistants are not eligible for UC employee health and welfare benefits nor are they eligible for membership in the University of California Retirement System. Student assistants are covered by the Laboratory's Workers' Compensation program.

**e. Vacation and Sick Leave**

Student assistants do not accrue vacation or sick leave.

**f. Holidays**

Student assistants appointed to a fixed time schedule at 50% or more earn holiday pay prorated according to RPM [§2.10\(C\)\(2\) \(Holidays/Holiday Pay Policy for Part-Time Employees/Fixed Hours\)](#).

**g. Termination**

- i. Student assistants must be terminated if they graduate, are no longer enrolled in school or if their registration is less than full time.
- ii. Student assistant appointments automatically end at the beginning of the next academic term after the student has graduated (excluding summer sessions). However, students who have been accepted to a qualifying educational program, provide a signed a letter of intent to enroll, and will begin the program ([see Paragraph \(a\), above](#)) within the next 12 months may continue as student assistants in the interim. Their employment must be terminated if they fail to enroll within that time. Effort must be in accordance with [Paragraph \(b\), above](#), even when between degree programs.
- iii. Student assistants may be released at any time at the discretion of the Laboratory. The student shall be notified of the release in writing. Whenever possible and appropriate, two weeks advance notice should be given.

**h. Complaint Resolution**

A student assistant is not eligible to use the Laboratory's Complaint Resolution Policy to challenge termination of his/her appointment.

### i. Recruitment

Student assistant positions do not need to be posted.

### j. Work Study Students

- i. Work Study students are University of California students who are receiving financial aid through the campus Work Study Program. If required by the campus program, they may be hired as student assistants.
- ii. The duties of a Work Study student may be but are not required to be related to their academic program.
- iii. When students have earned their financial award, they may be given a change of status to student assistant if the job duties are related to their academic program. If the duties are not related to their academic program, they must be terminated.
- iv. All other provisions of the student assistant policy, above, apply to Work Study students.

## 9. Rehired Retirees

Incumbents in rehired retiree appointments are employees who have retired from the Laboratory, or any University of California location, including the UC-managed Department of Energy laboratories. Conditions of employment must be consistent with any restrictions imposed by the retirement system and in accordance with guidelines for rehiring retirees issued by the University of California Office of the President. Incumbents in rehired retiree appointments work a variable schedule, and the appointment may be of any length.

## 10. Applicability of Benefits

Employee eligibility for benefits may be found at the [University of California, Human Resources and Benefits Web site](#) and in [RPM §2.08 \(Vacation Leave\)](#), [§2.09 \(Sick Leave\)](#), [§2.10 \(Holidays\)](#), [2.12 \(Leave of Absence Without Pay\)](#), [§2.13 \(Family Care and Medical Leave\)](#), and [§2.14 \(Military Leave\)](#).

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### Footnotes:

1. Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy and childbirth.
2. Covered veterans are special disabled veterans, recently separated veterans, Vietnam-era veterans, or any other veterans who served on active duty during war or in a campaign or expedition for which a campaign badge has been authorized.
3. The Faculty Code of Conduct may be found in Academic Personnel Manual (APM), Section 015.

4. University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment; Nondiscrimination and Affirmative Action Policy Statement for University of California Publications Regarding Employment Practices; Academic Personnel Policy 035, Affirmative Action and Nondiscrimination in Employment; Personnel Policies for Staff Members 12, Nondiscrimination in Employment; University of California Policies Applying to Campus Activities, Organizations, and Students; and Nondiscrimination Policy Statement for University of California Publications Regarding Student-Related Matters.
5. Covered veterans, see Footnote 2, above.

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## §2.02

### Transfer, Promotion, and Other Changes in Status

[Responsible Manager](#)

Links updated 09/08

- A. [Transfer, Promotion, and Demotion](#)
  - 1. [Human Resources Department Function](#)
  - 2. [Responsibility](#)
  - 3. [Reference Checks on Transferring Employees](#)
- B. [Transfer Procedures](#)
- C. [Changes in Job Classification or Pay Rate](#)
- D. [Changes in Hours or Payroll Account](#)
- E. [Changes in Name, Address, or Telephone Number](#)
- F. [Changes in Marital Status](#)
- G. [Changes in Number of Dependents](#)

#### A. TRANSFER, PROMOTION, AND DEMOTION

##### 1. Policy

- a. [Paragraph moved to §2.01\(C\)\(1\) \(Recruitment and Selection / Policy\)](#).
- b. The change of an employee from one position to another in a classification having a higher salary-range maximum is termed a promotion.
- c. The change of an employee from one position to another in the same classification or in another classification with the same salary-range maximum is termed a transfer. Transfers within the same department or division with no change in job classification can be approved by the division director or department head. All other transfers must be approved by the Human Resources Department.
- d. The change of an employee from one position to another position that is in a classification having a lower salary-range maximum is termed a demotion. Reclassification to a classification with a lower salary-range maximum must be approved by the Human Resources Department and discussed with the employee.

##### 2. Human Resources Department Function

The Human Resources Department will make suggestions and otherwise assist supervisors in identifying

employees qualified for transfer or promotion to open positions within the Laboratory, and will consult with employees concerning their career prospects and job opportunities. The Human Resources Department will make available to division directors or department heads, or designees, only information in the personnel folder of employees under consideration for promotion or transfer that is necessary in determining the qualifications and suitability of the employees for the position for which they are being considered.

### **3. Responsibility**

- a. Division directors or department heads must ensure that each supervisor, in accordance with [RPM §2.04](#) (*Education and Employee- Development Policies*), encourages the on-the-job development of all employees, reviews their career objectives with them in accordance with the Performance/Progress Review policy (see [RPM §2.03](#) [*Employee Performance/Evaluations*]), and identifies employees who are qualified for consideration for promotion or who may benefit from transfer. It is important that each supervisor emphasize the right of the employee to apply for transfer or promotion opportunities both in his or her own division or elsewhere in the Laboratory.
- b. The employee is, however, responsible for applying for transfer or promotional opportunities to vacant positions in other divisions that have been announced by the Human Resources Department.

### **4. Reference Checks on Transferring Employees**

Paragraph moved to [RPM §2.01\(C\)\(3\)](#) (*Recruitment*).

### **5. Background Checks**

Information about the Laboratory's Background Checks policy has been moved to [RPM §2.01\(C\)\(6\)\(a\)](#) (*Background Checks*).

## **B. TRANSFER PROCEDURES**

When a division director or department head is interested in having an employee transferred to his or her division or department from some other division or department of the Laboratory or the University, the Human Resources Department should be consulted for guidance.

## **C. CHANGES IN JOB CLASSIFICATION OR PAY RATE**

Changes in an employee's job classification or pay rate must be authorized by the Compensation Manager. The methods and forms used for requesting such changes vary according to the classifications involved and the action contemplated. See [RPM §2.06](#) (*Compensation Program*).

## **D. CHANGES IN HOURS OR PAYROLL ACCOUNT**

Changes in hours or payroll groups within a division or department are initiated by sending a Personnel Action Form (PAF) to the Human Resources Department for United States citizens or to the Foreign Visitors Unit for foreign nationals. This form must be signed by a person authorized to approve personnel documents for the division or department involved. If a change in salary or wages is also requested, Form RL-128-1 (*Salary Adjustment Request*) must be included with the PAF.

## **E. CHANGES IN NAME, ADDRESS, OR TELEPHONE NUMBER**

Any change in an employee's name, address, or telephone number should be promptly reported to the employee's department or division secretary or supervisor so that a PAF may be completed. This form is sent to the Human Resources Department for United States citizens or to the Foreign Visitors Unit for foreign nationals. Lab employees may also go to the [Berkeley Lab Employee Self-Service Web site](#) to update their name, address, or telephone number. All such changes must be reported promptly so that the correct information is available in the event of emergency and that, e.g., retirement system notices and income tax W-2 forms may be correctly addressed.

## **F. CHANGES IN MARITAL STATUS**

Any employee who marries must promptly report this fact to the Human Resources Department or (for foreign nationals) the Foreign Visitors Unit. If the employee has a "Q" clearance, DOE Form DP-354 (*Data Report on Spouse*) must be completed and signed by the employee. These forms are supplied by and must be returned to Protective Services.

## **G. CHANGES IN NUMBER OF DEPENDENTS**

Changes in an employee's number of dependents should be reported on a W-4 form for income-tax purposes. These forms may be obtained from and returned to the Payroll Office, the Human Resources Department, or (for foreign nationals) the Foreign Visitors Unit.

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## §2.03

### Employee Performance Evaluations

[Responsible Manager](#)

Section Rewritten 06/02

- A. [General Policy](#)
- B. [Purpose](#)
- C. [Responsibilities](#)
  - 1. [Supervisors](#)
  - 2. [Employees](#)
  - 3. [Human Resources Department](#)

#### A. GENERAL POLICY

Performance feedback is an ongoing, yearlong process. Supervisors must provide each of their direct reports with a written performance evaluation annually, using the approved process. This written evaluation is the formal part of the performance feedback process. Additional written evaluations may be done if circumstances warrant.

Employees holding limited, faculty, graduate student research assistant, student assistant, rehired retiree, postdoctoral, and visiting postdoctoral fellow appointments are excluded from this policy. Division directors and resource department heads are responsible for implementation of this policy within their organizations.

#### B. PURPOSE

The objectives of the written evaluation are to:

1. Establish an understanding between the employee and supervisor regarding job responsibilities and expectations and work deliverables (goals);
2. Provide an opportunity for two-way discussion of employee progress, career development, and department goals;
3. Establish/reestablish standards, goals, expectations, and development plans;
4. Document performance and progress against previously established goals and expectations;
5. Provide input to the salary process.

#### C. RESPONSIBILITIES

##### 1. Supervisors

Supervisors are responsible for ensuring that each employee has a current position description and expectations and goals, and that the employee has a clear understanding of his or her responsibilities. Supervisors are responsible for providing feedback to the employee so that he or she knows where improvement is needed. Supervisors are responsible for promoting employee development opportunities. The supervisor is responsible for providing the employee with a formal, written evaluation of the employee's performance at least once a year.

## **2. Employees**

Employees are responsible for seeking clarification about their duties, responsibilities, and/or expectations. Employees should seek input about their performance on an ongoing basis. In addition, employees are responsible for improving their performance and their own development.

## **3. Human Resources Department**

The Human Resources Department will provide training to supervisors on conducting performance evaluations. The Department will also assess the effectiveness of the current performance evaluation process and work with management to ensure that the process is an effective tool for both management and employees.

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## §2.04

### Education and Employee-Development Policies

*Responsible Manager*

Rev. 09/07

- A. General
- B. Types of Programs
  - 1. Position-Related Programs
  - 2. Career-Related Programs
  - 3. Educational Enrichment Programs
- C. Scope
- D. Employee Development Planning
  - 1. Annual Plan
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- E. Sources of Training Programs
  - 1. On-Site Training
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- F. College Degrees, Certificate Programs, and College-Level Courses
  - 1. Tier 1
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  - 3. Basis for Approval of Employee Development Plans
  - 4. Fee Reimbursement
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  - 6. University of California Reduced-Fee Enrollment Benefit
  - 7. Procedures and Forms
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- G. Government Licensing and/or Professional Certification
  - 1. Definition
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- H. Professional Research or Teaching Leave
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- I. Professional Renewal Leave

## A. GENERAL

It is the policy of the Laboratory to assist and encourage employees to obtain skills, knowledge, and abilities that increase the effectiveness of work performance in their present position and improve their career opportunities within the Laboratory.

The Human Resources Department will assess Laboratory-wide employee development needs and, based on the availability of resources, sponsor appropriate, relevant training and development programs to meet such needs. Special emphasis will be placed on developmental activities designed to help supervisors, group leaders, department heads, and division directors make good-faith efforts towards meeting the Laboratory's equal employment opportunity and affirmative action goals. The Equal Opportunity Administrator will review and evaluate effectiveness of the employee development programs in relation to the Laboratory's equal employment opportunity and affirmative action goals, and sponsor additional special training as part of the Laboratory's Equal Opportunity Program.

## B. TYPES OF PROGRAMS

### 1. Position-Related Programs

- a. **Definition.** Position-related programs are directly related to the work assignments or conditions of the employee's current position. (See [Paragraph G](#), below, for information on professional licensing, and certification training and associated fees.)
- b. **Responsibility.** In improving performance or mastering responsibilities in the present job, the supervisor takes the lead by identifying development objectives along with corresponding action plans. This is done in conjunction with the employee performance evaluation process.
- c. **Eligibility.** All career employees are eligible for position-related programs. Employees in noncareer appointments are eligible for position-related programs only when such training is specifically necessary for such employees/contract workers to perform their respective assignments. Guests and employees of contract labor agencies are eligible only for Laboratory-provided safety training related to their assignments at the Laboratory.

### 2. Career-Related Programs

- a. **Definition.** Career-related programs are related to the development of skills, knowledge, and other qualifications that prepare an employee for other positions within the Laboratory for which an employee (as evaluated by the supervisor, department head, and the Human Resources Head or designee) might be an effective competitor.
- b. **Responsibility.** In career planning and development, the employee takes the lead by self-assessing skills, values, career interests, and choices. After completion of the

self-assessment, the employee discusses with the supervisor areas of interest to be developed. The supervisor is encouraged to act as the coach and advisor to the employee, helping to map out agreed-on developmental objectives along with corresponding action plans.

- c. **Eligibility.** All career employees are eligible for career-related programs. Employees in noncareer appointments and agency-employed contract labor workers are not eligible for career-related programs.

### **3. Educational Enrichment Programs**

Educational enrichment programs are related to an employee's personal or career interests that are not related to Laboratory positions for which an employee might be an effective competitor. For example, a course such as music would be considered an educational enrichment program. Educational enrichment programs are the employee's responsibility and are not eligible for benefits under this policy.

## **C. SCOPE**

1. Attendance at all courses, seminars, and conferences of an instructional nature given by accredited universities and colleges, institutes, professional associations, and commercial training organizations is considered part of the Laboratory's education and training activities and may be part of a formal employee development plan.
2. For administrative purposes, attendance at scientific meetings, professional society meetings, research conferences, and industrial conventions and shows is considered a work assignment and is not necessarily part of a development plan.

## **D. EMPLOYEE DEVELOPMENT PLANNING**

### **1. Annual Plan**

Every employee's annual performance evaluation must include development goals and a plan for attaining those goals during the coming year.

### **2. Formal Plan**

- a. Every career employee is eligible to request a formal development plan. A formal development plan is developed by the employee and his/her supervisor and should be realistic and state job or career goals that are attainable within the Laboratory's job classification structure. Plans should be structured so that completion of the development program should result in greater employee capability. Formal plans often include a time frame longer than one year.
- b. When an employee takes three or more Laboratory-supported courses or training programs in a fiscal year, the development plan must be formalized by using the Employee Development Plan

form. At a minimum, the plan should include developmental objectives and corresponding action plans for improving or mastering performance in the current position, qualifying for other Laboratory positions, or obtaining a specific degree or certificate of value to the Laboratory's mission (see [Paragraph \(F\)\(1\)](#), below).

## E. SOURCES OF TRAINING PROGRAMS

### 1. On-Site Training

- a. **Intradepartmental Training.** A division director or department head is responsible for arranging specialized training with a department or division. Assistance or advice in any phase of a desired program may be obtained from the Training Administrator in the [Human Resources Department](#).
- b. **Interdepartmental Training.** Various organizational units within the Laboratory, including the Environment, Health, and Safety Division; the Computing Sciences Directorate; and the Human Resources Department, are responsible for developing and/or providing training programs to Laboratory employees in their areas of expertise and that are required by law, or will enhance employee performance. Procedures for attending interdepartmental training may be found on the [Employee Self-Service](#) Web site.
- c. **Apprenticeship Training Programs and Internships.** The [Workforce Diversity Office](#) is responsible for administering apprenticeship training programs, other special skills training, and internships.

### 2. Off-Site Training

- a. With the approval of his or her supervisor and department head or division director, an employee may attend off-site training (e.g., outside seminars and workshops) that will be of direct benefit to the employee's assignment. The division director or department head will approve attendance at off-site training only when the benefits to the Laboratory will, in his or her judgment, more than offset the costs involved, when the required skill or knowledge is not readily available through Laboratory training resources, and when the employee's time away from the Laboratory will not adversely impact current work demands.
- b. The division will pay course fees, travel, and all other expenses as necessary.
- c. See HR Employee Development and Training for procedures for requesting off-site training.

### 3. LBNL Mentoring Policy

LBNL Managers should engage in informal mentoring of promising and ambitious employees who want to take an initiative in improving their professional skills and experiences.

The objective of the mentoring process is to:

- Foster the employee's professional development.
- Encourage cross-functional training and networking.

The role of the mentor is to:

- Be a coach and take an interest in their employee's development.
- Help set personal-development expectations, and work with the employee to design appropriate career-path plans.
- Be available as a respected resource from which the employee can draw knowledge, experience, and wisdom.

The role of the employee is to:

- Take the initiative by regularly interacting with the mentor.
- Monitor existing skills and identify the future skill set required to achieve both career plan objectives and those of the business.
- Gain the respect of the mentor through effective utilization of the advice provided.

## **F. COLLEGE DEGREES, CERTIFICATE PROGRAMS, AND COLLEGE-LEVEL COURSES**

Note: Additional information and clarification of the policies below may be found [here](#). Employees should often review the information contained therein, as it may change without notice.

Career employees who have passed probation may take college-level, certificate, and continuing education courses as described below. Satisfactory job performance is a prerequisite for participation in these Tier 1 and Tier 2 programs.

### **1. Tier 1**

College-level courses leading to an academic degree (A.A., B.S., M.B.A., M.S., Ph.D., etc.) or a certificate (Project Management, Biotechnology Business and Marketing, Java Programming, etc.).

Degree courses must be offered by an accredited college or university. Certificate courses must be offered by an accredited college or university, university extension program, or recognized professional society. Continuing education units (CEUs) may be reimbursed under Tier 1 when they are part of an approved degree or certificate program. These may be either position- or career-related programs (see [paragraphs 2.04\(B\)\(1\)–\(2\)](#)).

### **2. Tier 2**

Career-related academic programs not leading to an academic degree or a certificate. Courses must be offered by an accredited college or university. Continuing education units (CEUs) may be reimbursed under Tier 2 only when offered by a university or college continuing-education program.

### **3. Employee Development Plans**

a. **Tier 1**

The employee must have an *Employee Development Plan* approved by his or her supervisor, division director or Associate Laboratory Director for Operations, and the Human Resources Head or designee.

b. **Tier 2**

The employee must have an *Employee Development Plan* approved by his or her supervisor, division director or Associate Laboratory Director for Operations, and the Human Resources Head or designee, if taking three or more classes in a fiscal year.

c. **Basis for Approval of Employee Development Plans**

The following will be taken into consideration when reviewing employee development plans:

- i. Relevance to the Laboratory's mission
- ii. Mutual benefit to the employee's career and the long-term interests of the Laboratory
- iii. Length of the employee's employment
- iv. Employee's past performance and potential
- v. A reasonable expectation that the employee will remain in the employ of the Laboratory for a sufficient period of time to provide a fair return for the training costs
- vi. The proposed curriculum and timetable for completion are realistic
- vii. The department/division's work needs can be met during any employee absences due to attending class or other absences related to his/her program.

An employee who is denied approval of an Employee Development Plan based on paragraphs [\(F\)\(3\)\(c\)\(i\)–\(vi\)](#) above may request review of the denial by the Head of Human Resources, who will consult with the division director as appropriate. Employees who are denied based on paragraph [\(F\)\(3\)\(c\)\(vii\)](#) above may not request a review by the Head of Human Resources but may resubmit their plan at a later date when the department's or division's work needs may have changed. Denial of an Employee Development Plan based on paragraphs [\(F\)\(3\)\(c\)\(i\)–\(vi\)](#) above is not subject to review under the grievance or administrative policies (see [RPM §2.05\(C\)](#) or [\(D\)](#)). The employee must exhibit satisfactory progress towards attainment of the degree or certificate for continued eligibility under Tier 1, with the understanding that unanticipated department/division work needs may affect that progress.

#### **4. Fee Reimbursement**

- a. Employees must complete the Tuition Reimbursement Request form, and obtain the necessary approvals before registering for classes. Classes taken without prior approval will not be

reimbursed.

- b. Employees may be reimbursed for tuition/education fees, flat course fees, such as charges for UC Extension courses, and laboratory fees when the employee submits proof of successful course completion and receipts for payment of fees to the Training Administrator in the Human Resources Department. Nonresident tuition or other fees not listed are not reimbursable. Successful completion is receipt of at least a "C" for undergraduate work or a "B" for graduate work in accordance with the system of grading used by the institution when the "A-F" system is used. Grades of C- (for undergraduate study) or B- (for graduate study) do not qualify for reimbursement. If there is a choice between receiving a letter grade or a "Pass/Fail" evaluation, the employee must take the letter grade.
  - i. Tier 1 reimbursement is 100% of reimbursable costs.
  - ii. Tier 2 reimbursement is two-thirds of reimbursable costs.
- c. Reimbursement is also allowed when an employee is forced to withdraw from a course because of work requirements, provided he/she submits evidence from the instructor that his/her work in the course was satisfactory at the time of forced withdrawal.
- d. When necessary, the Head of Human Resources or the Training Administrator may advance payment of the costs, provided the employee agrees to return the payment if the he/she is unable to provide evidence of satisfactory completion.
- e. Employees who are eligible for the University of California Reduced-Fee Enrollment Benefit as described in [Paragraph F\(6\)](#) must take advantage of that benefit.
- f. Employees who terminate their employment voluntarily before the end of the quarter or semester are not eligible for reimbursement of fees, and must repay any advance provided under [Paragraph F\(4\)\(d\)](#), above. An employee who is involuntarily laid off and was notified of the layoff after the beginning of the class will either be reimbursed for tuition/course fees paid in advance or are not obligated to repay any advance payment of the costs received.

## 5. Time Off with Pay

Time off with pay may be granted when the employee's absence will not adversely affect progress of work, in accordance with the following provisions:

- a. The employee must remain in career status during the entire quarter or semester.
- b. The course or courses must be listed on the Tuition Reimbursement Request and approved before registration for each academic quarter or semester.
- c. Time off to attend and register for approved courses may be allowed only when such courses

cannot reasonably be taken outside the employee's scheduled working hours.

- d. Time off with pay may not exceed six hours per week, including time for travel and registration. Time off with pay is not allowed for study, library, or faculty consultation time. Additional time required must be accounted for by an adjusted work schedule or by use of vacation credit.
- e. Time off to take Web-based courses is not allowed.

## **6. University of California Reduced-Fee Enrollment Benefit**

- a. Any career employee who has passed probation and who is employed at least 50% time can apply to take courses at a two-thirds reduction of the full-time University of California Registration and Education fee on undergraduate- or graduate-level courses in a regular degree-granting program. The course load may not exceed nine units or three regular session University courses per term, whichever provides the greater benefit to the employee.
- b. The employee must satisfy the University of California residency requirements; otherwise, the employee is subject to the full nonresident fee. A waiver of the nonresident fee will not be given.
- c. The employee must apply for admission by contacting the appropriate UC Office of Admissions to obtain appropriate forms and information for entrance.
- d. Eligible employees attending the University of California must use the reduced fee benefit. Employees must inform the Training Administrator of their intent to attend the University before each quarter or semester.
- e. See the [Human Resources Forms](#) Web page for procedures for obtaining the fee reduction.
- f. The reduced fee is also available for non-job-related courses, but no other benefits of this policy apply, and time off with pay may not be granted to attend these classes.

## **7. Procedures and Forms**

See [HR Employee Development & Training](#) for procedures and forms for Tiers 1 and 2 college degrees, certificate programs, and college-level courses.

## **8. Other Academic Programs and CEU Courses**

Position-related academic programs and CEU courses not leading to an academic degree or a certificate are considered off-site training (see [Paragraphs F\(1\)–\(2\)](#)).

# **G. GOVERNMENT LICENSING AND/OR PROFESSIONAL CERTIFICATION**

## **1. Definition**

For the purposes of this section, government licenses and/or professional certifications are those licenses and certifications required by the employee to hold his or her current position as documented in the position description.

## 2. Continuing Education Courses

Continuing education unit (CEU) courses required for the maintenance of a professional license or certification as noted above are considered position-related courses. The course must be approved by the licensing or certifying agency. The request for course fee reimbursement is the same as for all other position-related training (see [HR Employee Development & Training](#) for forms and procedures).

## 3. License Fees

Fees for license or certification renewals as defined in [Paragraph \(G\)\(1\)](#) above are an allowable expenditure. The request is made in writing to the Office of the Chief Financial Officer and must include:

- Request for *Issuance of Check* form with valid project ID and approval;
- Endorsement by the cognizant division director that the cost is allowable as cited; and
- Copy of the license renewal or issuance documentation.

## H. PROFESSIONAL RESEARCH OR TEACHING LEAVE

To promote the continuing professional growth and competence of senior administrative professional (job titles identified as "professional" in the Human Resources Information System) and scientific staff members, the Laboratory Director may grant professional research or teaching leave to a limited number of employees. Approval and recommendation from the division director must be obtained before submitting the request to the Laboratory Director. Approval for such leave will be based on evidence that the Laboratory will benefit from the proposed work and that the candidate will continue employment at Berkeley Lab or another DOE-funded employer for a reasonable period following the leave. The leave may be spent at appropriate institutions either within or outside the United States.

### 1. Qualifications

The candidate must have outstanding professional ability and propose a firm plan of study, teaching, or research that is clearly relevant to the interests of the Laboratory and within the individual's competence. The candidate must also have been continuously employed by the Laboratory for four years or more. University of California faculty members are eligible to participate in this program if their Laboratory appointment is at 50% or more time during the academic year.

### 2. Salary

Salary payments made by the Laboratory to an employee for professional research or teaching leave

may not exceed the following schedule:

<b>Years of service or years since last professional research or teaching leave</b>	<b>Up to 6 months</b>	<b>6–12 months</b>
4	0.89 salary	0.44 salary
4-1/2	Regular salary	0.50 salary
5	Regular salary	0.56 salary
5-1/2	Regular salary	0.61 salary
6	Regular salary	0.67 salary
7	Regular salary	0.78 salary
8	Regular salary	0.89 salary
9	Regular salary	Regular salary

In the case of a University faculty member with a less than 50% campus appointment, professional research or teaching leave payments may be approved to the extent necessary to offset sabbatical privileges for which the faculty member is ineligible.

### **3. Duration of Leave**

The period of leave will not exceed 12 months.

### **4. Travel Expenses**

Travel expenses will not be reimbursed by the Laboratory.

### **5. Vacation and Sick-Leave Credits**

Vacation and sick-leave credits will not accrue to the employee during the leave.

## **I. PROFESSIONAL RENEWAL LEAVE**

The Laboratory Director may grant professional renewal leave to a limited number of Laboratory managers or scientific personnel who have made outstanding contributions in furtherance of Laboratory objectives. The purpose of professional renewal leave is to provide these individuals an opportunity to attach themselves to external organizations and/or programs for the purpose of professional revitalization and development. These temporary external assignments will be approved based on technical and programmatic relevance, to ensure mutual benefit to both the Laboratory and the employee. The following general provisions apply:

- The candidate must be a recognized senior scientific or management series employee for whom it

would not normally be practical to utilize either the college-level courses program or the professional research or teaching leave.

- The period of leave must not exceed six months.
- Salary payment, vacation, sick leave, and other benefits will continue as if the employee were in full-duty status at the Laboratory.
- The Laboratory may provide travel support in accordance with Laboratory travel policy (see [RPM §11.08](#) (*Travel Policy*)).

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## §2.05 Management/Employee Relations

### [Responsible Manager](#)

Links updated 9/08

**NOTE:** The policies and procedures contained in Sections 2.05(E), (J), and (K) are reproduced exactly as they appear in the corresponding University of California Policies and Procedures and, consequently, use the UC numbering system.

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- 

## **A. AREAS OF RESPONSIBILITY**

Managers and supervisors are responsible for determining and effecting appropriate Laboratory goals and objectives. Managers, supervisors, and employees are expected to work together to achieve those goals and objectives.

### **1. Responsibilities of Managers/Supervisors**

- a. Developing performance expectations
- b. Assigning work and establishing deadlines
- c. Determining training needs
- d. Evaluating performance
- e. Rewarding achievement
- f. Taking corrective action

### **2. Responsibilities of Employees**

- a. Meeting expectations
- b. Performing assigned tasks capably and on time
- c. Staying current in the skills required for their classification
- d. Keeping their supervisors informed about job-related activities
- e. Complying with the rules of the workplace and conducting themselves appropriately

## **B. EARLY PROBLEM RESOLUTION**

### **1. Employees and Supervisors**

When an employee is concerned about a working condition, job safety, rate of pay, job classification, or other matters pertaining to his or her employment at the Laboratory, that employee should contact his or her supervisor. When an employee seeks such counsel, the supervisor should try to help resolve the problem in a reasonable manner. Supervisors should try to prevent the escalation of employee issues by advising and counseling their employees in the early stages of potential problem situations. See also [Paragraph \(G\)](#) (*Employee Assistance Program*), below.

### **2. Labor Employee Relations**

When a supervisor or employee has difficulty resolving a work-related problem, the area Human Resources (HR) Center can provide assistance. The staff of the HR Centers, with the support of the Labor Employee Relations (LER) Unit of the Human Resources Department, are qualified to provide

assistance resolving these problems. They may:

- a. Provide guidance to employees and/or supervisors on possible methods to solve work-related problems. This guidance is provided with the objective of achieving a solution that is workable and consistent with the satisfactory performance of the duties to which the employee has been or may be assigned.
- b. Provide guidance to supervisors on options that may be taken when an employee's performance or conduct does not improve, consistent with Laboratory and University policy and good employee relations.
- c. Advise employees of their rights when an employee believes that he or she has been treated inappropriately.
- d. Refer employees and supervisors to University or Laboratory employee assistance services.

## **C. CORRECTIVE ACTION AND DISMISSAL**

### **1. Policy**

- a. A corrective action may be initiated when an employee fails to meet employment-related standards of conduct or performance including, but not limited to, inattention to duty; failure to follow directions; unsatisfactory performance; insubordination; absenteeism; tardiness; violation of law or Laboratory/University regulations; dishonesty, theft, or misappropriation of public funds or property; timecard falsification; fighting on the job; acts endangering others; gambling; or possession of firearms or explosives. Corrective action can take the form of a written warning, salary decrease, demotion, suspension without pay, or dismissal.
- b. Oral warnings, Performance Improvement Plans (PIP), and counseling memos are not considered corrective actions. In addition, they are not subject to the provisions of [Paragraph \(D\)](#) (*Employee Complaint Resolution*), below.
- c. When corrective action is contemplated for a member of the Professional Research Staff, [RPM §2.07](#) should be reviewed to determine if additional procedures are required.

### **2. Documentation**

Documentation of corrective action should be entered in the employee's personnel file, and copies of such records should be sent to Human Resources–Labor Employee Relations (HR-LER). At the written request of the employee, records of a written warning will be removed from the employee's personnel file if, after two consecutive years, there has been no further conduct or performance of the same or a similar nature.

### **3. Authority to Take Corrective Action**

- a. **Responsible Managers**

Responsible managers are operations department heads, deputy division directors, and division directors and above ([RPM §2.01\(D\)\(3\) \(Laboratory Management\)](#)). Responsible managers, after consultation with HR-LER, may take or authorize corrective action, including dismissal, in accordance with this policy. Supervisors are authorized to issue written warnings. Authorization to take or authorize all other corrective action or dismissal lies exclusively with the responsible manager in consultation with HR-LER.

#### b. **Supervisor Authority**

- i. Written warnings may be issued by a supervisor after consultation with HR-LER.
- ii. A supervisor may immediately place an employee on investigatory leave only in those cases where it is desirable and appropriate to have the employee leave the worksite immediately. Appropriate circumstances include, but are not limited to the following: the employee's continued presence on the job may result in the disruption of operations, may impair the investigation, may result in attempted destruction or sabotage, or may be considered a threat to others or him/herself; or the employee appears visibly impaired as to not being able to continue to perform satisfactorily. (See [RPM 2.05\(C\)\(4\) \(Investigatory Leave\)](#)).
- iii. A supervisor may not take any other corrective action without prior approval of the responsible manager and consultation with HR-LER.

#### 4. **Investigatory Leave**

- a. An employee may be placed on investigatory leave with pay, usually for a period not to exceed 15 calendar days, while a review or investigation is conducted based on alleged actions including, but not limited to, the employee's continued presence on the job may result in disruption of operations, may impair the investigation, may result in attempted destruction or sabotage, may be considered a threat to others or his/her self, or the employee appears visibly impaired as to not be able to continue to perform satisfactorily.
- b. Except as stated in [Paragraph \(C\)\(3\)\(b\)\(ii\) \(Supervisor Authority\)](#) above, a decision to place an employee on investigatory leave may only be made by a responsible manager and after consultation with HR-LER. The leave must be confirmed in writing to the employee, normally no later than five calendar days after the effective date of the leave. The notice must include the reasons for the leave and its expected duration.
- c. The decision to place an employee on investigatory leave is not a corrective action. In addition, it is not subject to the provisions of [Paragraph \(D\) \(Employee Complaint Resolution\)](#).

#### 5. **Written Warnings**

A written warning is the first step of corrective action. At least one written warning should normally

precede any further corrective action, except when corrective action is the result of performance or conduct that an employee knows or reasonably should have known was unsatisfactory. Written warnings must describe: (a) the nature of the offense or deficiency; (b) the method or methods of correction; (c) the probable action to be taken if the offense is repeated or the deficiency persists; and (d) the employee's right to appeal the written warning under [Paragraph \(D\) \(Employee Complaint Resolution\)](#).

## **6. Corrective Action Other Than Written Warnings and Dismissals**

### **a. Written Notice of Intent to Take Corrective Action Other Than Written Warnings and Dismissals**

For corrective action other than written warnings and dismissals, the responsible manager must provide the employee with written notice of intent to take such action before the effective date. This notice must (a) state the intended corrective action, its reason, and the proposed effective date; (b) include a copy of the charges and materials on which the corrective action is based; and (c) state that the employee has the right to respond either orally or in writing within ten calendar days from the date of issuance; and (d) specify to whom the response must be made.

### **b. Written Notice of Corrective Action Other Than Written Warnings and Dismissals**

After the employee's response or 10 calendar days from the date of issuance (whichever comes first), the employee must be notified in writing of the responsible manager's decision. If the responsible manager determines that corrective action is not appropriate, the responsible manager must inform the employee of this fact and state what other action, if any, will be taken. If the responsible manager determines that the corrective action, or a modification thereof, is appropriate, the employee will be notified of the action, the effective date, and advised of his/her right to appeal the action.

## **7. Dismissal of Nonprobationary Career and Term Employees**

Nonprobationary career and term employees may be dismissed for reasons set forth in [Paragraph \(C\)\(1\)\(a\) \(Corrective Action and Dismissal/Policy\)](#). See [RPM §2.21\(C\)](#) for dismissal of non-career employees. Dismissal is normally preceded by some form of corrective action unless the unsatisfactory performance or misconduct is so serious as to warrant immediate dismissal.

### **a. Written Notice of Intent to Dismiss**

A written notice of the intent to dismiss must be given to the employee by a responsible manager, and must (1) state the reason for the intended dismissal; (2) include a copy of the charges and materials on which the intent to dismiss is based; (3) state that the employee has the right to respond either orally or in writing within 10 calendar days from date of issuance; (4) specify to whom the response must be made; and (5) specify the proposed effective date of the dismissal, which must be at least 10 calendar days from the date of the notice of intent to dismiss.

## b. Written Notice of Dismissal

After the employee's response or 10 calendar days from date of issuance (whichever comes first), the employee must be notified in writing by the responsible manager of his or her decision. If the responsible manager determines that dismissal is not appropriate, he or she must inform the employee of this fact and state what other action, if any, will be taken. If the responsible manager determines that dismissal is appropriate, the employee will be so notified. The notice must (1) specify the effective date of dismissal, (2) state the reason for dismissal, and (3) state the employee's right to appeal. If an employee was absent from work without approval during the 10 calendar days for response to the notice of intent or any subsequent days up to and including the day of dismissal, the days absent are without pay.

## D. EMPLOYEE COMPLAINT RESOLUTION

### 1. Policy

It is the policy of the Laboratory to encourage and facilitate the resolution of employee complaints in a prompt and equitable manner. An employee should first attempt to resolve a complaint with his/her immediate supervisor. An employee may also attempt to resolve a complaint with the assistance of the [Ombudsman Program](#). Efforts to resolve the matter informally, however, do not extend the deadline for filing a written request for formal review.

### 2. Scope

a. A formal complaint is defined as:

- i. A claim by an individual employee regarding a specific management act that is alleged to have adversely affected the employee's existing terms and conditions of employment, or
- ii. A claim by an individual employee that he/she has been adversely affected by a management action in violation of a provision of the Laboratory's [Regulations and Procedures Manual \(RPM\) \(LBNL/PUB-201\)](#).

b. No formal complaint filed under this Employee Complaint Resolution policy may raise or contest any of the following actions or issues:

- i. Classification of a position, salary ranges, or the percent change in the employee's salary as a result of the annual salary review process or a reclassification.
- ii. Management actions that are within the scope and authority of management responsibilities and rights including, but not limited to, hiring decisions or other similar employment-related actions, temporary work deferment and temporary reduction in time decisions, decisions to reorganize and reassign work, funding or not funding projects, or decisions to

support a particular research effort.

- iii. An employee's performance evaluation unless the overall rating is less than "Acceptable," as defined in the then-current performance review process.
- iv. As otherwise set forth in the RPM as not being subject to this Employee Complaint Resolution Policy.

Concerns or inquiries regarding these issues may be submitted to the Head of Human Resources for consideration.

- c. The Head of Human Resources will determine whether a complaint is within the scope of this Complaint Resolution Policy. An employee may appeal this decision to the University of California, Office of the President, Office of Employee Relations, which has the final responsibility for determining whether a complaint is within the scope of this policy. An appeal to the Office of the President shall include copies of the original grievance and related documents, and shall be received within 20 calendar days of the date of the local decision.

### **3. Eligibility**

The right to submit a formal complaint under this policy is provided to all career and term employees covered by the RPM from the beginning of employment, with the following exceptions:

- a. Employees required to serve a probationary period cannot submit a complaint concerning release during their probationary period.
- b. Senior managers whose appointments are "at will" cannot submit a complaint concerning termination of the appointment. See [RPM §2.01\(D\)\(3\) \(Laboratory Management\)](#).
- c. Employees in term appointments cannot submit a complaint concerning termination at the end of their appointment.

Employees who are not eligible to file a formal complaint may raise allegations of discrimination and/or allegations of retaliation for participating in the complaint resolution process up to Step II of the formal process.

### **4. Time Limits**

Time limitations set forth below are expressed in calendar days unless otherwise noted. The Laboratory's annual winter holiday shutdown period automatically extends the time limit by the length of the shutdown. If the employee complaint is not appealed to the next step of the procedure within the applicable time limits, and an extension has not been agreed to in advance, the complaint will be considered resolved on the basis of the last Laboratory management response and shall be considered ineligible for further appeal.

Issues regarding timeliness of the initial filing of the complaint and any response/action required by the employee or management will be determined by the Head of Human Resources. An employee may appeal this decision to the University of California, Office of the President, Office of Employee Relations, which has the final responsibility for determining whether a complaint is within the time limits of this policy. An appeal to the UC Office of the President shall include copies of the original grievance and related documents, and shall be received within 20 calendar days of the date of the local decision.

## 5. Informal Review

An employee who has a complaint should discuss it with his or her immediate supervisor or the next higher level of management in order to provide a reasonable opportunity to resolve the complaint informally. Various problem-solving options might be used to facilitate informal resolution. HR-LER can assist employees and supervisors in their efforts to informally resolve problems. Efforts to resolve the dispute informally do not extend the required 30-calendar-day filing date. However, if an informal solution is actively being pursued and it appears that such a solution may resolve the dispute, the time period for appeal to Step I of the Formal Review Process may be extended for an additional 30 calendar days if approved in writing by the Head of Human Resources.

An employee who has a question concerning the interpretation or application of Laboratory or University personnel policies, including those related to employee rights, nondiscrimination, working conditions, or other personnel matters, is encouraged to consult with his or her supervisor, responsible manager, the HR Center, or HR-LER, and in the case of the Laboratory policy on nondiscrimination ([RPM §2.01\(A\) \(Nondiscrimination and Affirmative Action\)](#)), the Manager, Equal Employment Opportunity/Affirmative Action (EEO/AA).

## 6. Formal Review

### a. General Provisions

- i. **Representation.** An employee may be self-represented or represented by another person at any stage of the formal review of a complaint. The responsible manager may be represented by Laboratory Counsel, the University of California Office of the General Counsel, or otherwise as the Laboratory Counsel deems appropriate.
- ii. **Retaliation.** No employee shall be subject to retaliation for using or participating in the complaint resolution process.
- iii. **Time Limits.** It is the intent of the Laboratory to complete the complaint resolution process in a timely manner. However, when circumstances warrant, the time limits may be extended by the Head of Human Resources. It is the intent that the process be completed through Step II within 60 calendar days, and the appeal be completed through Step III within the time frame stated below. The process to select the Hearing Officer in Step III should be accomplished within 30 calendar days of the appeal to Step III. The Laboratory

and the employee or the employee's representative should secure the earliest practicable hearing date from the Hearing Officer. The Hearing Officer will be requested to issue his/her decision or report within 30 calendar days of the close of the hearing. When the Hearing Officer's report is advisory to the Director, the Director should issue the final decision within 30 calendar days of receipt of the report and recommendation (see [Paragraph \(D\)\(6\)\(d\) \(Step III: Appeal to a Hearing\)](#)), below. As stated above, once a complaint has been filed on a timely basis, the Head of Human Resources may extend any subsequent time limit in the complaint resolution process. Such extension(s) must (1) be in writing, (2) include the reason for the extension, and (3) be given to the employee and the responsible manager.

- iv. **Computation of Time Limits.** Any time limit, including the original filing time limit that expires on a Saturday, Sunday, administrative holiday, or other nonworking day observed by the Laboratory will be extended to the next scheduled working day.
- v. **Pay Status for Time Spent in Complaint Resolution.** The responsible manager will approve requests for reasonable time off with pay during scheduled working hours for an employee and/or an employee's representative (if the representative is a Laboratory employee, and such representation is not paid for by the employee filing the complaint or by others) for time spent in informal resolution of a complaint, investigating a complaint, and presenting a grievance complaint at a formal hearing. Time spent by the employee or the representative in the above activities outside scheduled working hours is without pay. Time spent by an employee and/or an employee's representative in preparing for the various steps of the complaint resolution procedure (e.g., preparation of documents, preparing testimony, investigation) is unpaid. An employee who serves as a witness will be on pay status while testifying at a hearing. In addition, the responsible manager must grant reasonable time off with pay during scheduled working hours to an employee-witness for other meetings related to resolution of an employee complaint; however, an employee-witness's time spent outside of scheduled working hours, other than testifying at a hearing, will be without pay.
- vi. **Informal Resolution.** Informal resolution of a complaint may be agreed to by the employee and responsible manager at any stage of the complaint resolution process.
- vii. **Review and Appeal.** All complaints that are within the scope of this policy are eligible for review through [Steps I](#) and [II](#). Only those complaints listed in [Paragraph \(D\)\(6\)\(d\)\(ii\)](#), below, can be appealed to Step III.
- viii. **Termination of Complaint Resolution Procedure.** If the employee resigns prior to the completion of the complaint resolution procedure, the process ends regardless of the stage. If one or more employees in a complaint resolution procedure terminates voluntarily or resigns prior to the end of the procedure, the process continues only for the remaining employees.

**b. Step I: Appeal to the Responsible Manager**

- i. Complaints that are within the scope of [Paragraph \(D\) \(Employee Complaint Resolution\)](#) must be submitted in writing to the Manager, HR-LER, for transmittal to the responsible manager. The complaint must be filed within 30 calendar days of the date on which the employee knew or could reasonably be expected to have known of the event or action that gave rise to the complaint, or within 30 calendar days after the last day of employment, whichever occurs first. A former employee separated by layoff who is eligible for recall or preference for reemployment as provided in [RPM §2.21\(B\)\(9\) \(Reemployment from Layoff\)](#) may file a complaint alleging violations of the recall or preference for reemployment provisions within 30 calendar days after the date on which the employee knew or could be reasonably expected to know of the alleged violation.
- ii. When a complaint alleges sexual harassment, the complainant may elect to substitute the University of California Procedures for Responding to Complaints of Sexual Harassment ([Paragraph E](#)) to attempt to resolve the issue. The complaint is considered to be filed in a timely manner if it is filed within 30 calendar days after the alleged incident or action occurred. If the attempt to resolve the complaint is unsuccessful, the complainant may proceed to [Step II](#) of this procedure.
- iii. The written complaint must describe the specific actions that are requested for review, the specific provisions of the RPM alleged to have been violated, the manner in which it was violated, how the employee was adversely affected, and the specific remedy requested.
- iv. The responsible manager must provide a written decision to the employee within 21 calendar days unless the deadline is extended by the Head of Human Resources under the conditions stated in [Paragraph \(D\)\(6\)\(a\)\(iii\)](#), above.
- v. If the responsible manager does not respond within the stated deadline or extension thereof, or the employee does not agree with the decision, the employee has the right to appeal to [Step II](#) of the Complaint Resolution Policy.

**c. Step II: Appeal to the Associate Laboratory Director for Operations**

- i. If the employee elects to appeal the responsible manager's decision, the employee must submit a written appeal to the Manager, HR-LER, within 15 calendar days of receipt of the responsible manager's decision or the date the decision was due. The appeal must specify the aspects of the complaint that have not been resolved by the decision of the responsible manager, and specifically state the issues that are being appealed in Step II.
- ii. If the issues under review are not eligible for appeal to [Step III](#), the Associate Laboratory

Director for Operations (ALDO) or the employee may request an Independent Party Reviewer (IPR). The IPR will conduct fact-finding and, if asked by the ALDO, make recommendations regarding the complaint and requested remedies. The IPR is selected by the ALDO. The employee and the management representative shall have an opportunity to meet with and present information directly to the IPR. The IPR may engage in further review and investigation as he/she deems necessary and appropriate. After the conclusion of the IPR review, the IPR will submit his/her report to the ALDO. The ALDO will consider the report of the IPR and other relevant information, and will issue a written decision to the employee and the responsible manager. The decision of the ALDO is final for all complaints that are ineligible for [Step III](#).

- iii. An employee may elect to have an IPR review his/her complaint even though it is eligible for appeal to [Step III](#). If this occurs, the decision of the ALDO is final, and the complaint cannot be appealed to [Step III](#), as set forth in [Paragraph \(D\)\(6\)\(d\)\(ii\)](#), below.
- iv. If a complaint filed under this section involves an action initiated by the ALDO, the Deputy Director will have the authority for the Step II process and any required appointments or decisions. If the complaint involves an action taken by the Laboratory Director, it will be forwarded to the University of California, Office of the President, for final resolution.

#### d. **Step III: Appeal to a Hearing**

- i. If the employee elects to appeal the ALDO's decision for matters that are eligible for appeal to Step III, the employee shall submit a written appeal to the Manager, HR-LER, within 15 calendar days of receipt of the ALDO's decision. The appeal shall specify the aspects of the complaint that have not been resolved by the ALDO, and specifically state the issues that are being appealed in Step III of this process.
- ii. Complaints not satisfactorily resolved at [Step II](#) that allege specific violations of personnel policies listed below may be appealed in writing to the Step III hearing process. The appeal will be heard by a Hearing Officer.

(a) **Final and Binding Hearing.** The Hearing Officer will render a final and binding decision when the issue reviewed under this policy alleges violations of the following policies:

- (1) Discriminatory practices as listed in RPM [§2.01\(A\) \(Nondiscrimination and Affirmative Action\)](#) pertaining only to an alleged discriminatory application of a personnel policy listed below in this section.
- (2) Hours of work
- (3) Overtime
- (4) Shift and weekend differential
- (5) Holidays
- (6) Vacation (except the scheduling of a vacation)

- (7) Sick leave
- (8) Leave of absence
- (9) Corrective action and dismissal as defined in [Paragraph \(C\) \(Corrective Action and Dismissal Policy\)](#), and the employee had nonprobationary career or term status at the time the complaint was filed.
- (10) Medical separation
- (11) Layoff or reduction in time for career employees pertaining only to the notice, order of layoff, recall, or preference for reemployment provisions in [RPM §2.21\(B\)](#). The management decision to implement a layoff or reduction in time is not subject to any provisions of this complaint resolution policy.
- (12) Retaliation for utilizing the complaint resolution process.

(b) **Advisory Hearings.** The Hearing Officer will render an advisory decision and recommendation to the Laboratory Director, who will render a final and binding decision for the following two issues:

- (1) Harassment as defined in [RPM §2.01\(A\)\(2\)\(c\)](#), the *University of California Policy on Sexual Harassment (Anti-Harassment Policy)*.
- (2) Retaliation for filing an allegation of improper government activity (whistleblower), filing an allegation of discrimination or harassment, or filing an allegation of scientific misconduct. See also [RPM §2.05\(K\) \(Protection of Whistleblowers from Retaliation, and Guidelines for Reviewing Complaints \(Whistleblower Protection Policy\)\)](#).

### iii. Hearing Process

#### (a) Selection of the Hearing Officer

(1) The Laboratory will maintain a list of professional non-University hearing officers. These hearing officers will hear all Step III appeals. The cost of these Laboratory/University hearing officers will be borne by the Laboratory. The responsible manager and the employee or their representative(s) will select a hearing officer by striking names of available members on the list until a hearing officer is selected. The determination of who strikes first will be determined by the toss of a coin.

(2) As an alternative to the procedures set forth directly above, the employee may elect, in writing, that the hearing be heard by a non-University hearing officer selected from a list other than that maintained by the Laboratory. The Laboratory shall obtain a list of five names of prospective non-University hearing officers from the Federal Mediation and Conciliation Service (FMCS) who (1) are National Academy of Arbitrators (NAA) members and (2) reside in or geographically serve the Berkeley Lab locale. Using this list, the responsible

manager and the employee or their representative(s) will select a hearing officer by striking names of available members on the list until a hearing officer is selected. The determination of who strikes first will be determined by the toss of a coin.

The election of this alternative non-University hearing officer selection procedure may result in a cost to the employee. If the issue is one in which the decision of the hearing officer is final and binding, the fees will be borne equally by the Laboratory and the employee. If the issue is one in which the hearing officer makes a recommendation to the Laboratory Director:

- The fees and costs of the hearing officer will be borne equally by the Laboratory and the employee if the Laboratory Director accepts the recommended decision of the hearing officer.
- If the Laboratory Director rejects or substantively changes a recommended decision of a hearing officer under this section, the fee will be borne by the Laboratory.

(b) The hearing process provides an opportunity for the employee and the responsible manager or their representatives to examine witnesses and submit relevant evidence. See [Paragraph \(D\)\(6\)\(a\)\(i\) \(\*Representation\*\)](#) above. Each party will provide the other with the documents and other materials that it intends to use at the hearing, and the names of all witnesses who are to be called to testify at the hearing. This material-and-witness list should be provided at least 14 calendar days before the hearing.

(c) The hearing will be closed to nonparticipants.

(d) The hearing will be recorded unless a stenographic record is prepared. A copy of the recording tapes will be given to the employee. Either party may make provisions for a stenographic record of the hearing, subject to payment of the cost, or the parties may agree in advance to share the expense of a stenographic record.

#### iv. Responsibility and Authority of the Hearing Officer

(a) The Hearing Officer will:

- (1) Identify the issues submitted in the original written complaint for hearing.
- (2) Conduct a hearing to determine the facts and whether the management action that resulted in the complaint was in violation of Laboratory policies or procedures, or if the complaint involves corrective action or dismissal, and whether the management action was reasonable under the circumstances.
- (3) Submit a written hearing report. If the nature of the decision is advisory, the report will be provided to the Laboratory Director. If the decision is final

and binding, the report will be provided to the employee filing the complaint, the manager, HR-LER, and the Responsible Manager.

(b) The hearing report will include a description of the following:

- (1) Each incident or management action that resulted in the complaint.
- (2) Each issue under submission.
- (3) The positions of the parties.
- (4) The findings of fact and any policy violations. Findings of fact must be supported by the evidence, and the decision, whether final and binding or recommended, must be supported by the findings.

(c) The Hearing Officer will have authority to issue a final and binding decision for complaints related to issues listed in [Paragraph \(D\)\(6\)\(d\)\(ii\)\(a\)](#) above. For all other complaints, the Hearing Officer will have authority to issue an advisory recommendation only. The advisory recommendation will be made to the Laboratory Director.

(d) The Hearing Officer shall have no authority to depart from, or otherwise modify, Laboratory or University personnel policies.

(e) If the management action under review is determined to be in violation of Laboratory policy or if the corrective action or dismissal is determined not to be reasonable under the circumstances, the remedy shall not exceed restoring to the employee the pay, benefits, or rights lost as a result of the action, less any income earned from any other source or any other employment.

(f) Except by mutual agreement of both parties, no new issues may be added to a complaint or introduced at a hearing that were not included in the original written complaint.

(g) The resolution of an employee complaint must be in accordance with Laboratory policies. Any decision, whether recommended or final and binding, that involves an exception to Laboratory or University policy requires the prior approval of the Office of the President of the University of California.

v. **Decision of the Laboratory Director**

A recommended decision of a hearing officer will be accepted, rejected, or modified by the Laboratory Director within 15 calendar days after receipt. The decision of the Laboratory Director is final and binding for those issues as identified in [Paragraph \(D\)\(6\)\(d\)\(ii\)\(b\)](#). The decision will be made in writing and forwarded to the parties with a copy of the hearing officer's report.

vi. **General Hearing Provisions**

(a) **Similar Complaints.** When agreed upon by the employees and Laboratory before the

hearing, individual complaints of two or more employees may be included in one hearing when the complaints were caused by the same action. All complaints from one employee that relate to a single incident or issue must be included in one hearing.

(b) **Jurisdiction.** An employee is subject to the hearing procedures of the campus or facility where the action that resulted in the complaint occurred, or as approved by the University of California, Office of the President, Office of Employee Relations.

(c) **Facilities.** HR-LER will be responsible for making all physical arrangements, including tape recording of the hearing, providing staff and clerical assistance to the hearing officer as required, ensuring that all parties are advised of procedural requirements, and keeping the calendar record of the complaint process.

(d) HR-LER will receive copies of all reports and documents pertaining to the complaint and will be the official custodian of the complete files and tapes.

## E. UNIVERSITY OF CALIFORNIA PROCEDURES FOR RESPONDING TO REPORTS OF SEXUAL HARASSMENT

**NOTE:** These procedures are reproduced exactly as they appear in the *University of California Procedures for Responding to Reports of Sexual Harassment* and, consequently, use the UC numbering system.

**NOTE:** When the following UC procedures refer to *Appendix I: University Complaint Resolution and Grievance Procedures*, there will also be a link to [RPM §2.05\(D\)](#) (*Employee Complaint Resolution*). This is the complaint resolution procedure for non-represented Laboratory employees. When the following UC procedures refer to *Appendix II: University Disciplinary Procedures*, there will also be a link to [RPM §2.05\(C\)](#) (*Corrective Action and Dismissal*), which is the Corrective Action policy for non-represented Laboratory employees. The policies contained therein are the approved Human Resources policies for Lawrence Berkeley National Laboratory nonrepresented employees. Represented employees should refer to their collective bargaining agreements for applicable policies.

**NOTE:** Laboratory-specific information may be found [here](#).

The campuses, DOE Laboratories, Medical Centers, the Office of the President, including Agriculture and Natural Resources, and all auxiliary University locations (the locations) shall implement the following procedures for responding to reports of sexual harassment.

The primary purpose of the procedures is to require the locations (1) to offer sexual harassment training and education to all members of the University community and to provide, consistent with California Government Code 12950.1, sexual harassment training and education to each supervisory employee; (2) to provide all members of the University community with a process for reporting sexual harassment in accordance with the policy; and (3) to provide for prompt and effective response to reports of sexual harassment in accordance

with the policy.

These procedures also cover reports of retaliation related to reports of sexual harassment. Any exceptions to these procedures must be approved by the Senior Vice President—Business and Finance.

## **A. Local Sexual Harassment Resources**

### **1. Title IX Compliance Coordinator (Sexual Harassment Officer)**

Each location shall designate a Title IX Compliance Coordinator (Sexual Harassment Officer) whose responsibilities include, but may not be limited to, the duties listed below.

- a. Plan and manage the local sexual harassment education and training programs. The programs should include wide dissemination of this policy to the University community; providing educational materials to promote compliance with the policy and familiarity with local reporting procedures; and training University employees responsible for reporting or responding to reports of sexual harassment.
- b. Develop and implement local procedures to provide for prompt and effective response to reports of sexual harassment in accordance with this policy, and submit the local procedures to the Associate Vice President, Human Resources and Benefits for review and approval.
- c. Maintain records of reports of sexual harassment at the location and actions taken in response to reports, including records of investigations, voluntary resolutions, and disciplinary action, as appropriate.
- d. Prepare and submit an annual report to the Office of the President, for submission to The Regents, on sexual harassment complaint activity during the preceding calendar year in a format specified by the Associate Vice President, Human Resources and Benefits.

### **2. Trained Sexual Harassment Advisors**

Local procedures may designate trained individuals other than the Title IX Compliance Coordinator (Sexual Harassment Officer) to serve as additional resources for members of the University community who have questions or concerns regarding behavior that may be sexual harassment.

The names and contact information for the Title IX Compliance Coordinator (Sexual Harassment Officer) and any designated trained sexual harassment advisors shall be posted with the [University's Policy on Sexual Harassment](#) on the location's Web site and be readily accessible to the University community.

## **B. Procedures for Reporting and Responding to Reports of Sexual Harassment**

### **1. Making Reports of Sexual Harassment**

All members of the University community are encouraged to contact the Title IX Compliance Coordinator (Sexual Harassment Officer) if they observe or encounter conduct that may be subject to the [University's Policy on Sexual Harassment](#). Reports of sexual harassment may be brought to the Title IX Compliance Coordinator (Sexual Harassment Officer); to a human resources coordinator; or to any manager, supervisor, or other designated employee responsible for responding to reports of sexual harassment. If the person to whom harassment normally would be reported is the individual accused of harassment, reports may be made to another manager, supervisor, human resources coordinator, or designated employee. Managers, supervisors, and designated employees shall be required to notify the Title IX Compliance Coordinator (Sexual Harassment Officer) or other appropriate official designated to review and investigate sexual harassment complaints when a report is received.

Reports of sexual harassment shall be brought as soon as possible after the alleged conduct occurs, optimally within one year. Prompt reporting will enable the University to investigate the facts, determine the issues, and provide an appropriate remedy or disciplinary action. For reports of sexual harassment brought after one year, locations shall respond to reports of sexual harassment to the greatest extent possible, taking into account the amount of time that has passed since the alleged conduct occurred.

## **2. Options for Resolution**

Individuals making reports of sexual harassment shall be informed about options for resolving potential violations of the [Policy on Sexual Harassment](#). These options shall include procedures for Early Resolution, procedures for Formal Investigation, and filing complaints or grievances under applicable University complaint resolution or grievance procedures. Individuals making reports also shall be informed about policies applying to confidentiality of reports under this policy ([see F below](#)). Locations shall respond to the greatest extent possible to reports of sexual harassment brought anonymously or brought by third parties not directly involved in the harassment. However, the response to such reports may be limited if information contained in the report cannot be verified by independent facts.

Individuals bringing reports of sexual harassment shall be informed about the range of possible outcomes of the report, including interim protections, remedies for the individual harmed by the harassment, and disciplinary actions that might be taken against the accused as a result of the report, including information about the procedures leading to such outcomes.

An individual who is subjected to retaliation (e.g., threats, intimidation, reprisals, or adverse employment or educational actions) for having made a report of sexual harassment in good faith, who assisted someone with a report of sexual harassment, or who participated in any manner in an investigation or resolution of a report of sexual harassment, may make a report of retaliation under these procedures. The report of retaliation shall be treated as a report of sexual harassment and will be subject to the same procedures.

### **3. Procedures for Early Resolution**

The goal of Early Resolution is to resolve concerns at the earliest stage possible, with the cooperation of all parties involved. Locations are encouraged to utilize Early Resolution options when the parties desire to resolve the situation cooperatively and/or when a Formal Investigation is not likely to lead to a satisfactory outcome. Early Resolution may include an inquiry into the facts, but typically does not include a formal investigation. Means for Early Resolution shall be flexible and encompass a full range of possible appropriate outcomes. Early Resolution includes options such as mediating an agreement between the parties, separating the parties, referring the parties to counseling programs, negotiating an agreement for disciplinary action, conducting targeted educational and training programs, or providing remedies for the individual harmed by the harassment. Early Resolution also includes options such as discussions with the parties, making recommendations for resolution, and conducting a follow-up review after a period of time to assure that the resolution has been implemented effectively. Early Resolution may be appropriate for responding to anonymous reports and/or third-party reports. Steps taken to encourage Early Resolution and agreements reached through early resolution efforts should be documented.

While the University encourages early resolution of a complaint, the University does not require that parties participate in Early Resolution prior to the University's decision to initiate a formal investigation. Some reports of sexual harassment may not be appropriate for early resolution, but may require a formal investigation at the discretion of the Title IX Compliance Coordinator (Sexual Harassment Officer) or other appropriate official designated to review and investigate sexual harassment complaints.

### **4. Procedures for Formal Investigation**

In response to reports of sexual harassment in cases where Early Resolution is inappropriate (such as when the facts are in dispute in reports of serious misconduct, or when reports involve individuals with a pattern of inappropriate behavior, or allege criminal acts such as stalking, sexual assault, or physical assault) or in cases where Early Resolution is unsuccessful, the location may conduct a Formal Investigation. In such cases, the individual making the report shall be encouraged to file a written request for Formal Investigation. The wishes of the individual making the request shall be considered, but are not determinative, in the decision to initiate a Formal Investigation of a report of sexual harassment. In cases where there is no written request, the Title IX Compliance Coordinator (Sexual Harassment Officer) or other appropriate official designated to review and investigate sexual harassment complaints, in consultation with the administration, may initiate a Formal Investigation after making a preliminary inquiry into the facts.

Formal Investigation of reports of sexual harassment shall incorporate the following standards:

- a. The individual(s) accused of conduct violating the [Policy on Sexual Harassment](#) shall be provided a copy of the written request for Formal Investigation or otherwise given a full and complete written statement of the allegations, and a copy of the [Policy on Sexual Harassment](#) and [Procedures for Responding to Reports of Sexual Harassment](#).
- b. The individual(s) conducting the investigation shall be familiar with the [Policy on Sexual Harassment](#) and have training or experience in conducting investigations.
- c. The investigation generally shall include interviews with the parties if available, interviews with other witnesses as needed, and a review of relevant documents as appropriate. Disclosure of facts to parties and witnesses shall be limited to what is reasonably necessary to conduct a fair and thorough investigation. Participants in an investigation shall be advised that maintaining confidentiality is essential to protect the integrity of the investigation.
- d. Upon request, the complainant and the accused may each have a representative present when he or she is interviewed. Other witnesses may have a representative present at the discretion of the investigator or as required by applicable University policy or collective bargaining agreement.
- e. At any time during the investigation, the investigator may recommend that interim protections or remedies for the complainant or witnesses be provided by appropriate University officials. These protections or remedies may include separating the parties, placing limitations on contact between the parties, or making alternative working or student housing arrangements. Failure to comply with the terms of interim protections may be considered a separate violation of the Policy on Sexual Harassment.
- f. The investigation shall be completed as promptly as possible and in most cases within 60 working days of the date the request for formal investigation was filed. This deadline may be extended on approval by a designated University official.
- g. Generally, an investigation should result in a written report that at a minimum includes a statement of the allegations and issues, the positions of the parties, a summary of the evidence, findings of fact, and a determination by the investigator as to whether University policy has been violated. The report also may contain a recommendation for actions to resolve the complaint, including educational programs, remedies for the complainant, and a referral to disciplinary procedures as appropriate. The report shall be submitted to a designated University official with authority to implement the actions necessary to resolve the complaint. The report may be used as evidence in other related procedures, such as subsequent complaints, grievances and/or disciplinary actions.
- h. The complainant and the accused shall be informed promptly in writing when the investigation is completed. The complainant shall be informed if there were findings made that the policy was or was not violated and of actions taken to resolve the complaint, if any, that are directly related to the complainant, such as an order that the accused not contact the complainant. In accordance with University policies protecting individuals' privacy, the complainant may generally be notified that the matter has been referred for disciplinary action, but shall not be informed of the details of the recommended

disciplinary action without the consent of the accused.

- i. The complainant and the accused may request a copy of the investigative report pursuant to University policy governing privacy and access to personal information. However, the report shall be redacted to protect the privacy of personal and confidential information regarding all individuals other than the individual requesting the report in accordance with University policy.

### **C. Complaints or Grievances Involving Allegations of Sexual Harassment**

An individual who believes he or she has been subjected to sexual harassment may file a complaint or grievance pursuant to the applicable complaint resolution or grievance procedure listed in [Appendix I: University Complaint Resolution and Grievance Procedures](#). Such complaint or grievance may be filed either instead of or in addition to making a report of sexual harassment to the Title IX Compliance Coordinator (Sexual Harassment Officer) or other appropriate official designated to review and investigate sexual harassment complaints under this policy. A complaint or grievance alleging sexual harassment must meet all the requirements under the applicable complaint resolution or grievance procedure, including time limits for filing.

If a complaint or grievance alleging sexual harassment is filed in addition to a report made to the Title IX Compliance Coordinator (Sexual Harassment Officer) or other appropriate official designated to review and investigate sexual harassment complaints under this policy, the complaint or grievance shall be held in abeyance subject to the requirements of any applicable complaint resolution or grievance procedure, pending the outcome of the Early Resolution or Formal Investigation procedures. If the individual wishes to proceed with the complaint or grievance, the Early Resolution or Formal Investigation shall constitute the first step or steps of the applicable complaint resolution or grievance procedure.

An individual who has made a report of sexual harassment also may file a complaint or grievance alleging that the actions taken in response to the report of sexual harassment did not follow University policy. Such a complaint or grievance may not be filed to address a disciplinary sanction imposed upon the accused. Any complaint or grievance regarding the resolution of a report of sexual harassment under this procedure must be filed in a timely manner. The time period for filing begins on the date the individual was notified of the outcome of the sexual harassment investigation or other resolution process pursuant to this policy, and/or of the actions taken by the administration in response to the report of sexual harassment, whichever is later.

### **D. Remedies and Referral to Disciplinary Procedures**

Findings of violations of the [Policy on Sexual Harassment](#) may be considered in determining remedies for individuals harmed by the sexual harassment and shall be referred to applicable local disciplinary procedures ([Appendix II: University Disciplinary Procedures](#)). Procedures under

this policy shall be coordinated with applicable local complaint resolution, grievance, and disciplinary procedures to avoid duplication in the fact-finding process whenever possible. Violations of the policy may include engaging in sexual harassment, retaliating against a complainant reporting sexual harassment, violating interim protections, and filing intentionally false charges of sexual harassment. Investigative reports made pursuant to this policy may be used as evidence in subsequent complaint resolution, grievance, and disciplinary proceedings as permitted by the applicable procedures.

#### **E. Privacy**

The University shall protect the privacy of individuals involved in a report of sexual harassment to the extent required by law and University policy. A report of sexual harassment may result in the gathering of extremely sensitive information about individuals in the University community. While such information is considered confidential, University policy regarding access to public records and disclosure of personal information may require disclosure of certain information concerning a report of sexual harassment. In such cases, every effort shall be made to redact the records in order to protect the privacy of individuals. An individual who has made a report of sexual harassment may be advised of sanctions imposed against the accused when the individual needs to be aware of the sanction in order for it to be fully effective (such as restrictions on communication or contact with the individual who made the report). However, information regarding disciplinary action taken against the accused shall not be disclosed without the accused's consent, unless it is necessary to ensure compliance with the action or the safety of individuals.

#### **F. Confidentiality of Reports of Sexual Harassment**

Each location shall identify confidential resources with whom members of the University community can consult for advice and information regarding making a report of sexual harassment. These resources provide individuals who may be interested in bringing a report of sexual harassment with a safe place to discuss their concerns and learn about the procedures and potential outcomes involved. These resources shall be posted on the location's website and prominently displayed in common areas. Confidential resources include campus ombudspersons and/or licensed counselors in employee assistance programs or student health services. Individuals who consult with confidential resources shall be advised that their discussions in these settings are not considered reports of sexual harassment and that without additional action by the individual, the discussions will not result in any action by the University to resolve their concerns.

The locations shall notify the University community that certain University employees, such as the Title IX Compliance Coordinator (Sexual Harassment Officer), managers, supervisors, and other designated employees have an obligation to respond to reports of sexual harassment, even if the individual making the report requests that no action be taken. An individual's requests regarding the confidentiality of reports of sexual harassment will be considered in

determining an appropriate response; however, such requests will be considered in the dual contexts of the University's legal obligation to ensure a working and learning environment free from sexual harassment and the due process rights of the accused to be informed of the allegations and their source. Some level of disclosure may be necessary to ensure a complete and fair investigation, although the University will comply with requests for confidentiality to the extent possible.

### **G. Retention of Records Regarding Reports of Sexual Harassment**

The office of the Title IX Compliance Coordinator (Sexual Harassment Officer) is responsible for maintaining records relating to sexual harassment reports, investigations, and resolutions. Records shall be maintained in accordance with University records policies, generally five years after the date the complaint is resolved. Records may be maintained longer at the discretion of the Title IX Compliance Coordinator (Sexual Harassment Officer) in cases where the parties have a continuing affiliation with the University. All records pertaining to pending litigation or a request for records shall be maintained in accordance with instructions from legal counsel.

## **F. VIOLENCE IN THE WORKPLACE**

### **1. Policy**

It is the policy of the Laboratory to create and maintain a community in which we can work together in an atmosphere of respect and civility, free of harassing and threatening behaviors. Laboratory policies are designed to protect and promote the rights of members of the Berkeley Lab community and to prevent actions that interfere with those rights and with the Laboratory's mission. Any threat or violent act by an individual associated with Berkeley Lab, including any employee, contractor, guest, or student, will be considered serious misconduct and may be the basis for disciplinary action or dismissal. Such an act may be reported to local law enforcement officials for appropriate action.

### **2. Crisis Action Team**

To assist managers and individuals in assessing situations involving workplace violence, the Laboratory has established a Crisis Action Team (CAT), composed of Berkeley Lab and University of California, Berkeley, campus units with special expertise and professional training. These units work together to deal with verbal and physical behaviors perceived as disruptive, intimidating, threatening, or violent. CAT helps clarify the management of situations (including legal and psychological issues), coordinates communication, and monitors resolution of incidents.

### **3. Immediate Assistance**

If an employee believes he or she needs assistance, he or she should call the Manager of Labor/Employee Relations. If he or she is experiencing an immediate threat, he or she should dial 7911 (or 9-911 from a campus phone).

## **G. EMPLOYEE ASSISTANCE PROGRAM**

### **1. Policy**

The Laboratory's policy is to ensure that employees are offered confidential assistance in resolving such problems as alcoholism, drug abuse, emotional disturbances, or legal, family, and financial difficulties. The Laboratory recognizes that these problems can have a negative impact on job performance that is beyond the ability of supervisors or managers to resolve. An eligible employee who is dealing with any of these problems is encouraged to utilize the Laboratory's Employee Assistance Program (EAP). The EAP is an off-site program provided by the University of California Health Center (the Tang Center) on the Berkeley campus. Employees and managers who are seeking employee-assistance services may contact the University of California Berkeley Employee Assistance Program directly. Eligible employees are those holding career, term, limited, rehired retiree, or non-University of California student-assistant appointments. Employees who hold University of California faculty or GSRA appointments, or are student assistants attending a University of California campus, must use their campus Employee Assistance Program or health benefits.

Employees are assured that self-initiated contacts made with the Laboratory's EAP are kept in strict confidence in accordance with prevailing federal requirements and Laboratory policy on confidential personal health records. The EAP will not contact management concerning employees who refer themselves unless the employee so requests.

Employees participating in the EAP are required to meet job performance standards. Program participation is voluntary and will not affect future employment or career advancement.

### **2. Responsibility**

- a. Supervisor. When an employee's work performance is being adversely affected by a personal problem, the supervisor may refer the employee to the EAP for consultation. The supervisor will also inform the employee of the consequences of unresolved work-performance concerns.
- b. Employee Assistance Program (EAP). EAP services provide consultation to the employee and/or the referring supervisor, problem assessment, referral of the employee to outside resources, if required, and ongoing follow-up for problem resolution.
- c. Employee. Employees are responsible for performing their jobs in a satisfactory manner. Seeking assistance from the EAP for personal problems that are interfering with work performance may help the employee meet this responsibility.

**H. REASONABLE ACCOMMODATION (Note: The Reasonable Accommodation policy has been moved to [§2.01\(B\)\(4\).](#))**

## **I. RESEARCH MISCONDUCT (revised 2/28/08)**

### **1. Introduction**

All persons engaged in research at the Laboratory are responsible for adhering to the highest standards of research integrity. Activities that fall short of the basic ethical principles inherent in the research process undermine the scientific enterprise. As an institution engaged in research, the Laboratory has a responsibility for investigating allegations of research misconduct fairly, effectively, and expeditiously. This policy sets forth the principles and methods for assessing allegations of research misconduct, conducting inquiries and investigations related to possible research misconduct, and reporting the results to responsible federal and non-federal [funding agencies](#).

Research misconduct means

- fabrication (making up data or results and recording or reporting them),
- falsification (manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the [research record](#)), or
- plagiarism (appropriation of another person's ideas, processes, results, or words without giving appropriate credit)

in proposing, performing, or reviewing research, or in reporting research results.

Honest error or differences of opinion do not constitute research misconduct.

Under this policy, a finding of research misconduct requires that

- There has been a significant departure from accepted practices of the relevant research community, involving fabrication, falsification or plagiarism;
- The misconduct was committed intentionally, knowingly, or recklessly; and
- The allegation has been proven by a [preponderance of the evidence](#).

The Laboratory Director has delegated authority and responsibility for decisions made under this policy to the Deputy Director (Deciding Official). The head of the Research and Institutional Integrity Office serves as the Research Integrity Officer (RIO) and is responsible for implementing the procedures described in this policy.

## 2. Scope

- a. While this policy is intended to carry out the Laboratory's responsibilities under the rules of several federal agencies, it applies to all research conducted at the Laboratory regardless of funding source.
- b. This policy applies to allegations of research misconduct (fabrication, falsification, or plagiarism in proposing, performing, or reviewing research or in reporting research results) (see [Paragraph \(1\)\(1\) \(Introduction\)](#)) involving:

- i. A person who, at the time of the alleged research misconduct, was employed by, was an agent of, or was affiliated by contract or agreement with the Laboratory; i.e., employees, guests, collaborators, students, consultants, and subcontractors (collectively referred to as Laboratory members for purposes of this policy).
  - ii. any research proposed, performed, reviewed, or reported, or any research record generated from the research, regardless of whether an application or proposal for funds resulted in a grant, contract, cooperative agreement, or other form of support.
  - iii. With regard to Public Health Service (PHS)–funded research, this policy specifically includes:
    - (a) applications or proposals for support for biomedical or behavioral extramural or intramural research, research training or activities related to that research or research training, such as the operation of tissue and data banks and the dissemination of research information;
    - (b) PHS-supported biomedical or behavioral extramural or intramural research;
    - (c) PHS-supported biomedical or behavioral extramural or intramural research training programs;
    - (d) PHS-supported extramural or intramural biomedical or behavioral activities that are related to biomedical or behavioral research or research training, such as the operation of tissue and data banks and the dissemination of research information; and
    - (e) plagiarism of research records produced in the course of research, research training or activities related to that research or research training
- c. This policy does not apply to authorship or collaboration disputes and applies only to allegations of research misconduct that occurred within six years of the date the Laboratory received the allegation, subject to the following exceptions:
- i. **Subsequent use.** The respondent continues or renews any incident of alleged research misconduct that occurred before the six-year limitation through the citation, republication or other use for the potential benefit of the respondent of the research record that is alleged to have been fabricated, falsified, or plagiarized (see [Paragraph \(I\)\(1\) \(Introduction\)](#)).
  - ii. **Health or safety of the public exception.** If the funding agency or Laboratory, following consultation with the funding agency, determines that the alleged misconduct, if it occurred, would possibly have a substantial adverse effect of the health or safety of the

public.

- iii. **“Grandfather” exception.** If the funding agency or the Laboratory received the allegation or research misconduct before May 17, 2005.

### 3. Definitions

- a. **Allegation** means a disclosure of possible research misconduct through any means of communication. This disclosure may be by written or oral statement or other communication to the Laboratory or a funding official.
- b. **Complainant** means a person who in good faith makes an allegation of research misconduct.
- c. **Conflict of interest** means the real or apparent potential bias that may occur due to prior or existing personal, financial, or professional relationships.
- d. **Deciding Official (DO)** means the Laboratory official who makes final determinations on allegations of scientific misconduct and any responsive Laboratory actions. The Laboratory’s Deputy Director is the Deciding Official.
- e. **Evidence** means any document, tangible item, or testimony offered or obtained during a research misconduct proceeding that tends to prove or disprove the existence of an alleged fact.
- f. **Funding agency / sponsoring agency** means the source(s) of the funds under which the research was conducted. See [Paragraph \(I\)\(4\)\(a\)\(iii\)](#) for agency-specific information.
- g. **Good faith** means having a belief in the truth of one’s allegation or testimony that a reasonable person in the complainant’s or witness’s position could have, based on the information known to the complainant or witness at the time. An allegation or cooperation with a research misconduct proceeding is not in good faith if made with knowing or reckless disregard for information that would negate the allegation or testimony. Good faith as applied to a committee member means impartially and honestly carrying out the duties assigned under this policy. A committee member does not act in good faith if his/her acts or omissions on the committee are dishonest or influenced by personal, professional, or financial conflicts of interest with those involved in the research misconduct proceedings.
- h. **Inquiry** means gathering information and initial fact-finding to determine whether an allegation or apparent instance of scientific misconduct warrants an investigation.
- i. **Investigation** means the formal development of a factual record and the examination of that record leading to a decision not to make a finding of research misconduct or to a recommendation for a finding of research misconduct.

- j. **Preponderance of the evidence** means proof by information that, compared with that opposing it, leads to the conclusion that the fact at issue is more probably true than not.
- k. **Research Integrity Officer (RIO)** means the Laboratory official responsible for implementing the procedures described in this policy. The Laboratory's RIO is the Research and Institutional Integrity Manager.
- l. **Research** means a systematic experiment, study, evaluation, demonstration or survey designed to develop or contribute to general knowledge (basic research) or specific knowledge (applied research) in all fields of science, medicine, engineering, and mathematics, including, but not limited to, research in economics, education, linguistics, medicine (relating broadly to public health by establishing, discovering, developing, elucidating or confirming information about, or the underlying mechanism relating to, biological causes, functions or effects, diseases, treatments, or related matters to be studied), psychology, social sciences statistics, and research involving human subjects or animals.
- m. **Research record** means the record of data or results that embody the facts resulting from scientific inquiry, including but not limited to, research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, journal articles, and any documents and materials provided to the funding agency or Laboratory official by a respondent in the course of the research misconduct proceeding.
- n. **Respondent** means the person against whom an allegation of research misconduct is directed or who is the subject of a research misconduct proceeding.
- o. **Retaliation** means an adverse action taken against a complainant, witness, or inquiry appointee or committee member, or investigation committee member by the Laboratory or one of its members in response to
  - i. A good faith allegation of research misconduct; or
  - ii. Good faith cooperation with or participation in a research misconduct proceeding

#### 4. Roles, Rights, and Responsibilities

##### a. Laboratory

- i. The Laboratory will respond to each allegation of research misconduct in a thorough, competent, objective, and fair manner, including taking precautions to ensure that individuals responsible for carrying out any part of the research misconduct proceeding do not have unresolved personal, professional, or financial conflicts of interest with the

complainant, respondent, or witnesses.

- ii. The Laboratory will take all reasonable and practical steps to ensure the cooperation of complainants, respondents and other Laboratory members with research misconduct proceedings, including, but not limited to, their providing information, research records, and evidence.
- iii. The Laboratory will report to the appropriate office/official(s) of the [funding agency](#) sponsoring the research involved as required in this policy. Reports will be made to
  - (a) the appropriate contracting officer for Department of Energy (DOE) supported activities;
  - (b) the Office of Research Integrity (ORI) of the Department of Health and Human Services (HHS) for PHS-supported activities;
  - (c) the appropriate contracting officer or contracting officer's technical representative for Environmental Protection Agency supported activities;
  - (d) the Office of the Inspector General (OIG) for National Aeronautics and Space Administration (NASA) supported activities; and
  - (e) for agencies not listed above, to the authority identified in the specific grant or contract.

In cases where the research is supported by multiple agencies, the Laboratory will report to each agency.

#### b. **Research Integrity Officer**

The Research Integrity Officer (RIO) has primary responsibility for implementation of the Laboratory's policies and procedures on research misconduct. When performing any of the duties required in this policy, the RIO will consult with the responsible Division Director and other Laboratory scientific and/or institutional officials, as appropriate, or when specific expertise or assistance is needed. The responsibilities of the RIO include the following duties related to research misconduct proceedings:

- i. Be available to consult with persons uncertain about whether to submit an allegation of research misconduct;
- ii. Receive allegations of research misconduct;
- iii. Assess each allegation of research misconduct in accordance with [Paragraph \(I\)\(6\)\(a\)](#) (Assessment of Allegations) of this policy to determine whether it falls within the definition of research misconduct (see [Paragraph \(I\)\(1\) \(Introduction\)](#) and warrants an inquiry;

- iv. As necessary, take interim action and notify the funding agency (see [Paragraph \(I\)\(4\)\(a\)\(iii\)](#)) of special circumstances, in accordance with [Paragraph \(I\)\(5\)\(f\)](#) (Interim Actions and Notifying the Funding Agency of Special Circumstances) of this policy;
- v. Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with [Paragraph \(I\)\(6\)\(c\)](#) (Notice to Respondent; Sequestration of Research Records) of this policy and maintain it securely in accordance with this policy and applicable law and regulation;
- vi. Provide confidentiality to those involved in the research misconduct proceedings as required by [Paragraph \(I\)\(5\)\(c\)](#) (Confidentiality) of this policy;
- vii. Notify the respondent and provide opportunities for him/her to review/comment/respond to allegations, evidence, and committee reports in accordance with this policy;
- viii. As appropriate or required by this policy, inform respondents, complainants, and witnesses of the procedural steps in the research misconduct proceeding;
- ix. Appoint the chair and members of the inquiry and investigation committees, ensure that those committees are properly staffed and that there is expertise appropriate to carry out a thorough and authoritative evaluation of the evidence;
- x. Determine whether each person involved in handling an allegation of research misconduct has an unresolved personal, professional, or financial **conflict of interest** and take appropriate actions, including recusal, to ensure that no person with such conflict is involved in the research misconduct proceeding;
- xi. In cooperation with other Laboratory officials, take all reasonable and practical steps to protect or restore the positions and reputations of good faith complainants, witnesses, and committee members and counter potential or actual retaliation against them by respondents or other Laboratory members;
- xii. Keep the Deciding Official and others who need to know apprised of the progress of the review of the allegation of research misconduct;
- xiii. Notify and make reports to the funding agency (see [Paragraph \(I\)\(4\)\(a\)\(iii\)](#)) as required by this policy.
- xiv. Ensure that actions taken by the Laboratory and the funding agency are enforced and take appropriate action to notify other involved parties, such as sponsors, law enforcement agencies, and professional societies, and licensing boards of those actions, and

- xv. Maintain records of the research misconduct proceeding and make them available to the funding agency in accordance with [Paragraph \(I\)\(11\)\(c\)](#) (Maintaining Records for Review by the Funding Agency) of this policy.

c. **Complainant**

The complainant is responsible for making allegations in [good faith](#), maintaining confidentiality, and cooperating with the inquiry and investigation. If the matter proceeds to an investigation, the complainant must be interviewed, and be given the transcript or recording of the interview for review and correction. Individuals whose allegations of research misconduct are not made in good faith may be subject to Laboratory corrective (disciplinary) action up to and including dismissal from employment.

d. **Respondent**

The [respondent](#) is responsible for maintaining confidentiality and cooperating with the conduct of an inquiry and investigation. The respondent is entitled to:

- i. A good-faith effort from the RIO to notify the respondent in writing at the time of or before beginning the inquiry;
- ii. An opportunity to comment on the draft inquiry report and have his/her comments attached to the inquiry report;
- iii. Be notified of the outcome of the inquiry, and receive a copy of the inquiry report that includes a copy of, or refers to the Laboratory's policies and procedures on research misconduct. In the case of an allegation of misconduct in research supported by PHS, the inquiry report must also include a copy of, or refer to, 42 CFR Part 93.
- iv. Be notified in writing of the allegations to be investigated within a reasonable time after the determination that an investigation is warranted, but before the investigation begins, and be notified in writing of any new allegations, not addressed in the inquiry or in the initial notice of investigation, within a reasonable time after the determination to pursue those allegations;
- v. Be interviewed during the investigation, have the opportunity to review and correct the recording or transcript of the interview, and have the corrected recording or transcript included in the record of the investigation;
- vi. Have interviewed during the investigation any witness who has been reasonably identified by the respondent as having information on relevant aspects of the investigation, have the recording or transcript of the interview provided to the witness for review and correction, and have the corrected recording or transcript included in the record of investigation; and

- vii. Receive a copy of the draft investigation report and, concurrently, if requested, a copy of, or supervised access to the evidence on which the report is based, and be notified that any comments must be submitted within 30 calendar days of the date on which the copy was received and that the comments will be considered by the institution and addressed in the final report.

The respondent shall be given the opportunity to admit that research misconduct occurred and that he/she committed the research misconduct. With the advice of the RIO and/or other Laboratory officials, the Deciding Official may terminate the Laboratory's review of an allegation that has been admitted, if the Laboratory's acceptance of the admission and any proposed settlement is approved by the funding agency.

e. **Deciding Official**

The DO will receive the inquiry report and after consulting with the RIO and/or other Laboratory officials, decide whether an investigation is warranted under the criteria set forth in this policy ([see Paragraph \(I\)\(8\)\(a\)](#) below). Any finding that an investigation is warranted must be made in writing by the DO and must be provided to the funding agency, together with a copy of the inquiry report, within 30 calendar days of the finding. If it is found that an investigation is not warranted, the DO and the RIO will ensure that detailed documentation of the inquiry is retained for at least 7 years after termination of the inquiry, so that the funding agency may assess the reasons why the Laboratory decided not to conduct an investigation.

The DO will receive the investigation report and, after consulting with the RIO and/or other Laboratory officials, decide the extent to which the Laboratory accepts the findings of the investigation and, if research misconduct is found, decide what, if any, Laboratory actions are appropriate. The DO shall ensure that the final investigation report, the findings of the DO and a description of any pending or completed actions are provided to the funding agency, as required by [Paragraph \(I\)\(11\)\(b\)](#) (Notification to Funding Agency of Laboratory Findings and Actions) of this policy.

## 5. General Policies and Principles

a. **Responsibility to Report Misconduct**

Laboratory members should report observed, suspected, or apparent research misconduct (see [Paragraph \(I\)\(1\) \(Introduction\)](#)) to the RIO or other appropriate Laboratory official. If the Laboratory member makes his/her report to a Laboratory official other than the RIO, the report must be forwarded to the RIO.

If an individual is unsure whether a suspected incident falls within the definition of research misconduct, he/she may meet with or contact the RIO at [RIO@lbl.gov](mailto:RIO@lbl.gov) to discuss the suspected research misconduct informally, which may include discussing it anonymously and/or hypothetically. If the circumstances described by the individual do not meet the definition of

research misconduct, the RIO will refer the individual or allegation to other offices or officials with responsibility for resolving the problem.

At any time, a Laboratory member may have confidential discussions and consultations about concerns of possible misconduct with the RIO and will be counseled about appropriate procedures for reporting allegations. The RIO will not be able to agree to a confidential discussion if the subject of the misconduct involves any of the conditions or special circumstances set forth in [Paragraph \(I\)\(5\)\(f\)](#) below.

**b. Cooperation with Research Misconduct Proceedings**

Laboratory members are required to cooperate with the RIO and other Laboratory officials in the review of allegations and the conduct of inquiries and investigations. Laboratory members, including respondents, have an obligation to provide evidence relevant to research misconduct allegations to the RIO or other Laboratory officials.

**c. Confidentiality**

The RIO shall

- i. limit disclosure of the identity of respondents and complainants to those who need to know in order to carry out a thorough, competent, objective and fair research misconduct proceeding;
- ii. except as otherwise prescribed by applicable law, limit the disclosure of any records or evidence from which research subjects might be identified to those who need to know in order to carry out a research misconduct proceeding.

**d. Protecting Complainants, Witnesses, and Committee Members**

Laboratory members may not retaliate in any way against complainants, witnesses, or committee members. Laboratory members should immediately report any alleged or apparent retaliation against complainants, witnesses or committee members to the RIO, who shall review the matter and, as necessary, make all reasonable and practical efforts to counter any potential or actual retaliation and protect and restore the position and reputation of the person against whom the retaliation is directed.

**e. Protecting the Respondent**

As requested and as appropriate, the RIO and other Laboratory officials shall make all reasonable and practical efforts to protect or restore the reputation of persons alleged to have engaged in research misconduct, but against whom no finding of research misconduct is made.

During the research misconduct proceeding, the RIO is responsible for ensuring that respondents receive all notices and opportunities provided for in this policy. Respondents may consult with personal legal counsel or a non-lawyer personal adviser (who is not a principal or witness in the

case) to seek advice and may bring the legal counsel or personal adviser to interviews or meetings on the case. The role of legal counsel in such meetings or interviews is limited to providing advice, not representation, to the respondent.

**f. Interim Actions and Notifying the Funding Agency of Special Circumstances**

Throughout the research misconduct proceeding, the RIO will review the situation to determine if there is any threat of harm to public health, federal or state funds, and equipment, or the integrity of the funding agency's supported research process. In the event of such a threat, the RIO will, in consultation with other Laboratory officials and the funding agency, take appropriate interim action to protect against any such threat. Such action might include additional monitoring of the research process and the handling of research funds and equipment, reassignment of personnel or of the responsibility for the handling of research funds and equipment, additional review of research data and results or delaying publication. The RIO shall, at any time during a research misconduct proceeding, notify the funding agency immediately if he/she has reason to believe that any of the following conditions exist:

- i. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects;
- ii. Funding agency resources or interests are threatened;
- iii. Research activities should be suspended;
- iv. There is a reasonable indication of possible violations of civil or criminal law;
- v. Funding agency action is required to protect the interests of those involved in the research misconduct proceeding;
- vi. The research misconduct proceeding may be made public prematurely and funding agency action may be necessary to safeguard evidence and protect the rights of those involved; or
- vii. The research community or public should be informed.

**6. Conducting the Assessment and Inquiry**

**a. Assessment of Allegations**

Upon receiving an allegation of research misconduct, the RIO will immediately assess the allegation to determine whether it is sufficiently credible and specific so that potential evidence of research misconduct may be identified, whether it is within the jurisdictional criteria of [Paragraph \(I\)\(2\)](#) (Scope) of this policy, and whether the allegation falls within the definition of research misconduct in [Paragraph \(I\)\(1\) \(Introduction\)](#) of this policy. An inquiry must be conducted if these criteria are met.

The assessment period should be brief, preferably concluded within a week. In conducting the assessment, the RIO need not interview the complainant, respondent, or other witnesses, or gather data beyond any that may have been submitted with the allegation except as necessary to determine whether the allegation is sufficiently credible and specific so that potential evidence of research misconduct may be identified. The RIO shall, on or before the date on which the respondent is notified of the allegation, obtain custody of, inventory, and sequester all [research records](#) and evidence needed to conduct the research misconduct proceeding, as provided in [Paragraph \(I\)\(6\)\(c\)](#) of this section.

**b. Initiation and Purpose of the Inquiry**

If the RIO determines that the criteria for an inquiry are met, he/she will immediately initiate the inquiry process. The purpose of the inquiry is to conduct an initial review of the available evidence to determine whether to conduct an investigation. An inquiry does not require a full review of all the evidence related to the allegation.

**c. Notice to Respondent; Sequestration of Research Records**

At the time of or before beginning an inquiry, the RIO must make a good faith effort to notify the respondent in writing, if the respondent is known. If the inquiry subsequently identifies additional respondents, they must be notified in writing. On or before the date on which the respondent is notified, or the inquiry begins, whichever is earlier, the RIO must take all reasonable and practical steps to obtain custody of all the research records and evidence needed to conduct the research misconduct proceeding, inventory the records and evidence and sequester them in a secure manner, except that where the research records or evidence encompass scientific instruments shared by a number of users, custody may be limited to copies of the data or evidence on such instruments, so long as those copies are substantially equivalent to the evidentiary value of the instruments. The RIO may consult with the funding agency for advice and assistance in this regard.

**d. Appointment of an Individual (Appointee) or Committee to Conduct an Inquiry**

The RIO, in consultation with other Laboratory officials as appropriate, will appoint an individual or committee (and committee chair) to conduct an inquiry as soon after the initiation of the inquiry as is practical. The appointee or committee members must not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the principals and key witnesses, and conduct the inquiry.

**e. Charge to the Appointee or Committee and First Meeting**

The RIO will prepare a charge for the appointee or committee that:

- i. Sets forth the time for completion of the inquiry;
- ii. Describes the allegations and any related issues identified during the allegation

assessment;

- iii. States that the purpose of the inquiry is to conduct an initial review of the evidence, including the testimony of the respondent, complainant and key witnesses, to determine whether an [investigation is warranted](#), not to determine whether research misconduct definitely occurred or who was responsible;
- iv. States that an investigation is warranted if it is determined
  - (a) there is a reasonable basis for concluding that the allegation falls within the definition of research misconduct and is within the jurisdictional criteria of [Paragraph \(1\)\(2\)](#) (Scope); and
  - (b) the allegation may have substance, based on the committee's review during the inquiry.
- v. Informs the appointee or inquiry committee that they are responsible for preparing or directing the preparation of a written report of the inquiry that meets the requirements of [Paragraph \(1\)\(7\)\(a\)](#) (Elements of the Inquiry Report) of this policy.

At the first meeting with the appointee or committee, the RIO will review the charge, discuss the allegations, any related issues, and the appropriate procedures for conducting the inquiry, assist with organizing plans for the inquiry, and answer any questions raised. The RIO will be present or available throughout the inquiry to advise as needed.

#### f. **Inquiry Process**

The inquiry process will normally include interviews of the complainant, the respondent and key witnesses as well as examining relevant research records and materials. The evidence, including the testimony obtained during the inquiry will be evaluated. After consultation with the RIO, the appointee or committee members will decide whether an investigation is warranted based on the criteria in [Paragraph \(1\)\(6\)\(e\)\(iv\)](#) (Charge to Appointee or Committee and First Meeting). The scope of the inquiry is not required to and does not normally include deciding whether misconduct definitely occurred, determining definitely who committed the research misconduct or conducting exhaustive interviews and analyses. However, if a legally sufficient admission of research misconduct is made by the respondent, misconduct may be determined at the inquiry stage if all relevant issues are resolved. In that case, the RIO shall promptly consult with the funding agency to determine the next steps that should be taken. See [Paragraph \(1\)\(12\)](#) (Completion of Cases: Reporting Premature Closure to the Funding Agency).

#### g. **Time for Completion**

The inquiry, including preparation of the final inquiry report and the decision of the DO (see [Paragraph \(1\)\(8\)\(a\)](#) below ) on whether an investigation is warranted, must be completed within

60 calendar days of initiation of the inquiry, unless the RIO determines that circumstances clearly warrant a longer period. If the RIO approves an extension, the inquiry records must include documentation of the reasons for exceeding the 60-calendar-day period. The respondent will be notified, in writing, of the extension.

## **7. The Inquiry Report**

### **a. Elements of the Inquiry Report**

A written inquiry report must be prepared that includes the following information:

- i. the name and position of the respondent;
- ii. names and titles of the appointee or committee members who conducted the inquiry;
- iii. a summary of the inquiry process used;
- iv. a list of the research records reviewed;
- v. summaries of any interviews;
- vi. a description of the allegations of research misconduct;
- vii. the funding agency support, including, for example, grant numbers, grant applications, contracts and publications listing that support;
- viii. any comments on the draft report by the respondent,
- ix. the basis for recommending or not recommending that the allegations warrant an investigation; and
- x. whether any actions should be taken if an investigation is not recommended.

Laboratory Counsel should review the inquiry report for legal sufficiency. Modifications should be made, as appropriate, in consultation with the RIO and the appointee or committee.

### **b. Notification to the Respondent and Opportunity to Comment**

The RIO shall notify the respondent whether the inquiry found an investigation to be warranted and shall include a copy of the draft inquiry report for comment within 10 calendar days of such notification. The notification must include a copy of the Laboratory's policies and procedures on research misconduct. If the alleged misconduct involves research supported by PHS the notification must include a copy of, or refer, to 42 CFR Part 93.

Based on any comments that are timely submitted, the appointee or inquiry committee may

revise the draft report as appropriate and prepare it in final form. The appointee or committee will transmit the final report, including any timely submitted comments by respondent, to the RIO.

## **8. Laboratory Decision and Notification**

### **a. Decision by Deciding Official**

The RIO will transmit the final inquiry report to the DO, who will determine in writing whether an investigation is warranted. The inquiry is completed when the DO makes this determination. An investigation is warranted if there is:

- i. a reasonable basis for concluding that the allegation falls within the definition of research misconduct under [Paragraph \(I\)\(1\) \(Introduction\)](#) and within the scope of this policy ([Paragraph \(I\)\(2\) \(Scope\)](#)) and
- ii. preliminary information-gathering and preliminary fact-finding from the inquiry indicates that the allegation may have substance.

### **b. Notification to the Complainant of the Results of the Inquiry**

The RIO shall notify the complainant whether the inquiry found an investigation to be warranted.

### **c. Notification to the Funding Agency**

Within 30 calendar days of the DO's decision that an investigation is warranted, the RIO will provide the funding agency with the DO's written decision and a copy of the inquiry report. The RIO will also notify Laboratory or other officials who need to know of the DO's decision. The RIO must provide the following information to the funding agency upon request:

- i. the Laboratory policies and procedures under which the inquiry was conducted;
- ii. the research records and evidence reviewed, transcripts or recordings of any interviews, and copies of all relevant documents; and
- iii. the charges to be considered in the investigation.

### **d. Documentation of Decision Not to Investigate**

If the DO decides that an investigation is not warranted, the RIO shall secure and maintain for 7 years after termination of the inquiry sufficiently detailed documentation of the inquiry to permit a later assessment by the funding agency of the reasons why an investigation was not conducted. These documents must be provided to the funding agency upon request.

## **9. Conducting the Investigation**

**a. Initiation and Purpose**

The investigation must begin within 30 calendar days after the determination by the DO that an investigation is warranted. The purpose of the investigation is to develop a factual record by exploring the allegations in detail and examining the evidence in depth, leading to recommended findings on whether research misconduct has been committed, by whom, and to what extent. The investigation will also determine whether there are additional instances of possible research misconduct that would justify broadening the scope beyond the initial allegations. This is particularly important where the alleged research misconduct involves clinical trials or potential harm to human subjects or the general public or if it affects research that forms the basis for public policy, clinical practice, or public health practice. The findings of the investigation must be set forth in an investigation report (see [Paragraph \(I\)\(10\)](#) (Investigation Report)).

**b. Notify the Funding Agency and Respondent; Sequestration of Research Records**

On or before the date on which the investigation begins, the RIO must:

- i. notify the funding agency of the decision to begin the investigation and provide a copy of the inquiry report, and
- ii. notify the respondent in writing of the allegations to be investigated. The RIO must also give the respondent written notice of any new allegations of research misconduct within a reasonable amount of time of deciding to pursue allegations not addressed during the inquiry or in the initial notice of the investigation.

The RIO will, prior to notifying respondent of the allegations, take all reasonable and practical steps to obtain custody of and sequester in a secure manner all research records and evidence needed to conduct the research misconduct proceeding that were not previously sequestered during the inquiry. The need for additional sequestration of records for the investigation may occur for any number of reasons, including the Laboratory's decision to investigate additional allegations not considered during the inquiry stage or the identification of records during the inquiry process that had not been previously secured. The procedures to be followed for sequestration during the investigation are the same procedures that apply during the inquiry ([Paragraph \(I\)\(6\)\(c\)](#) (Notice to Respondent; Sequestration of Research Records)).

**c. Appointment of the Investigation Committee**

The RIO, in consultation with other Laboratory officials as appropriate, will appoint an investigation committee and the committee chair as soon after the beginning of the investigation as is practical. The investigation committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the investigation and should include individuals with the appropriate scientific expertise to evaluate the evidence and issues related to the allegation, interview the respondent and complainant and conduct the investigation. Individuals who are not Laboratory members but who have specialized expertise germane to the research involved may be appointed to the committee. Individuals

appointed to the investigation committee may also have served on the inquiry committee.

#### d. Charge to the Committee and the First Meeting

##### i. Charge to the Committee

The RIO will define the subject matter of the investigation in a written charge to the committee that:

- (a) Describes the allegations and related issues identified during the inquiry;
- (b) Identifies the respondent;
- (c) Informs the committee that it must conduct the investigation as prescribed in [Paragraph \(I\)\(9\)\(e\)](#) (Investigation Process) of this section;
- (d) Defines research misconduct;
- (e) Informs the committee that it must evaluate the evidence and testimony to determine whether, based on a preponderance of the evidence, research misconduct occurred and, if so, the type and extent of it and who was responsible;
- (f) Informs the committee that in order to determine that the respondent committed research misconduct it must find that a preponderance of the evidence establishes that:
  - research misconduct, as defined in this policy (see [Paragraph \(I\)\(1\) \(Introduction\)](#)) occurred (respondent has the burden of proving by a preponderance of the evidence any affirmative defenses raised, including honest error or a difference of opinion);
  - the research misconduct is a significant departure from accepted practices of the relevant research community;
  - the respondent committed the research misconduct intentionally, knowingly, or recklessly; and
  - Informs the committee that it must prepare or direct the preparation of a written investigation report that meets the requirements of this policy (see [Paragraph \(I\)\(10\)\(a\)](#) (*Elements of the Investigation Report*)).

##### ii. First Meeting

The RIO will convene the first meeting of the investigation committee to review the charge, the inquiry report, and the prescribed procedures and standards for the conduct of the investigation, including the necessity for confidentiality and for developing a specific investigation plan. The investigation committee will be provided with a copy of this policy. If the research is supported by the PHS, the committee will be provided with a copy of 42 CFR Part 93. The RIO will be present or available throughout the investigation to advise the committee as needed.

#### e. Investigation Process

The investigation committee and the RIO must:

- i. Use diligent efforts to ensure that the investigation is thorough and sufficiently documented and includes examination of all research records and evidence relevant to reaching a decision on the merits of each allegation;
- ii. Take reasonable steps to ensure an impartial and unbiased investigation to the maximum extent practical;
- iii. Interview each respondent, complainant, and any other available person who has been reasonably identified as having information regarding any relevant aspects of the investigation, including witnesses identified by the respondent, and record or transcribe each interview, provide the recording or transcript to the interviewee for correction, and include the recording or transcript in the record of the investigation; and
- iv. Pursue diligently all significant issues and leads discovered that are determined relevant to the investigation, including any evidence of any additional instances of possible research misconduct, and continue the investigation to completion.

**f. Time for Completion**

The investigation is to be completed within 120 calendar days of its beginning, including conducting the investigation, preparing the report of findings, providing the draft report for comment and sending the final report to the funding agency. However, if the RIO determines that the investigation will not be completed within this 120-day period, he/she will submit to the funding agency a written request for an extension, setting forth the reasons for the delay. The RIO will ensure that periodic progress reports are filed with the funding agency if the funding agency grants the request for an extension and directs the filing of such reports.

**10. The Investigation Report**

**a. Elements of the Investigation Report**

The investigation committee and the RIO are responsible for preparing a written draft report of the investigation that:

- i. Describes the nature of the allegation of research misconduct, including identification of the respondent.
- ii. Describes and documents the funding agency support, including, for example, the numbers of any grants that are involved, grant applications, contracts, and publications listing funding agency support;
- iii. Describes the specific allegations of research misconduct considered in the investigation;

- iv. Includes the Laboratory policy under which the investigation was conducted;
- v. Identifies and summarizes the research records and evidence reviewed and identifies any evidence taken into custody but not reviewed; and
- vi. Includes a statement of findings for each allegation of research misconduct identified during the investigation. Each statement of findings must:
  - (a) identify whether the research misconduct was falsification, fabrication, or plagiarism (see [Section \(I\)\(1\) \(Introduction\)](#)), and whether it was committed intentionally, knowingly, or recklessly;
  - (b) summarize the facts and the analysis that support the conclusion and consider the merits of any reasonable explanation by the respondent, including any effort by respondent to establish by preponderance of the evidence that he/she did not engage in research misconduct because of honest error or a difference of opinion;
  - (c) identify the specific funding agency support;
  - (d) identify whether any publications need correction or retraction;
  - (e) identify the person(s) responsible for the misconduct; and
  - (f) list any current support or known applications or proposals for support that the respondent has pending with any other funding agencies.

Laboratory Counsel should review the investigation report for legal sufficiency. Modifications should be made, as appropriate, in consultation with the RIO and investigative committee.

**b. Comments on the Draft Report and Access to Evidence**

**i. Respondent**

The RIO must give the respondent a copy of the draft investigation report for comment and, concurrently, if requested, a copy of, or supervised access to the evidence on which the report is based. The respondent will be allowed 30 calendar days from the date he/she received the draft report to submit comments to the RIO. The respondent's comments must be included and considered in the final report.

**ii. Complainant**

At the discretion of the committee, in consultation with the RIO, the complainant may be provided with a copy of the draft investigative report, or relevant portions of it, for comment. Any comments must be submitted within 30 days of the date of receipt of the draft report and any comments received must be included and considered in the final investigation report.

**iii. Confidentiality**

In distributing the draft report, or portions thereof, to the respondent, or to the complainant, the RIO will inform the recipient of the confidentiality under which the draft report or portion of the report, is made available and may establish reasonable conditions to ensure such confidentiality. For example, the RIO may require that the recipient sign a confidentiality agreement.

## **11. Laboratory Decision and Notification**

### **a. Decision by Deciding Official**

The RIO will assist the investigation committee in finalizing the draft investigation report, including ensuring that the respondent's comments or complainants comments, if any, are included and considered, and transmit the final investigation report to the DO, who will determine in writing:

- i. whether he/she accepts the investigation report, its findings, and
- ii. the appropriate Laboratory actions in response to the accepted findings of research misconduct.

If this determination varies from the findings of the investigation committee, the DO will, as part of his/her written determination, explain in detail the basis for rendering a decision different from the findings of the investigation committee. Alternatively, the DO may return the report to the investigation committee with a request for further fact-finding or analysis.

When the DO reaches a decision on the case, the RIO will normally notify both the respondent and the complainant in writing. The DO's decision represents the final decision of the Laboratory with respect to the issue of research misconduct. There is no right, under Laboratory policy, to appeal this decision. Any disciplinary action which may be imposed as a result of a finding of research misconduct will be handled in accordance with [RPM §2.05\(C\) \(Corrective Action and Dismissal\)](#) or the applicable collective bargaining agreement. After informing the funding agency of the final decision, the DO will determine whether law enforcement agencies, professional societies, professional licensing boards, editors of journals in which falsified reports may have been published, collaborators of the respondent in the work, or other relevant parties should be notified of the outcome of the case. The RIO is responsible for ensuring compliance with all notification requirements of funding agencies.

### **b. Notification to Funding Agency of Laboratory Findings and Actions**

Unless an extension has been granted, the RIO must, within the 120 calendar day period for completing the investigation, submit the following to the funding agency:

- i. a copy of the final investigation report with all attachments,
- ii. a statement of whether the Laboratory accepts the findings of the investigation report,

- iii. a statement of whether the Laboratory found misconduct, and
- iv. a description of any pending or completed actions against the respondent.

**c. Maintaining Records for Review by the Funding Agency**

The RIO must maintain and provide to the funding agency upon request the records of research misconduct proceedings defined as:

- i. records the RIO secures for the proceeding pursuant to this policy, except to the extent the Laboratory subsequently determines and documents that those records are not relevant to the proceeding or that the records duplicate other records that are being retained;
- ii. documentation of the determination of irrelevant or duplicate records;
- iii. the inquiry report and final documents (not drafts) produced in the course of preparing that report, including the documentation of any decision not to investigate as required by [Paragraph \(I\)\(8\)\(d\)](#) (Documentation of Decision Not to Investigate);
- iv. the investigation report and all records (other than drafts of the report) in support of that report, including any required recordings or transcriptions of interviews.

Unless custody has been transferred to the funding agency or the funding agency has advised in writing that the records no longer need to be retained, records of research misconduct proceedings must be maintained in a secure manner for seven years after completion of the proceeding or the completion of any funding agency proceeding involving the research misconduct allegation, whichever is later. The RIO is also responsible for providing any information, documentation, research records, evidence or clarification requested by the funding agency to carry out its review of an allegation of research misconduct or of the Laboratory's handling of such an allegation.

**12. Completion of Cases: Reporting Premature Closure to the Funding Agency**

Generally, all inquiries and investigations will be carried through to completion and all significant issues will be pursued diligently. The RIO must notify the funding agency in advance if there are plans to close a case at the inquiry, investigation, or appeal stage on the basis that the respondent has admitted guilt, a settlement with the respondent has been reached, or for any other reason, except:

- a. closing of a case at the inquiry stage on the basis than an investigation is not warranted; or
- b. a finding of no misconduct at the investigation stage, which must be reported to the funding agency as prescribed in [Paragraph \(I\)\(11\)\(c\)](#) (Notice to Funding Agency of Laboratory Findings and Actions).

### **13. Laboratory Actions, Including Employee Corrective (Disciplinary) Actions**

If the DO determines that research misconduct is substantiated by the findings, he/she will decide on the appropriate actions to be taken, after consultation with the RIO.

#### **a. Actions may include**

- i. Withdrawal or correction of all pending or published abstracts and papers emanating from the research where research misconduct was found;
- ii. Special monitoring of future work;
- iii. Restitution of funds to the funding agency as appropriate;
- iv. In the case of Laboratory members who are not employees, notification of the member's home institution of the results of the investigation, and
- v. Other action appropriate to the research misconduct.

#### **b. Employee Corrective (Disciplinary) Actions**

The matter will be referred to the respective division director/department head and Human Resources for consideration of possible corrective (disciplinary) action under applicable Laboratory RPM policies and/or collective bargaining agreements.

### **14. Other Considerations**

#### **a. Termination or Resignation Prior to Completing Inquiry or Investigation**

The termination of the respondent's Laboratory employment or a non-employee member's Laboratory association, by resignation or otherwise, before, or after an allegation of possible research misconduct has been reported, will not preclude or terminate the research misconduct proceeding or otherwise limit any of the Laboratory's responsibilities under this policy.

If the respondent, without admitting to the misconduct, elects to resign his or her position after the Laboratory receives an allegation of research misconduct, the assessment of the allegation will proceed, as well as the inquiry and investigation, as appropriate based on the outcome of the preceding steps. If the respondent refuses to participate in the process after resignation, the RIO and any inquiry or investigation committee will use their best efforts to reach a conclusion concerning the allegations, noting in the report the respondent's failure to cooperate and its effect on the evidence.

#### **b. Restoration of the Respondent's Reputation**

Following a final decision of no research misconduct, including funding agency concurrence where

required by federal regulations or funding agency contracts or grants, the RIO must, at the request of the respondent, undertake all reasonable and practical efforts to restore the respondent's reputation. Depending on the particular circumstances and the views of the respondent, the RIO should consider notifying those individuals aware of or involved in the investigation of the final outcome, publicizing the final outcome in any forum in which the allegation of research misconduct was previously publicized, and expunging all reference to the research misconduct allegation from the respondent's personnel file. Any Laboratory actions to restore respondent's reputation should first be approved by the DO.

**c. Protection of the Complainant, Witnesses, and Committee Members**

During the research misconduct proceeding and upon its completion, regardless of whether the Laboratory or the funding agency determines that research misconduct occurred, the RIO must undertake all reasonable and practical efforts to protect the position and reputation of, or to counter potential or actual retaliation against, any complainant who made allegations of research misconduct in good faith and of any witnesses and committee members who cooperate in good faith with the research misconduct proceeding. The DO will determine, after consulting with the RIO, and with the complainant, witnesses, or committee members, respectively, what steps, if any, are needed to restore their respective positions or reputations or to counter potential or actual retaliation against them. The RIO is responsible for implementing any steps the DO approves.

- d. If relevant, the DO, in consultation with the RIO, will determine whether the complainant's allegations of research misconduct were made in good faith, or whether a witness, appointee or committee member failed to act in good faith. If the DO determines that there was an absence of good faith, he/she will determine whether any action should be taken against the person who failed to act in good faith and forward any such recommendation for consideration by Human Resources and the appropriate Laboratory official.

## **J. REPORTING AND INVESTIGATING ALLEGATIONS OF SUSPECTED IMPROPER GOVERNMENTAL ACTIVITIES ("WHISTLEBLOWER" POLICY) (Revised 4/1/08)**

Information and telephone numbers for reporting suspected improper governmental activities or report retaliation against a whistleblower may be found [here](#). The Locally Designated Official at the Lab is the Associate Laboratory Director for Operations.

**NOTE:** When the following UC policies refer to "staff personnel policies," Laboratory employees should refer to [Chapter 2](#) and [Chapter 3](#) of the Regulations and Procedures Manual (RPM). These chapters of the RPM are the approved Human Resources policies for Lawrence Berkeley National Laboratory employees.

### **I. Introduction**

The University of California has a responsibility for the stewardship of University resources and the public and private support that enables it to pursue its mission. The University is committed to compliance with the laws and regulations to which it is subject and to promulgating University policies and procedures to interpret and apply these laws and regulations in the University setting. Laws, regulations, policies and procedures strengthen and promote ethical practices and ethical treatment of the members of the University community and those who conduct business with the University.

The University's internal controls and operating procedures are intended to detect, prevent or deter improper activities. However, even the best systems of control cannot provide absolute safeguards against irregularities. Intentional and unintentional violations of laws, regulations, policies and procedures may occur and may constitute improper governmental activities as defined by statute (see "Definitions"). The University has a responsibility to investigate and report to appropriate parties allegations of suspected improper governmental activities and the actions taken by the University.

This policy governs reporting and investigation of allegations of suspected improper governmental activities, and together with the *Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints*, represents the University's implementing policies for the *California Whistleblower Protection Act* (Government Code Section 8547 - 8547.12).

Employees and others are encouraged to use guidance provided by this policy for reporting all allegations of suspected improper governmental activities. While the scope of this policy is intended to be limited to the statutory definition of improper governmental activities, serious or substantial violations of University policy may constitute improper governmental activities determined upon review or investigation.

This policy does not fundamentally change the responsibility for conducting investigations but clarifies normal jurisdictional interests. Individual employee grievances and complaints regarding terms and conditions of employment will continue to be reviewed under the applicable academic and staff personnel policies or collective bargaining agreements. Any allegations of improper governmental activities that may result in subsequent actions bringing disciplinary charges against an academic or staff member shall be coordinated with the applicable academic or staff personnel conduct and disciplinary policies. In all instances, the University retains the prerogative to determine when circumstances warrant an investigation and, in conformity with this policy and applicable laws and regulations, the appropriate investigative process to be employed.

## **II. Definitions**

### **A. University Resources**

For purposes of this policy, the term University resources is defined to include, but not be limited to the following, whether owned by or under the management of the University:

- Cash and other assets, whether tangible or intangible; real or personal property;

- Receivables and other rights or claims against third parties;
- Intellectual property rights;
- Effort of University personnel and of any non-University entity billing the University for its effort;
- Facilities and the rights to use of University facilities;
- The University's name; and
- University records, including student and patient records.

## **B. Improper Governmental Activities**

According to California Government Code Section 8547.2, *an improper governmental activity* is:

any activity by a state agency or by an employee that is undertaken in the performance of the employee's official duties, whether or not that action is within the scope of his or her employment, and that (1) is in violation of any state or federal law or regulation, including, but not limited to, corruption, malfeasance, bribery, theft of government property, fraudulent claims, fraud, coercion, conversion, malicious prosecution, misuse of government property, or willful omission to perform duty, or (2) is economically wasteful, or involves gross misconduct, incompetency, or inefficiency.

## **C. Protected Disclosure**

According to California Government Code Section 8547.2, a *protected disclosure* is:

any good faith communication that discloses or demonstrates an intention to disclose information that may evidence (1) an improper governmental activity or (2) any condition that may significantly threaten the health or safety of employees or the public if the disclosure or intention to disclose was made for the purpose of remedying that condition.

## **D. Illegal Order**

An *illegal order* is any directive to violate or assist in violating an applicable federal, state, or local law, rule or regulation or any order to work or cause others to work in conditions outside of their line of duty that would unreasonably threaten the health or safety of employees or the public.

## **E. Whistleblower**

A person or entity making a protected disclosure is commonly referred to as a whistleblower. Whistleblowers may be University employees (academic or staff), applicants for employment, students,

patients, vendors, contractors or the general public. The whistleblower's role is as a reporting party. They are not investigators or finders of fact, nor do they determine the appropriate corrective or remedial action that may be warranted.

#### **F. Locally Designated Official (LDO)**

The person designated by each campus, the Lawrence Berkeley National Laboratory, the Office of the President and the Division of Agriculture and Natural Resources as the official with primary responsibility to receive reports of allegations of suspected improper governmental activities.

### **III. Reporting Allegations of Suspected Improper Governmental Activities**

#### **A. Filing a Report**

1. Any person may report allegations of suspected improper governmental activities. Knowledge or suspicion of improper governmental activities may originate from academic personnel, staff or administrators carrying out their assigned duties, internal or external auditors, law enforcement, regulatory agencies, and customers, patients, vendors, students or other third parties. Allegations of suspected improper governmental activities may also be reported anonymously.
2. Reports of allegations of suspected improper governmental activities are encouraged to be made in writing so as to assure a clear understanding of the issues raised, but may be made orally. Such reports should be factual rather than speculative or conclusory, and contain as much specific information as possible to allow for proper assessment of the nature, extent and urgency of preliminary investigative procedures.
3. The University recommends that any reports by persons who are not University employees be made to the LDO. Such reports may also be made to another University official whom the reporting person may reasonably expect to have either responsibility over the affected area or the authority to review the alleged improper governmental activity on behalf of the University.
4. Normally, a report by a University employee of allegations of a suspected improper governmental activity should be made to the reporting employee's immediate supervisor or other appropriate administrator or supervisor within the operating unit (such as the unit head), or to the LDO. However, in the interest of confidentiality, when there is a potential conflict of interest or for other reasons, such reports may be made to another University official whom the reporting employee may reasonably expect to have either responsibility over the affected area or the authority to review the alleged improper governmental activity on behalf of the University. When the alleged improper governmental activities involve the Chancellor, Laboratory Director, Vice President—Agriculture and Natural Resources, the LDO or the LDO's supervisor, such reports should be made to the Systemwide LDO with a copy to the Director of Investigations (DOI) and the Senior Vice President/Chief Compliance and Audit Officer of the Regents (SVP-CCAO) at the

Office of the President. If the alleged improper governmental activities involve the Systemwide LDO or the President, the report should be made to the SVP-CCAO.

5. When a person reports allegations of suspected improper governmental activities to an appropriate authority the report is known as a protected disclosure. The rights of University employees and applicants for employment when making a protected disclosure are covered by the Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints.
6. All University employees, and especially any academic or staff employee in a supervisory role, should be aware of and alert to either oral or written, formal or informal communications that may constitute a report of allegations of suspected improper governmental activity.
7. Under the *California Whistleblower Protection Act*, reports of allegations of suspected improper governmental activities may be made to the State Auditor. Under that law, the State Auditor is prohibited from disclosing the identity of a whistleblower unless he or she obtains the whistleblower's permission to do so, or when the disclosure is to a law enforcement agency that is conducting a criminal investigation.

## **B. Reporting to the LDO**

1. Each campus, the Lawrence Berkeley National Laboratory, the Office of the President and the Division of Agriculture and Natural Resources shall designate an official with primary responsibility to receive reports of allegations of suspected improper governmental activities (the LDO).
2. Managers, administrators and employees in supervisory roles who receive a report alleging suspected improper governmental activities shall ensure that the matter is promptly reported to their supervisor, an appropriate University manager and/or the LDO. Such employees are charged with exercising appropriate judgement in determining which matters can be reviewed under their authority and which matters must be referred to a higher level of management or the LDO. Consulting with supervisors, the LDO or other appropriate University management is encouraged and the exercise of judgement should err on the side of upward reporting. Oral reports should normally be documented by the supervisor by a written transcription of the oral report, and internal communications regarding allegations of improper governmental activities should normally be in writing.
3. Managers, administrators and employees in supervisory roles shall report to the LDO any allegations of suspected improper governmental activities—whether received as a protected disclosure, reported by their subordinates in the ordinary course of performing their duties, or discovered in the course of performing their own duties—when any of the following conditions are met:

- a. The matter is the result of a significant internal control or policy deficiency that is likely to exist at other units within the institution or across the University system;
- b. The matter is likely to receive media or other public attention;
- c. The matter involves the misuse of University resources or creates exposure to a liability in potentially significant amounts;
- d. The matter involves allegations or events that have a significant possibility of being the result of a criminal act (e.g., disappearance of cash);
- e. The matter involves a significant threat to the health and safety of employees and/or the public; or
- f. The matter is judged to be significant or sensitive for other reasons.

### **C. Reporting to the Office of the President and Others**

1. The LDO shall have principal responsibility for meeting the reporting requirements to the Office of the President and local senior management. The LDO shall consult with members of the Investigations Workgroup (see Section IV.B.) as necessary in fulfilling this reporting responsibility and will inform the Investigations Workgroup of any reports made to the Systemwide LDO and DOI. The LDO (or designated member of the Local Investigations Workgroup – if there is a real or perceived potential conflict) shall forward a written report to the Systemwide LDO with copies to the DOI, the General Counsel and Vice President for Legal Affairs (General Counsel), and the SVP-CCAO regarding any reported allegations of suspected improper activities when any of the following conditions are met:
  - a) The matter is the result of a significant internal control or policy deficiency that is likely to exist at other units within the institution or across the University system;
  - b) The matter is likely to receive media or other public attention;
  - c) The matter involves the misuse of University resources or creates exposure to a liability of at least \$25,000;
  - d) The matter involves a significant threat to the health and safety of employees and/or the public;
  - e) The matter is judged to be significant or sensitive for other reasons;
  - f) The matter alleges an improper activity by the Chancellor or Laboratory Director, the LDO, or the local Internal Audit Director.

2. A copy of communications sent to the Systemwide LDO shall be sent to the respective UC Police department if on the basis of the allegations it appears that a crime may have been committed. The UC Police shall be consulted to determine the appropriate action with regard to these investigations.
3. In some instances, even an allegation of improper governmental activity may be reportable to a funding entity or regulatory agency. More typically, at least preliminary investigation results are needed to assess reporting obligations to parties outside the University. The LDO, in consultation with the leadership of the affected area and the SVP-CCAO, will determine the nature and timing of such communications. Pursuant to Section III.C.1.b above, the Systemwide LDO, the DOI and the SVP-CCAO shall be notified of any matter being reported to external agencies (other than matters routinely reported to the DOE pursuant to the Lawrence Berkeley National Laboratory contract).
4. Allegations of suspected losses of money, securities or other property shall be reported to the local risk management office as soon as discovered. The Chief Risk Officer, Office of the President shall be notified of such matters when they meet the criteria for reporting to the Systemwide LDO by copy of such notification. The Chief Risk Officer shall report such matters in accordance with the terms of any contracts with insurance or bonding companies.
5. In the event that any person with a reporting obligation under this policy believes that there is a conflict of interest on the part of the person to whom the allegations of suspected improper activities are to be reported, the next higher level of authority shall receive the report.
6. Whistleblowers frequently make their reports in confidence. To the extent possible within the limitations of law and policy and the need to conduct a competent investigation, confidentiality of whistleblowers will be maintained. Whistleblowers should be cautioned that their identity may become known for reasons outside of the control of the investigators or University administrators.

Similarly, the identity of the subject(s) of the investigation will be maintained in confidence with the same limitations.

#### **IV. Investigating Alleged Improper Governmental Activities**

- A. A number of functional units within the University have responsibility for routinely conducting investigations of certain types of allegations of improper governmental activities, and have dedicated resources and expertise for such purposes. These include Compliance, Internal Audit, the UC Police, Human Resources and the Academic Personnel Office. In addition, other University parties may become involved in investigations of matters based on their areas of oversight responsibility or topical expertise, for example, environmental health and safety, risk management, research administration, academic affairs, health sciences compliance officers, conflict of interest coordinators, etc.

- B. Each location (campus, the Lawrence Berkeley National Laboratory, the Office of the President, and the Division of Agriculture and Natural Resources) shall establish an Investigations Workgroup to ensure coordination and proper reporting of investigations. Acting in an advisory role, the Workgroup shall assist the LDO in assessing the location's planned course of action related to allegations and investigations, including determining that an adequate basis exists for commencing an investigation.
- C. The LDO will chair the Investigations Workgroup. Workgroup membership should include representatives from each functional unit that has routine responsibility for certain types of investigations (e.g., Compliance, Internal Audit, UC Police, Human Resources, Risk Management, Office of the General Counsel and the Academic Personnel Office). Additional representation to be determined locally may include research administration, academic affairs, campus controllers, compliance officers, campus/laboratory counsel and representatives from any other area in which investigations routinely occur but are not conducted by a standing body (for example, parties responsible for investigating allegations of scientific misconduct). In addition, specialized expertise may be required on an ad hoc basis for investigation of certain matters.
- D. The Investigations Workgroup's responsibilities shall include:
1. Assisting the LDO in assuring that the proper investigative channels are utilized according to appropriate expertise and jurisdiction;
  2. Assuring that all appropriate administrative and senior officials are apprised of the allegations as necessary;
  3. Assuring appropriate reporting occurs to the Office of the President through a written communication to the Systemwide LDO, the DOI and the SVP-CCAO to funding and regulatory agencies, whistleblowers and others as necessary or provided by this policy;
  4. Assisting the LDO in ensuring appropriate resources and expertise are brought to bear to cause the timely and thorough review of reports of allegations of suspected improper governmental activities;
  5. Ensuring that there are no conflicts of interest on the part of any party involved in specific investigations;
  6. Coordinating and facilitating communications across investigative channels as necessary to ensure comprehensive attention to all facets of the matter;
  7. Assisting the LDO in monitoring significant elements and progress of investigations to ensure that allegations are timely and thoroughly addressed; and

8. Coordinating and facilitating in an advisory capacity the corrective and remedial action that may be initiated in accordance with applicable faculty or staff conduct and disciplinary procedures.
- E. Each unit with investigative authority shall carry out investigative activities in accordance with appropriate laws and established procedures within its discipline (e.g., UC Police, Human Resources, Academic Personnel, Compliance, Internal Audit, etc.), and regulatory policies and guidelines (e.g., scientific misconduct per Office of Science and Technology Policy (OSTP) rules).
- F. The purpose and authority of the Investigations Workgroup shall not be construed as to limit or halt investigations undertaken with proper authority granted by law or policy to any University investigative authority. Nor is the Workgroup empowered to initiate investigations without an adequate basis. Rather, the Workgroup's purpose is to provide guidance, advice and/or coordination for investigative activities as requested by the LDO and to facilitate communications among appropriate parties as requested by the LDO.
- G. All employees of the University have a duty to cooperate with investigations initiated under this policy.
- H. Consistent with applicable personnel policies or collective bargaining agreements, an employee may be placed on an administrative leave or an investigatory leave, as appropriate, when it is determined by the University that such a leave would serve the best interests of the employee, the University or both. Such a leave is not to be interpreted as an accusation or a conclusion of guilt or innocence of any individual including the person on leave. The appropriate Academic Personnel or Human Resources Office shall be consulted regarding any plan to place an employee on such a leave.

## **V. Responsibilities**

### **A. Office of the President**

1. The Systemwide LDO assisted by the DOI and the Office of Compliance and Audit shall have overall responsibility for implementation of this policy.
2. For the Office of the President, the Systemwide LDO will have the same responsibilities assigned to Chancellors under this policy.
3. The President, based on advice and consultation with the Systemwide LDO, the Provost and Executive Vice President—Academic Affairs, the General Counsel, and the SVP-CCAO will communicate with The Regents regarding alleged improper governmental activities and investigative results on matters of significance.

4. Through the publication of administrative guidelines, the Systemwide LDO assisted by the DOI shall provide guidance to campuses and the Lawrence Berkeley National Laboratory on the creation of local implementing procedures. Campus process and structure will be defined in local implementing procedures for the University's Whistleblower Policy. These local procedures must contain a statement in the introduction, purpose or background section to identify the University's Whistleblower Policy as the controlling policy document which supersedes any other local or System policy related to this matter. This statement should be worded as for example: "Nothing contained in these local implementing procedures should be read or interpreted to contradict the underlying University of California Whistleblower Policy." Each location should submit to the Systemwide LDO, the DOI, and the SVP-CCAO for review and approval that location's implementing procedures, including the nomination of the LDO.

## **B. Chancellor**

1. The Chancellor shall be responsible for implementing this policy at the local level. Authorities and responsibilities delegated to the Chancellor are also assumed by the Lawrence Berkeley National Laboratory Director, the Systemwide LDO and the Vice President—Agriculture and Natural Resources in their respective jurisdictions.
2. The Chancellor shall appoint (with the approval of the Systemwide LDO) the local LDO responsible for carrying out this policy. This individual will chair the Investigations Workgroup established under Section IV.B above. The LDO should be at the level of Associate Vice Chancellor or higher.
3. The Chancellor shall appoint the standing members of the Investigations Workgroup. The LDO may appoint additional regular members and ad hoc members as necessary to address particular issues.

## **C. Locally Designated Official (LDO)**

1. The LDO shall be responsible for the establishment and maintenance of local implementing procedures that comply with this policy and the associated administrative guidelines. The local implementing procedures may in certain regards such as reporting thresholds be more stringent than this policy, but they may not be any less stringent.
2. The LDO shall oversee the establishment of mechanisms to ensure compliance with the reporting requirements of this policy. Principal among these are the local channels for assuring that reports of allegations of suspected improper governmental activities—which may be orally and/or informally communicated to numerous administrators and academic and staff employees in supervisory roles—are brought to the attention of the LDO or a member of the Investigations Workgroup.

3. The LDO is responsible for determining the need for consultation with the Investigations Work Group, select Workgroup members or other subject matter experts when initiating an investigation. The LDO shall convene the Workgroup on a scheduled basis and on an ad hoc basis as necessary to assist in promptly addressing allegations, and shall keep the Workgroup and the DOI apprised of the progress and status of investigations, as appropriate. Procedures guiding the initiation of investigations should not impede prompt action by the LDO or investigators when warranted.

#### **D. Investigative Responsibilities**

1. The LDO assisted by the Investigations Workgroup has responsibility for ensuring that independent, unbiased and competent investigative resources are used to conduct investigations of suspected improper governmental activity. In assigning the lead investigator role, the LDO should take into consideration the specific expertise and availability of dedicated investigation resources possessed by functional units such as Compliance, Internal Audit, Human Resources, etc. If criminal activity is detected, consultation with UC Police will determine if the police should take the lead, participate, or initiate a separate investigation.
2. UC Police are responsible for investigations of known or suspected criminal acts within their jurisdiction. In cases involving principally criminal concerns, the UC Police should be the lead investigators and others with an investigative interest should work in support of the police investigation.
3. Procedures for investigations of personnel matters, scientific misconduct, regulatory non-compliance, student misconduct and other matters are established locally by each campus, the Lawrence Berkeley National Laboratory, the Office of the President or the Division of Agriculture and Natural Resources. Such procedures shall be consistent with this policy and applicable laws and regulations.
4. In cases involving overlapping interests among investigative bodies, assistance and cooperation will be provided between the investigators based on the relative expertise of the investigative bodies.

### **VI. Roles, Rights, and Responsibilities of Whistleblowers, Investigation Participants, Subjects, and Investigators**

#### **A. Whistleblowers**

1. Whistleblowers provide initial information related to a reasonable belief that an improper governmental activity has occurred. The motivation of a whistleblower is irrelevant to the consideration of the validity of the allegations. However, the intentional filing of a false report, whether orally or in writing is itself considered an improper governmental activity which the

University has the right to act upon.

2. Whistleblowers shall refrain from obtaining evidence for which they do not have a right of access. Such improper access may itself be considered an improper governmental activity.
3. Whistleblowers have a responsibility to be candid with the LDO, investigators or others to whom they make a report of alleged improper governmental activities and shall set forth all known information regarding any reported allegations. Persons making a report of alleged improper governmental activities should be prepared to be interviewed by University investigators.
4. Anonymous whistleblowers must provide sufficient corroborating evidence to justify the commencement of an investigation. An investigation of unspecified wrongdoing or broad allegations will not be undertaken without verifiable evidentiary support. Because investigators are unable to interview anonymous whistleblowers, it may be more difficult to evaluate the credibility of the allegations and therefore, less likely to cause an investigation to be initiated.
5. Whistleblowers are "reporting parties," not investigators. They are not to act on their own in conducting any investigative activities, nor do they have a right to participate in any investigative activities other than as requested by investigators.
6. Protection of a whistleblower's identity will be maintained to the extent possible within the legitimate needs of law and the investigation. Should the whistleblower self-disclose his or her identity, the University will no longer be obligated to maintain such confidence.
7. A whistleblower's right to protection from retaliation does not extend immunity for any complicity in the matters that are the subject of the allegations or an ensuing investigation.
8. Whistleblowers have a right to be informed of the disposition of their disclosure absent overriding legal or public interest reasons.

## **B. Investigation Participants**

1. University employees who are interviewed, asked to provide information or otherwise participate in an investigation have a duty to fully cooperate with University-authorized investigators.
2. Participants should refrain from discussing or disclosing the investigation or their testimony with anyone not connected to the investigation. In no case should the participant discuss with the investigation subject the nature of evidence requested or provided or testimony given to investigators unless agreed to by the investigator.
3. Requests for confidentiality by participants will be honored to the extent possible within the legitimate needs of law and the investigation.

4. Participants are entitled to protection from retaliation for having participated in an investigation.

### **C. Investigation Subjects**

1. A subject is a person who is the focus of investigative fact finding either by virtue of an allegation made or evidence gathered during the course of an investigation. The decision to conduct an investigation is not an accusation; it is to be treated as a neutral fact-finding process. The outcome of the investigation may or may not support a conclusion that an improper governmental act was committed and, if so, by whom.
2. The identity of a subject should be maintained in confidence to the extent possible given the legitimate needs of law and the investigation.
3. Subjects should normally be informed of the allegations at the outset of a formal investigation and have opportunities for input during the investigation.
4. Subjects have a duty to cooperate with investigators to the extent that their cooperation will not compromise self-incrimination protections under state or federal law.
5. Subjects have a right to consult with a person or persons of their choice. This may involve representation, including legal representation.
6. Subjects may consult with the Office of the General Counsel (including campus and National Laboratory counsel) concerning the investigation. The Office of the General Counsel will provide legal advice to the subject regarding issues in the investigation, unless the Office of the General Counsel determines that a divergence of interest prevents it from doing so, it being understood that at all times the Office of the General Counsel represents the interests of the University. If legal services are provided by the Office of the General Counsel to the subject, the attorney-client privilege may not be invoked by the subject to prevent disclosure to the University of information obtained by the attorney providing the services, and the subject will be advised whenever it appears that a divergence of interest may require the attorney to withdraw from providing such legal services to the subject.

Subjects are free at any time to retain their own counsel to represent them with regard to the investigation and may request that the University pay or reimburse the attorney's fees. Chancellors shall designate a person to receive the request for reimbursement. Such requests shall be considered consistent with statutory law, case law and University practice, but this policy creates no entitlement to such payments or reimbursements.

7. Subjects have a responsibility not to interfere with the investigation and to adhere to admonitions from investigators in this regard. Evidence shall not be withheld, destroyed or tampered with, and witnesses shall not be influenced, coached or intimidated.

8. Unless there are compelling reasons to the contrary, subjects should be given the opportunity to respond to material points of evidence contained in an investigation report.
9. No allegation of wrongdoing against a subject shall be considered sustained unless at a minimum, a preponderance of the evidence supports the allegation.
10. Subjects have a right to be informed of the outcome of the investigation. If allegations are not sustained, the subject should be consulted as to whether public disclosure of the investigation results would be in the best interest of the University and the subject.
11. Any disciplinary or corrective action initiated against the subject as a result of an investigation pursuant to this policy shall adhere to the applicable academic personnel or staff conduct and disciplinary procedures.

#### **D. Investigators**

1. Investigators are those persons authorized by the University to conduct fact finding and analysis related to cases of alleged improper governmental activities.
2. Investigators derive their authority and access rights from University policy or Regental authority when acting within the course and scope of their responsibilities.
3. The University, investigation participants and subjects should be assured that investigators have competency in the area under investigation. Technical and other resources may be drawn upon as necessary to augment the investigation.
4. All investigators shall be independent and unbiased both in fact and appearance.
5. Investigators have a duty of fairness, objectivity, thoroughness, ethical behavior, and observance of legal and professional standards.
6. Investigations should be launched only after preliminary consideration that establishes that:
  - a. The allegation, if true, constitutes an improper governmental activity, [\[1\]](#) and either:
  - b. The allegation is accompanied by information specific enough to be investigated, or
  - c. The allegation has or directly points to corroborating evidence that can be pursued. Such evidence may be testamentary or documentary.

#### **VII. Additional Required Communications**

- A. If an investigation leads University officials to conclude that a crime has probably been committed, the results of the investigation shall be reported to the District Attorney or other appropriate law enforcement agency. The UC Police should be the conduit for communications with law enforcement agencies unless the Investigations Workgroup in a particular situation determines a different communications strategy.
- B. If an investigation leads University officials to conclude that a faculty member has engaged in conduct that may be a violation of the Faculty Code of Conduct, the results of the investigation shall be reported to appropriate academic personnel governing bodies in accordance with the applicable procedures for faculty conduct and the administration of discipline. Any charges of faculty misconduct brought as a result of an investigation under this policy shall comply with established faculty conduct procedures.
- C. Consultation with the Office of the General Counsel is required before negotiating or entering into any restitution agreement resulting from the findings of an investigation.

## **K. PROTECTION OF WHISTLEBLOWERS FROM RETALIATION AND GUIDELINES FOR REVIEWING RETALIATION COMPLAINTS (WHISTLEBLOWER PROTECTION POLICY)**

Information and telephone numbers for reporting suspected improper governmental activities or reporting retaliation against a whistleblower may be found [here](#). The Locally Designated Official at the Lab is the Associate Laboratory Director for Operations.

**NOTE:** When the following UC policies refer to “staff personnel policies,” Laboratory Employees should refer to [Chapters 2](#) and [3](#) of the Regulations and Procedures Manual (RPM). These chapters of the RPM are the approved Human Resources policies for Lawrence Berkeley National Laboratory employees.

### **I. Policy**

The University of California is committed to protecting employees and applicants for employment from interference with making a protected disclosure or retaliation for having made a protected disclosure or for having refused an illegal order as defined in this policy. This policy is derived from the California Whistleblower Protection Act (Government Code Sections 8547-8547.12). Pursuant to this code section, a University employee may not: (1) retaliate against an employee or applicant for employment who has made a protected disclosure or who has refused to obey an illegal order, nor (2) directly or indirectly use or attempt to use the official authority or influence of his or her position or office for the purpose of interfering with the right of an applicant or an employee to make a protected disclosure to the University Auditor, the employee’s immediate supervisor or other appropriate administrator or supervisor within the operating unit, the locally designated University official as defined in the University’s Whistleblower Policy, or the State of California Bureau of State Audits about matters within the scope of this policy. It is the intention of the University to take whatever action may be needed to prevent and correct activities that violate this policy.

## **II. Scope of Policy and Definitions**

This policy applies to complaints of retaliation or interference filed by employees or applicants for employment who have made or attempted to make a protected disclosure (“whistleblowers”) or refused to obey an illegal order, as defined below.

Local retaliation complaint resolution procedures shall incorporate the following definitions.

### **A. Improper Governmental Activity**

Any activity undertaken by the University or by an employee that is undertaken in the performance of the employee’s official duties, whether or not that action is within the scope of his or her employment, and that (1) is in violation of any state or federal law or regulation, including, but not limited to, corruption, malfeasance, bribery, theft of University property, fraudulent claims, fraud, coercion, conversion, malicious prosecution, misuse of University property and facilities, or willful omission to perform duty, or (2) is economically wasteful, or involves gross misconduct, gross incompetence, or gross inefficiency.

### **B. Protected Disclosure**

Any good faith communication that discloses or demonstrates an intention to disclose information that may evidence either (1) an improper governmental activity or (2) any condition that may significantly threaten the health or safety of employees or the public if the disclosure or intention to disclose was made for the purpose of remedying that condition.

### **C. Illegal Order**

Any directive to violate or assist in violating an applicable federal, state, or local law, rule, or regulation or any order to work or cause others to work in conditions outside of their line of duty that would unreasonably threaten the health or safety of employees or the public.

### **D. Interference**

Direct or indirect use of authority to obstruct an individual’s right to make a protected disclosure.

### **E. Official Authority or Influence**

Promising to confer, or conferring, any benefit; effecting, or threatening to effect, any reprisal; taking, or directing others to take, or recommending, processing, or approving, any personnel action, including, but not limited to, appointment, promotion, transfer, assignment, performance evaluation, suspension, or other disciplinary action.

### **F. Retaliation Complaint**

Any written complaint by an employee or an applicant for employment which alleges retaliation for having made a protected disclosure or for having refused an illegal order or interference with an attempt to make a protected disclosure, together with a sworn statement, made under penalty of perjury, that the contents of the complaint are true or are believed by the complainant to be true.

### **III. Authority and Responsibilities**

#### **A. Local Procedures**

The Chancellor shall establish local retaliation complaint resolution procedures in accordance with this policy. Authorities and responsibilities delegated to the Chancellor are assumed by the Laboratory Directors, the Senior Vice President—Business and Finance, and the Vice President—Agriculture and Natural Resources for employees within their respective jurisdictions.

#### **B. Locally Designated Official (LDO)**

The Chancellor [\[1\]](#) shall appoint a Locally Designated Official (the LDO) to receive retaliation complaints and administer local implementing procedures. The LDO (or designee) shall determine (1) whether a complaint is timely; (2) whether it sets forth the necessary facts to support a claim of retaliation for having made a protected disclosure, having disobeyed an illegal order, or interference with the right to make a protected disclosure; and (3) whether a complaint is eligible for processing under University grievance or complaint resolution procedures available to the complainant (as noted in [Section VII.A.](#) below). The LDO may be the same official designated to administer local procedures for investigating whistleblower complaints.

#### **C. Retaliation Complaint Officer (RCO)**

The LDO may appoint one or more individuals or a standing body to serve as Retaliation Complaint Officer(s) to oversee the investigation of complaints filed by employees and applicants for employment alleging interference with or retaliation for making a protected disclosure or for refusing to obey an illegal order. The RCO may delegate conduct of the investigation, including any fact-finding, to another person. The term “RCO” as used in this policy includes the person to whom the investigation may be delegated.

#### **D. Chancellor**

The Chancellor renders a decision when the RCO conducts an investigation and determines the appropriate corrective action, if any, as set forth in [Section VII.C](#) below. The Chancellor may delegate his or her duties under this policy.

### **IV. Filing a Complaint**

A retaliation complaint (grievance plus sworn statement) may be filed (A) under an applicable

grievance or complaint resolution procedure, (B) with the LDO, or (C) with the employee's supervisor. Threshold requirements for filing a retaliation complaint are described in [Section IV.D.](#) below. Employees who elect to file a grievance unaccompanied by a sworn statement made under penalty of perjury that its contents are true or are believed to be true are not covered by the retaliation provisions of the California Whistleblower Protection Act.

#### A. Filing Pursuant to an Applicable Grievance or Complaint Resolution Procedure

A retaliation complaint (grievance plus sworn statement) may be filed pursuant to the applicable personnel policy or collective bargaining agreement grievance or complaint resolution procedure. The individual designated locally to receive grievances (i.e., grievance liaison) pursuant to academic or staff personnel policies, or collective bargaining agreements, shall provide the LDO with a copy of the retaliation complaint. If the grievance is not accompanied by a sworn statement, but raises issues of retaliation covered by this policy, then the grievance liaison shall provide the LDO with a copy of the grievance. Campus procedures shall specify the individual responsible for advising the complainant of his or her rights to file a whistleblower retaliation complaint and the timeframe for filing. Local procedures shall refer to the following grievance and complaint resolution policies and/or their respective implementing procedures:

1. Academic Personnel: Academic personnel may file complaints alleging retaliation, if eligible, as follows:

a.	Members of the Academic Senate	Senate Bylaw 335
b.	Non-Senate Academic Personnel	APM – 140
c.	Exclusively Represented Academic Personnel	The applicable collective bargaining agreement

2. Staff Personnel: Staff personnel may file complaints alleging retaliation, if eligible, as follows:

a.	Senior Managers	PPSM II-70
b.	Managers and Senior Professionals, Salary Grades VIII and IX	PPSM 71
c.	Managers and Senior Professionals (except Salary Grades VIII and IX) and Professionals and Support Staff	PPSM 70
d.	Exclusively Represented Staff Personnel	The applicable collective bargaining agreement

#### B. Filing with the LDO

A written retaliation complaint may be filed directly with the LDO. A retaliation complaint filed with the LDO must be filed within 12 months of the alleged act or threat of interference or retaliation. If the complaint alleges a pattern of retaliation, the complaint must be filed within 12 months of the most recent alleged act or threat of interference or retaliation.

1. If the complaint received by the LDO is eligible for review under an existing grievance or complaint resolution procedure and the complainant also elects to file under the applicable grievance or complaint resolution procedure, the LDO will hold the retaliation complaint in abeyance until all of the steps preceding hearing, arbitration, or fact-finding have been completed. (For example, under a collective bargaining agreement, the whistleblower retaliation complaint is joined with the grievance when the grievance advances to arbitration under the applicable procedure.) At that point in the review process, the retaliation complaint will be joined with the applicable procedure and referred to the RCO for handling as described in [Section VI.A.3](#) below.
2. If a complaint received by the LDO is eligible for review under an existing grievance or complaint resolution procedure but the complainant elects not to file, the complaint will be referred to the RCO for investigation at the end of the grievance filing period.
3. The LDO shall refer a complaint to the RCO for investigation under the following conditions:
  - (a) The complaint is not within the scope of or filed within the time limits of the complaint resolution procedure available to the complainant under applicable University personnel policies, collective bargaining agreements, or procedures established by the Academic Senate; or
  - (b) The employee does not have a complaint resolution procedure available for some other reason (for example, the alleged retaliatory act cannot be grieved under the respective collective bargaining agreement); or
  - (c) The complainant is an applicant for employment.
4. If a complaint that is normally eligible for investigation by the RCO alleges that the Chancellor, the LDO, or the LDO's supervisor interfered or took the retaliatory action, the LDO or designee shall request:
  - (a) that the Senior Vice President—Business and Finance appoint a RCO when the complainant is a current employee in or applicant for a staff or management position; or
  - (b) that the Provost and Senior Vice President—Academic Affairs appoint a RCO when the complainant is a current appointee in or applicant for an academic position.

### **C. Filing with a Supervisor**

A written complaint filed with a supervisor shall be referred by the supervisor to the LDO and processed in accordance with [Section IV.B.](#) above.

#### **D . Filing Requirements and Thresholds**

1. The retaliation complaint filed with the LDO or the supervisor must set forth in sufficient detail the necessary facts including dates and names of relevant persons. The complaint must contain facts supporting the filing thresholds as set forth below in Section IV.D.2(a) through (c), the alleged retaliatory act(s), and the effects on the complainant of the alleged retaliatory acts. The LDO may require the complainant to amend the complaint to provide sufficient detail. If the complainant does not amend the complaint to correct the insufficiencies identified by the LDO within a reasonable timeframe, as established in local procedures, the complaint may be dismissed by the LDO.
2. In order for a retaliation complaint to be accepted, the complainant must allege that:
  - (a) he or she filed a report or made a protected disclosure alleging improper governmental activities pursuant to current University policy; or
  - (b) he or she was threatened, coerced, commanded, or prevented by intimidation from filing a report of improper governmental activities; or
  - (c) he or she refused to obey an illegal order.
3. The LDO may consult with the local Investigations Workgroup in determining whether the alleged disclosure is a protected disclosure, and in determining whether an alleged order was an illegal order if the complaint is otherwise eligible for review.

#### **V. Administrative Proceedings**

##### **A. Evidentiary Standards**

1. Pursuant to California Government Code Section 8547.10(e) an arbitrator, University or non-University hearing officer, or University committee that hears a retaliation complaint shall be instructed that once the complainant demonstrates by a preponderance of the evidence that he or she engaged in activity protected by the University's Whistleblower Policy and that such activity was a contributing factor in the alleged retaliation, the burden of proof shall be on the supervisor, manager, or University to demonstrate by clear and convincing evidence that the alleged retaliatory action would have occurred independent of the employee's engagement in a protected disclosure or refusal of an illegal order. If the complaint is investigated by a factfinder, the factfinder shall find facts concerning the burden of proof so that the Chancellor is able to make

this determination. If the University fails to meet this burden, the employee or applicant for employment shall have a complete affirmative defense to the adverse action which was the subject of the complaint.

2. However, pursuant to California Government Code Section 8547.10(d), a manager or supervisor is not prevented from taking, directing others to take, recommending, or approving any personnel action or from taking or failing to take a personnel action with respect to any employee or applicant for employment if the manager or supervisor reasonably believes any action or inaction is justified on the basis of evidence separate and apart from the fact that the person has made a protected disclosure.

## **B. Special Evidentiary Standards for Health Care Workers**

Pursuant to Section 1278.5 of the California Health and Safety Code, discriminatory treatment (as defined in the Section) of a health care worker for having presented a grievance or complaint, or having initiated, participated, or cooperated in any investigation or proceeding against the health facility on issues relating to care, services or condition of the health facility, if the health facility had knowledge of such action, shall raise a rebuttable presumption that discriminatory action was taken in retaliation, if the discriminatory action occurs within 120 days of the filing of the grievance or complaint.

## **VI. Complaints Investigated by the RCO**

- A. When an employee files a complaint which contains an eligible allegation of retaliation under an existing University grievance or complaint resolution procedure, the RCO shall investigate the allegation of retaliation or interference as provided below:
  1. If the complaint is filed under a complaint resolution procedure containing fact-finding as specified in University policies as part of the final available step (e.g., Staff Policies 70, 71, and II-70 for some issues), the RCO will serve as the factfinder.
  2. If the complaint is filed under a grievance procedure in personnel policy, a collective bargaining agreement, or under procedures established by the Academic Senate, but is not eligible under that policy, collective bargaining agreement, or procedure for arbitration, hearing, or fact-finding, the RCO will investigate the complaint after exhaustion of the available steps of the policy, collective bargaining agreement, or Academic Senate procedure. The investigation and findings will be limited to the interference or retaliation aspect of the complaint only.
  3. If the complaint is heard before an arbitrator, University or non-University hearing officer, or University committee, the RCO will receive a copy of that decision. If the decision does not include findings regarding the alleged interference or retaliation, the RCO shall request that the arbitrator, University or non-University hearing officer, or University committee revise the report to include findings regarding the alleged interference or retaliation. If the arbitrator, University or non-University hearing officer,

or University committee subsequently fails to include such findings in the report, the RCO will conduct a separate investigation on that issue only.

- B. When no University grievance or complaint resolution procedure is available to the complainant, the RCO will conduct the investigation.
- C. Before findings are reached, the RCO (or fact-finder, if the RCO has delegated conduct of the investigation) shall provide a copy of the complaint and any documents on which the RCO (or fact-finder) intends to rely in reaching findings to the person accused of interference or retaliation. That person shall be provided the opportunity, within locally established time limits, to respond to the complaint and to file a written statement which the RCO (or fact-finder) will make part of the record submitted to the Chancellor.
- D. The RCO shall present findings of fact based on the evidence and factual conclusions to the Chancellor within 120 days from the date on which the complaint was assigned to the RCO unless an extension is granted by the LDO.
- E. When an employee has filed a complaint under an applicable personnel policy or collective bargaining agreement grievance or complaint resolution procedure (1) which alleges retaliation for an action protected by this policy, and (2) a final University decision within the meaning of the applicable complaint resolution policy or collective bargaining agreement has been rendered, and (3) the employee later files a timely whistleblower retaliation complaint, the RCO shall review the decision. If there is a finding of retaliation, the RCO shall review it to ensure that the remedy is consistent with the policy, and if not, the RCO shall make a recommendation to the Chancellor. If there is no finding of retaliation, the LDO shall request that the hearing officer, committee, or arbitrator reopen the case and apply the standard of proof specified in [Section V.](#) above, and if necessary, find additional facts for application of the standard. If the foregoing does not occur, the RCO shall find additional facts, if necessary, for application of the standard of proof specified in [Section V.](#) above. The case shall then be forwarded to the Chancellor for a decision.
- F. When it is alleged that the Chancellor, the LDO, or the LDO's supervisor interfered or took the retaliatory action, the Senior Vice President—Business and Finance or the Provost and Senior Vice President—Academic Affairs, whichever applies, shall appoint an RCO to undertake the investigation consistent with the provisions of [Section VI.A through E.](#) above. The RCO shall present findings of fact based on the evidence and factual conclusions to the Senior Vice President—Business and Finance or the Provost and Senior Vice President—Academic Affairs, as appropriate, for a decision. The RCO's findings shall be presented within 120 days from the date on which the complaint was assigned to the RCO unless an extension is granted by the Senior Vice President—Business and Finance or Provost and Senior Vice President—Academic Affairs.

## **VII. Decision**

### **A. Decision Based on Findings of an Arbitrator, University or Non-University Hearing Officer, or University**

## Committee

1. The RCO shall be provided with a copy of the decision in those cases in which the complaint was heard before an arbitrator, University or non-University hearing officer, or University committee.
2. When there are findings that interference or retaliation has occurred, the RCO will provide that information to the Chancellor. If the decision is final and binding, the Chancellor may not alter the decision in any way, but may through the appropriate channels initiate corrective action against the University employee who interfered or retaliated based on the findings in the decision.

## B. Decision Based on Findings of an Investigation Conducted by the RCO

1. The RCO is to present findings of fact based on the evidence and factual conclusions to the Chancellor who shall render a decision in the matter consistent with the standard of proof specified in [Section V](#) above. The Chancellor may remand the findings to the RCO if further investigation is needed before making a decision. The Chancellor will communicate the decision in writing to the complainant and to the person or persons accused of violating the University's Whistleblower Protection Policy.
2. The Chancellor's written decision will include any appropriate relief for the complainant, but will not describe any corrective action which may need to be taken.

## C. Corrective Action of a University Employee

The Chancellor through the appropriate channel, or in the case of Academic Senate members the appropriate Senate Committee, determines the appropriate corrective action, if any, which will be initiated against a University employee who is found to have retaliated against or interfered with an employee's or applicant's right to make a protected disclosure or to refuse an illegal order. Such action shall be in accordance with the applicable personnel policy or collective bargaining agreement. For a member of the Academic Senate, disciplinary proceedings are in accordance with academic personnel policies and procedures established by the Academic Senate.

## D. Complaint Against the Chancellor, the LDO, or the LDO's Supervisor

With regard to complaints in which it is alleged that the Chancellor, the LDO, or the LDO's supervisor interfered or took retaliatory action, the findings of the investigation shall be presented for a decision to the Senior Vice President—Business and Finance or the Provost and Senior Vice President—Academic Affairs, in accordance with [Section VI.F.](#) above.

## VIII. Appeal

An employee may appeal the local decision only on the basis that the complaint was ineligible for processing because it was untimely filed and/or the complaint did not qualify for review under the scope

of this policy to:

- A. the Senior Vice President—Business and Finance if the complainant is a current employee in or applicant for a staff or management position; or
- B. the Provost and Senior Vice President—Academic Affairs if the complainant is a current appointee in or applicant for an academic position.

## **IX. Reports**

Each location shall submit a copy of local procedures implementing this policy to the Office of the Senior Vice President—Business and Finance. Additionally, on July 31 of each year, each location shall submit to the Senior Vice President—Business and Finance a report summarizing the number of whistleblower retaliation complaints filed during the preceding fiscal year and their disposition. The Office of Human Resources and Benefits will provide a reporting format for this purpose.

## **L. UNAUTHORIZED ABSENCES AND JOB ABANDONMENT**

### **1. Policy**

An employee shall be at work during his or her regular work schedule, unless an absence from work has been authorized by the supervisor. The supervisor determines whether an absence is authorized or unauthorized, in accordance with the procedures below and with applicable personnel policies and collective bargaining agreements. Supervisors shall respond to unauthorized absences using appropriate reduction of compensation and the Laboratory normal counseling/corrective action/disciplinary procedures. Supervisors shall not approve the use of vacation leave, sick leave, or leave without pay for unauthorized absences.

### **2. Definition**

#### **a. Unauthorized Absence**

Absence from scheduled work without supervisory approval.

#### **a. Job Abandonment**

Five consecutive work days of unauthorized absence constitutes job abandonment.

### **3. PROCEDURES**

#### **a. Unauthorized Absence**

In case of an apparent unauthorized absence, the supervisor must inquire into the circumstances of the absence. If the supervisor determines that the absence was due to an unforeseen event, outside of the control of the employee which precluded the employee from contacting the supervisor, the supervisor may retroactively authorize the absence.

If the absence is determined to be unauthorized:

- i. The employee's pay shall be adjusted for each period of unauthorized absence. Non-exempt employees shall have their pay reduced in 15-minute increments. Exempt employees shall have their pay reduced in full workday increments when absent without authorization for one or more full workdays.
- ii. The supervisor will counsel the employee and, at a minimum, make a record of the incident. In some circumstances corrective action may be warranted, in which case the supervisor will consult Human Resources–Labor Employee Relations (HR-LER) on the appropriate course of action.

**a. Job Abandonment**

- i. In the case of job abandonment, the responsible manager, after consultation with HR-LER, shall provide the employee with written notification of its intent to separate her/him. This notification shall include the reasons for the separation, the employee's right to respond to the responsible manager within 14 calendar days, and a Proof of Service. The notification shall be sent to the employee's last known mailing address.
- ii. The employee shall have 14 calendar days from the mailing of such notice to respond to the responsible manager prior to her/his separation. The response may, at the option of the employee, be oral or in writing. The manager receiving the response must have the authority to effectively recommend reinstatement of the employee.
- iii. Following the employee's timely response, or 14 calendar days, a final decision will be made. The employee must be notified in writing of the responsible manager's decision as contained in [RPM §2.05\(C\)\(6\)\(b\) \(Corrective Action and Dismissal\)](#).
- iv. During the above process, the employee will be placed on unauthorized leave of absence without pay beginning the first day of missed work.
- v. See also [RPM §2.12\(I\)](#) if the reason the employee does not return to work is for medical reasons.

## Footnotes

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### Paragraph J

1. Matters that do not meet this standard may be worthy of management review, but should not be undertaken as an investigation of an

improper governmental activity.

**Paragraph K**

1. For the purpose of this policy, the Chancellor also means the Laboratory Directors for the Lawrence Berkeley National Laboratory, the Lawrence Livermore National Laboratory, and the Los Alamos National Laboratory; the Senior Vice President—Business and Finance; and the Vice President—Agriculture and Natural Resources.

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## §2.06 Compensation Program

*[Responsible Manager](#)*

Links updated 09/08

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## A. GENERAL POLICY

Lawrence Berkeley National Laboratory's policy is to provide a compensation program to attract,

motivate, and retain creative, skilled, and productive employees. The program implements key pay strategies to recognize and reward employees for work performance and accomplishments based on merit and to establish salary ranges and pay rates competitive with external market levels.

A compensation program includes methods and procedures for job analysis, evaluation, classification, and other practices that support management efforts to establish work assignments and appointment levels based on the assessment of job responsibilities, contribution levels, and other requirements. The Laboratory develops salary ranges and pay rates that reflect its internal value of jobs and external labor market values. The program provides for adjustments to salary ranges and pay rates based on the need to remain competitive in response to changing internal and external conditions such as funding levels, labor markets, Laboratory reorganizations, and other factors.

The Laboratory administers the compensation program consistent with its policy of equal opportunity for employees. Management supports open communication with employees about the compensation program and related salary administration practices and procedures.

### **1. Relationship with the University of California**

As part of the University of California, the Laboratory follows University employee policies. In policy matters, close liaison is maintained with the Laboratory Administration Office, University of California Office of the President.

### **2. Relationship with Department of Energy**

The Laboratory is operated by the Regents of the University of California under the DOE/LBNL Contract with the United States Department of Energy (DOE). In accordance with this contract, the Laboratory has adopted compensation program objectives and standards.

## **B. HUMAN RESOURCES DEPARTMENT**

### **1. Compensation Office**

The functions of the Compensation Office of the Human Resources Department include the administering, recommending, implementing, and monitoring of all aspects of compensation policy.

### **2. Staffing Office**

The Staffing Office of the Human Resources Department, in consultation with compensation staff, is responsible for assisting divisions in evaluating and establishing appropriate job classifications and starting salaries for both prospective and transferring employees and for obtaining all required approvals.

## **C. LABORATORY COMMITTEES**

Two salary committees cover the major categories of employment at the Laboratory:

- The Laboratory Compensation Committee
- The Scientific/Engineer Salary Committee

Reclassification requests for senior staff and distinguished staff scientists/engineers are normally reviewed by the Laboratory Staff Committee and passed to the Laboratory Director with its recommendation.

### **1. Appointment of Members**

Members and chairpersons of the salary committees are appointed to serve specified terms. To the extent possible, membership is representative of the various divisions. The committees are advisory to the Human Resources Department and the Laboratory Director. A list of the current membership of each committee is maintained by the Compensation Office.

### **2. Function and Role**

The committees provide recommendations and important feedback on request by the Laboratory Director or Human Resources Department on compensation-related matters, including proposed changes to policy. In addition, when the division and Human Resources Department disagree, the committees will review and make recommendations on classification issues as requested by the Compensation Manager.

The Scientific/Engineer Salary Committee (a) reviews and makes recommendations to the Laboratory Director on post-October salary changes, head-level appointment positions, and exceptional cases concerning scientist and engineer reclassifications, salary offers, and salary adjustments for senior staff scientist/engineer and division fellow appointments; (b) approves postdoctoral fellow salary schedules; and (c) adjudicates scientist/engineer salary offers on appeal.

## **D. DIVISIONS**

Division responsibilities regarding administration of Laboratory compensation policies include the following:

### **1. Reviews and Recommendations**

Reviewing each employee's salary and work assignment at least once a year to ensure that the employee is working in the proper classification and that earnings are appropriate. Recommending reclassifications and salary adjustments when the employee's work assignment or performance has changed substantially enough to warrant reclassification or salary adjustment. Salary increases require approval before they are communicated to an employee.

### **2. Salary Offers**

Reviewing and approving standard salary offers for new hires. The division may discuss salary

requirements with a prospective candidate but may not make a commitment to a salary offer. The only binding offer of employment is made in writing to the prospective candidate by the Human Resources Department. Any preliminary correspondence with a prospective employee should include a clear statement of this policy. Salary offers must be confirmed by the Human Resources Department before any offer is made to the prospective candidate.

## **E. LABORATORY DIRECTOR**

### **1. Policies**

Subject to University and/or DOE concurrence when required, the Laboratory Director approves all new policies and changes to current policies on human resources matters.

### **2. Salaries**

Subject to University and DOE concurrence when required, the Laboratory Director or designee approves salary and classification assignment or changes for employees in certain classifications.

### **3. Salary Increases**

The Laboratory Director approves the annual Salary Review Guidelines for all classifications before seeking University approval, including revisions to those guidelines after University response.

### **4. Disputes**

On appeal, the Laboratory Director has final approval concerning disputes on salary and classification matters and on human resources policy interpretation.

## **F. CLASSIFICATION AND SALARY STRUCTURE**

### **1. Classifications**

Jobs at the Laboratory are grouped in broad classification groups and additionally into subgroups and individual classification codes. Each of the classification codes, with further subdivision into levels corresponding to the duties and responsibilities assigned and the degree of experience and skill required, has its own Laboratory classification description. Each is analyzed to determine whether it is exempt from the overtime pay provisions of the Fair Labor Standards Act (FLSA).

### **2. Establishment of Classifications**

The Human Resources Department Compensation Office is responsible for recommending new classifications and changes in existing classifications. University of California approval is required for any changes in the classification system.

### **3. Determination of Appropriate Classification**

Jobs at the Laboratory are classified on the basis of duties and responsibilities. Both job postings and reclassifications of positions with incumbents are reviewed to determine the proper classification. When job posting rather than reclassification is appropriate, see [RPM §2.01\(C\) \(Recruitment and Selection\)](#).

- a. **Posting.** The requesting division and the Human Resources Department will determine the appropriate classification for new positions. Replacement requisitions for established positions should specify the same classification unless the nature of the job has changed or the position does not meet current Laboratory classification specifications. In these cases, the position is reviewed for classification in the same manner as for a new position. If the requesting division and the Human Resources Department cannot agree on a suitable classification, the Human Resources Department may request a review and recommendation from the appropriate salary committee.
- b. **Reclassification.** When the employee's duties and responsibilities have evolved to the extent that another classification is more appropriate, the employee's position should be reclassified. The division will recommend a new classification to the Human Resources Department. Advancement to a higher classification requires the employee to perform duties equal to those specified in the Laboratory classification description. Reclassifications to a classification with a lower salary range maximum must be approved by the Human Resources Department and discussed with the employee.

#### 4. Establishment of Salary Ranges and Merit Salary Review Guidelines

- a. **Salary Surveys.** Salary surveys of public institutions and private firms that have positions similar to those at the Laboratory are used to determine and adjust salary ranges and establish merit salary increase guidelines within available DOE authorization amounts.
- b. **Survey Data.** The Compensation Office analyzes salary survey data to determine the Laboratory's comparative position and to determine the salary range adjustments and salary increase allocations necessary to adjust the Laboratory's relative position, when required, in the applicable survey labor market. Statistical charts and data are prepared for Laboratory management to substantiate recommended salary adjustment guidelines.

#### 5. Establishment of Employee's Salary Level

- a. **Salary Level.** An employee's salary level is based on the individual's skills, training, and applicable experience as evaluated by the requesting division with the concurrence of the Human Resources Department. An employee is paid within the rate range for his or her job classification, with the exceptions noted below. A request to have an employee paid above or below the rate range requires written justification and University approval (training classifications are exempted). A new employee may be paid below the rate range if he or she has not met the minimum requirements for the classification, a suitable training classification does not exist, and the employee is in a training period of specified time until he or she qualifies.

- b. **Salary Review Guidelines.** Salary Review Guidelines are established for each group of classifications for each fiscal year. The salary increase allocations are based on a comparison of the Laboratory to outside survey data and on available authorizations from DOE. Merit salary increases based on performance, corrections for market lag, salary increases granted to correct alignment problems among employees doing similar work, and adjustments based on increases to the bottom of the pay range for the classification are all included within the Salary Review Guidelines. After the guidelines are established, the divisions are informed of the authorizations allocated for salary increases; it is the responsibility of each division to stay within that allocated amount for the fiscal year. The Compensation Office monitors all increases for budgetary appropriateness.
- c. **Merit Increase.** Merit salary increases are based on the employee's job performance, and every employee is considered for a merit increase once a year. Both recommendations for no increase based on failure to meet established performance standards and recommendations involving merit increases exceeding the range defined in the annual Salary Review Guidelines require written documentation. Decreases in salary must be discussed with the employee and acknowledged by the employee's signature.
- d. **Completion of Probationary Period.** Satisfactory completion of a probationary period by an employee does not automatically warrant a salary increase. A recommendation for a salary increase may be made, however, if the final probationary performance/progress review justifies the increase, the employee was ineligible for an October increase, and merit guidelines and salary relationships within the department or division warrant the increase. Regular-status career employees transferring from another part of the University of California, who are not subject to a probationary period, may be considered for an increase under this provision if a six-month performance/progress review is completed before the recommendation for salary increase. Additional guidance is provided in the annual Salary Review Guidelines.

## G. PROCEDURES

### 1. Routing and Forms for Adjustment Requests

All salary adjustment and reclassification requests originate with the employee's supervisor and are routed through the division director to the Human Resources Department. Two standard Laboratory forms are used for salary adjustment and reclassification requests. Stock Form 7600-64777 (*Salary Adjustment Request*) is for one employee only and includes space for a written justification for the request. Form LL-2201 (*Request for Salary/Wage Actions*) provides for listing several employees on the same sheet and does not have any allotted space for written justifications. Required written justifications are furnished by memoranda attached to the form.

### 2. When to Submit Adjustment Requests

- a. **Annual Reviews.** Employees are reviewed annually in time for October 1 changes. Review and eligibility dates for represented employees may vary. Employees hired after April 1 are not

eligible for October 1 salary increases.

- b. **Special Requests.** Salary adjustment requests for regular-status career employees will be considered at times other than the annual review on a limited basis. Such requests will be considered only if strong justification is presented in accordance with the annual Salary Review Guidelines.

### 3. Review and Approval of Reclassification and Salary Adjustment Requests

After approval by the division, reclassification and salary adjustment requests are routed to the Human Resources Department for approval. They are reviewed for accuracy and adherence to compensation guidelines and policies. Other required approvals may include the University and/or DOE and are identified in the annual Salary Review Guidelines in addition to the following:

- a. Salary adjustments requiring DOE approval are listed in the Salary Review Guidelines and Appendix A to the DOE/LBNL Contract.
- b. Salary increases for certain classifications must be approved by the Laboratory Director or designee. The approval level is published annually in the Salary Review Guidelines. When a reclassification occurs in conjunction with a salary increase, this also must be approved by the Laboratory Director or designee.
- c. The President and the Regents of the University must approve all salary adjustments for high-level management, scientific, and engineering employees as listed in the Salary Review Guidelines. The Compensation Office provides information on these levels annually.
- d. All reclassifications to senior staff scientist/engineer and distinguished staff scientist/engineer must be approved by the Laboratory Director.

### 4. Appeal Procedure

- a. **Appeal by Division.** A division may appeal a reclassification or salary adjustment decision made by the Human Resources Department. The appeal must be made formally in writing, with a justification specifying the reasons for the appeal. Formal appeals should only be requested if an appropriate resolution cannot be agreed on.
- b. **Appeal by Employee.** An employee who is dissatisfied with his or her rate of pay or classification should discuss the matter with the immediate supervisor. If the complaint cannot be resolved within the division or department, the supervisor should refer the employee to the Human Resources Department so that appropriate complaint resolution procedures may be initiated.

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## §2.07

### Professional Research Staff

*Responsible Manager*

Revised 08/08

Links updated 09/08

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## A. GENERAL

## 1. Introduction

This section defines the various categories of Laboratory professional research staff positions including descriptions of the qualities and characteristics appropriate for employees in each category. Procedures for hires, promotions, and other personnel actions are delineated and the roles of the Division Staff Committees and Laboratory Staff Committee are described.

This policy applies to Scientists/Engineers in the SXX.X and RXX.X Job Classification Series.

## 2. Applicability of Other Policies

This policy is intended to supplement and not to conflict with applicable University and Laboratory human resources policies and procedures. For dismissals for conduct or performance reasons, refer to [RPM §2.05 \(Management/Employee Relations\)](#). For terminations, including reductions in force, refer to [RPM §2.21 \(Terminations\)](#). For other applicable Laboratory policies and procedures, refer to specific sections of the RPM.

## 3. Definitions

### a. Career position ([See RPM §2.01\(D\)\(1\)](#))

### b. Career-track position

A career-track position as a Research Scientist/Engineer (Career-Track) or Scientist/Engineer (Career-Track) or Staff Scientist/Engineer (Career-Track) is a term appointment of a minimum of one year to a maximum of five years (during which the employee's performance is evaluated for promotion to a career position). Time spent in Postdoctoral Fellow appointments is excluded from the five-year limit. A Divisional Fellow position is a career-track position. For information on the length of this appointment, refer to [Paragraph \(C\)\(6\)](#) below. A promotion to a career position may take place at any time during the appointment term; however, if the employee is not promoted, the employee's appointment will automatically expire at the end of the appointment term. If an employee resigns or his/her appointment is terminated during the appointment term and he/she returns in another career-track position, the previous period of employment counts towards the five-year maximum ([see RPM §2.01\(D\)\(4\)\(a\)](#)). It is within the Laboratory's sole discretion not to extend career-track appointments or not to promote career-track appointees, as long as the reasons for non-extension or non-promotion are not in violation of Laboratory policy.

### c. Promotion

When used with regard to professional research staff, a promotion occurs when a career-track employee advances to a career position, as well as when a career employee advances to a higher-level career position.

## 4. Procedures

### a. Suitable Search

A national search is required for hires into both career-track and career Research Scientist/Engineer and Divisional Fellow appointment series. An international search is required for hires into both career-track and career Staff Scientist/Engineer, Senior Scientist/Engineer, and Distinguished Scientist/Engineer appointment series. A prior search for Postdoctoral Fellows does not qualify as a suitable search for career-track or career positions. See [Scientist/Engineer Suitable Search Guidelines](#) and [Scientist-Engineer Suitable Search Checklist](#).

#### **b. Mid-Term and Promotional Reviews**

Procedures for mid-term and promotional reviews of Research Scientists/Engineers (Career-Track), Staff Scientists/Engineers (Career-Track), and Divisional Fellows are listed here and in the description of each appointment type below. See [Scientist/Engineer Mid-Term Review Guidelines](#) and [Scientist/Engineer Mid-Term Review Checklist](#). Also see [Scientist/Engineer Promotion Guidelines](#) and [Scientist/Engineer Promotion Checklist](#).

## **B. LABORATORY AND DIVISION STAFF COMMITTEES**

### **1. Laboratory Staff Committee**

#### **a. Role**

The Laboratory Staff Committee:

- i. Advises the Laboratory Director on matters concerning Laboratory-wide consistency in the quality of the scientific staff and on division procedures for selection and appointment.
- ii. Reviews the numerical balance of Distinguished and Senior Scientist/Engineer employees in each division in terms of its needs and resources.
- iii. Reviews all recommended appointments and dismissals for Divisional Fellows, Senior Scientists/Engineers, Distinguished Scientists/Engineers, Faculty Senior Scientists/Engineers, and for Joint Laboratory/UC Appointments (50/50) for Faculty Senior Scientists/Engineers found below in [Paragraph \(C\)\(9\)\(d\)](#). Upon request, the Committee will meet with the affected individuals.
- iv. Reviews all proposed reductions in force of Distinguished and Senior Scientists/Engineers and all proposed terminations due to lack of funding of Joint Laboratory/UC Appointments (50/50) for Faculty Scientists/Engineers and Faculty Senior Scientists/Engineers found below in [Paragraph \(C\)\(9\)\(d\)](#). Upon request, the Committee will meet with the affected individuals.

#### **b. Membership of the Laboratory Staff Committee**

The Laboratory Staff Committee is appointed by the Laboratory Director, who selects one committee member from each of the scientific divisions (with the Computational Research Division and NERSC being considered one division for this purpose) and one committee member from Engineering.

The Laboratory Director selects each division's member from two candidates proposed by the Division Director. The candidates will be either a Senior Scientist/Engineer or Distinguished Scientist/Engineer.

The Laboratory Director may appoint three additional members chosen at large from the Laboratory's Distinguished and Senior Scientists/Engineers and may designate one of the at-large members as Chair.

Members are appointed for up to three years and may be considered for reappointment.

## **2. Division Staff Committees**

### **a. Role of the Division Staff Committees**

The Division Staff Committees

- i. Make recommendations to the Division Director concerning the following appointments: Research Scientist/Engineer (Career-Track), Research Scientist/Engineer (Career), Staff Scientist/Engineer (Career-Track), Staff Scientist/Engineer (Career), Divisional Fellow, Senior Scientist/Engineer, Distinguished Scientist/Engineer, Faculty Scientist/Engineer, Faculty Senior Scientist/Engineer.
- ii. Advise the Division Director on searches for career-track and career scientist/engineer positions and the final recommendation of the search committee.
- iii. Make recommendations to the Division Director regarding the promotion of career-track term employees to career status.

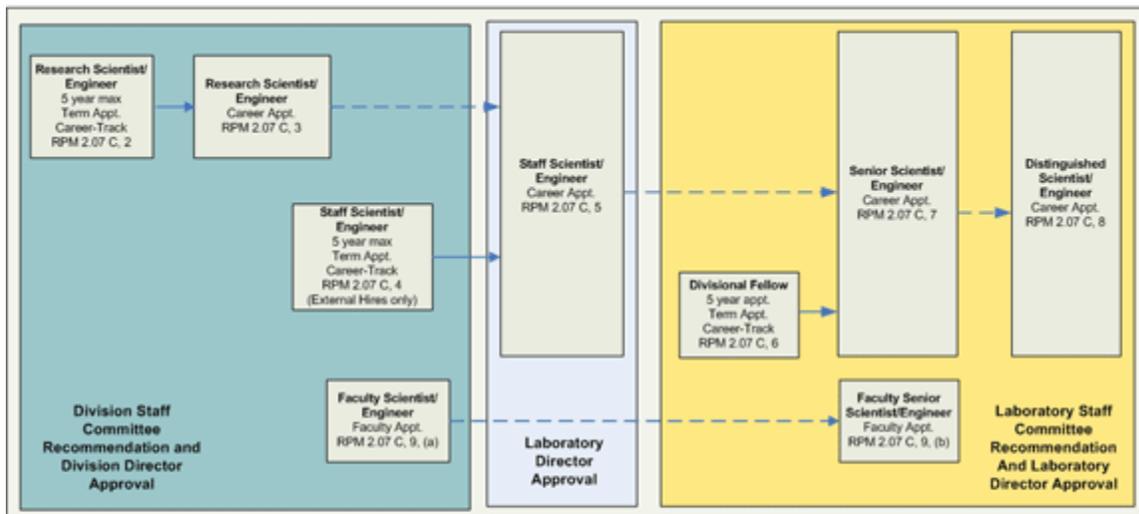
### **b. Membership of Division Staff Committees**

Members of the Division Staff Committee are appointed by the Division Director from among the Division's Distinguished and Senior Scientists/Engineers and Faculty Senior Scientists/Engineers. Selection procedures and length of service on Division Staff Committees are at the discretion of the Division Director.

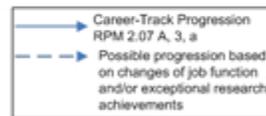
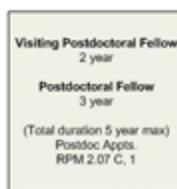
## **C. TYPES OF PROFESSIONAL RESEARCH STAFF POSITIONS**

The Berkeley Lab Scientific Career Path chart illustrates the relationships among the categories below. Dotted lines indicate promotional possibilities for scientists/engineers in career positions (see cited sections of this policy for additional information).

## Berkeley Lab Scientific Career Paths



### Other Scientific Positions Division Director or Designee Approval



Go [here](#) for a larger version of the Berkeley Lab Scientific Career Path chart.

## 1. Postdoctoral Fellow

### a. Description

The Postdoctoral Fellow position enables a recent graduate to acquire further scientific training and to develop professional maturity for independent research while contributing to the Laboratory's programs.

### b. Qualifications

The Postdoctoral Fellow position requires a recent Ph.D. or its equivalent, and candidates should show strong potential for creativity and productivity in research.

### c. Appointment

Postdoctoral Fellow positions are term appointments that may not exceed three years unless an exception is made on a specific appointment by the Deputy Director. Visiting Postdoctoral Fellows are appointed for two years or less. The appointment is changed to Postdoctoral Fellow at the end of the second year. An extension as a Visiting Postdoctoral Fellow to a third year may be made on a case-by-case basis by the Division Director. The maximum cumulative time spent in Postdoctoral Fellow appointments is five years.

Interim Postdoctoral Fellow appointments can be made for individuals who have just finished their Ph.D. requirements as a Graduate Student Research Assistant for the purpose of temporarily extending their employment at the Laboratory before they begin a longer-term position. These appointments are made based on the recommendation of the supervisor, and may not exceed six months.

#### **d. Expiration/Termination of Appointment**

- i. A Postdoctoral Fellow appointment ends automatically at the end of three years from initial appointment or on the current expiration/termination date unless notified in advance in writing that the appointment will be renewed.
- ii. The employment of a Postdoctoral Fellow may be terminated before the end of the fellow's appointment for disciplinary reasons or substandard performance of which the fellow has been advised as provided in [RPM §2.05\(C\)](#). **The appointment may also be terminated early for lack of funds, lack of work, or changes in operational/business needs**, in which case the fellow will be given at least 90 days' advance written notice before termination.

#### **e. Promotion**

The Postdoctoral Fellow position is not a career-track position and there is no promotional track or expectation of advancement to any other professional research position. Waivers of recruitment of a Postdoctoral Fellow to another professional research position will be approved in exceptional cases and must be approved by the Laboratory Deputy Director, in addition to the Head of Human Resources and the Head of the Work Force Diversity Office.

## **2. Research Scientist/Engineer (Career-Track)**

### **a. Description**

Research Scientist/Engineer is an entry-level, career-track position for professionals with broad knowledge in a field of specialization.

### **b. Qualifications**

A Research Scientist/Engineer (Career-Track) will usually have the highest customary degree for his or her field. A Research Scientist/Engineer (Career-Track) will have broad knowledge in his or her field of specialization with a good understanding of the relevant basic concepts, principles, and theories.

### **c. Appointment and Promotion**

The Research Scientist/Engineer position is a career-track term position with a maximum length of five years. The initial appointment must be for at least one year but may be renewed up to the full five-year term. Based on performance, a Research Scientist/Engineer (Career-Track) will be considered for promotion to Research Scientist/Engineer (Career) within five years and will receive a written mid-term review of performance and prospects for promotion no later than the end of three years from the initial hire in accordance with the Procedures for Mid-Term and Promotional Review. The mid-term

review and promotional review are in addition to the annual performance review (see [RPM §2.03 \(Employee Performance Evaluations\)](#)).

**i. Mid-Term Review**

At least 120 days prior to the end of the third year, the Division Staff Committee must have completed a mid-term review of the work of the Research Scientist/Engineer (Career-Track) and provide the Division Director the mid-term review. The Division Director must provide the employee with a written statement of the prospects for promotion to career position. See [Scientist/Engineer Mid-Term Review Guidelines](#) and [Scientist/Engineer Mid-Term Review Checklist](#).

**ii. Promotion to Research Scientist/Engineer (Career)**

At least 120 days before the end of the fifth year, the Division Staff Committee must complete a final review of the work of the Research Scientist/Engineer and recommend to the Division Director for or against promotion to Research Scientist/Engineer (Career).

If the Division Director concurs with a recommendation for promotion, he or she so informs the Research Scientist/Engineer in writing at least 90 days prior to the end of the appointment.

If the Division Director concurs with a recommendation against promotion, the Research Scientist/Engineer must be given written notice at least 90 days prior to the end of the appointment.

See [Scientist/Engineer Promotion Guidelines](#) and [Scientist/Engineer Promotion Checklist](#).

**d. Work Deferment**

A Research Scientist/Engineer (Career-Track) employee shall be given written notice of the effective date and the ending date of a temporary work deferment or temporary reduction in time. Notice shall be provided at least 15 calendar days before the effective date or pay in lieu of notice. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. See RPM 2.29 (Work Deferment policy).

**e. Expiration/Termination of Appointment**

- i. Research Scientist/Engineer (Career-Track) appointments end automatically on the current expiration date unless the employee is given advance written notice that the appointment will be extended.
- ii. The employment of a Research Scientist/Engineer (Career-Track) may be terminated before the end of the employee's appointment for disciplinary reasons or substandard performance of which the employee has been advised as provided for in [RPM §2.05\(C\)](#). **The appointment may also be terminated early for lack of funds, lack of work, or changes in operational/business needs**, in which case at least 90 days' written notice will be given prior to termination.

### **3. Research Scientist/Engineer (Career)**

#### **a. Description**

The Research Scientist/Engineer (Career) position is a career position for professionals with broad knowledge in a field of specialization. Assigned work is predominantly intellectual and varied, rather than standardized and routine, and requires professional judgment and decision-making. Research Scientists/Engineers (Career) may supervise technical staff and be responsible for laboratory or facility operations, but will not normally have Principal Investigator status.

#### **b. Qualifications**

A Research Scientist/Engineer (Career) will usually have the highest customary degree for his or her field of specialization, and a demonstrated ability to independently carry out creative research within an established framework. Laboratory or facility managers will have demonstrated experience in laboratory or facility management.

#### **c. Appointment**

Appointment as a Research Scientist/Engineer (Career) may be through a direct hire or a promotion from Research Scientist/Engineer (Career-Track). The appointment must be approved by the Division Director with the advice of the Division Staff Committee.

#### **d. Promotion**

While this is the highest position that many scientists and engineers at the Laboratory may attain, Research Scientists/Engineers (Career) who develop an independent research program; are recognized outside LBNL for exceptional scientific or technical expertise; and/or are successful in obtaining funding may be considered for promotion to Staff Scientist/Engineer (Career). See [Scientist/Engineer Promotion Guidelines](#) and [Scientist/Engineer Promotion Checklist](#).

#### **e. Corrective Action and Dismissal** (see [RPM §2.05\(C\)](#))

#### **f. Work Deferment**

A Research Scientist/Engineer (Career) employee shall be given written notice of the effective date and the ending date of a temporary work deferment or temporary reduction in time. Notice shall be provided at least 15 calendar days before the effective date or pay in lieu of notice. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. See [RPM 2.29 \(Work Deferment Policy\)](#).

#### **g. Reduction in Force**

Proposed layoff of Research Scientists/Engineers (Career), pursuant to [RPM §2.21\(B\)](#), will be approved by the Division Director. Written notice of such action will be given at least 90 days prior to date of layoff. The Division will make reasonable efforts to obtain suitable employment in another program within the Division for any Research Scientist/Engineer (Career) who otherwise would be terminated for

lack of funds or termination of a project or program.

#### **4. Staff Scientist/Engineer (Career-Track)**

##### **a. Description**

Staff Scientist/Engineers (Career-Track) are professionals with competence and skills in specialized areas of research and development relating to the programmatic needs of the Laboratory. Employees at this level may serve as project or group leader, be assisted by other scientists and engineers and support staff, have principal investigator status, and directly supervise other professionals, technical support staff, or students.

##### **b. Qualifications**

This position is for fully qualified and independent scientists or engineers with recognized technical expertise who are capable of leading independent research and development work. Typically, an individual entering or being promoted to this level has at least five years of relevant professional experience beyond the customary highest degree appropriate to the candidate's discipline.

##### **c. Appointment and Promotion**

The Staff Scientist/Engineer (Career-Track) is a position with a maximum length of five years. The initial appointment must be for at least one year but may be for any length up to the full five-year term. Based on performance, a Staff Scientist/Engineer (Career-Track) will be considered for promotion to Staff Scientist/Engineer (Career) within five years and will receive a written mid-term review of performance and prospects for promotion no later than the end of three years from initial hire in accordance with the Procedures for Mid-Term and Promotional Review. The mid-term review and promotional review are in addition to the annual performance review (see [RPM §2.03 \(Employee Performance Evaluations\)](#)).

###### **i. Mid-term Review**

At least 120 days prior to the end of the third year, the Division Staff Committee must have completed a review of the work of the Staff Scientist/Engineer (Career-Track) and provide the Division Director the mid-term review. The Division Director must provide the employee with a written statement of the prospects for promotion to Staff Scientist/Engineer (Career). See [Scientist/Engineer Mid-Term Review Guidelines](#) and [Scientist/Engineer Mid-Term Review Checklist](#).

###### **ii. Promotion to Staff Scientist/Engineer (Career)**

At least 120 days before the end of the fifth year, the Division Staff Committee must have completed a review of the work of the Staff Scientist/Engineer (Career-Track) and recommend to the Division Director for or against promotion to Staff Scientist/Engineer (Career).

If the Division Director concurs with a recommendation for promotion, he or she refers the recommendation to the Laboratory Director who makes the final decision on the appointment.

If the Division Director concurs with a recommendation against promotion, the Staff Scientist/Engineer (Career-Track) must be given at least 90 days' advance written notice prior to termination.

See [Scientist/Engineer Promotion Guidelines](#) and [Scientist/Engineer Promotion Checklist](#).

#### d. Work Deferment

A Staff Scientist/Engineer (Career-Track) employee shall be given written notice of the effective date and the ending date of a temporary work deferment or temporary reduction in time. Notice shall be provided at least 15 calendar days before the effective date or pay in lieu of notice. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. See [RPM 2.29 \(Work Deferment Policy\)](#).

#### e. Expiration/Termination of Appointment

- i. Staff Scientist/Engineer (Career-Track) appointments end automatically on the current expiration date unless the employee is notified in advance in writing that the appointment will be extended.
- ii. The employment of a Staff Scientist/Engineer (Career-Track) may be terminated before the end of the employee's appointment for disciplinary reasons or substandard performance of which the employee has been advised as provided in [RPM §2.05\(C\)](#). **The appointment may be terminated early for lack of funds, lack of work, or changes in operational/business needs**, in which case the employee will be given at least 90 days' advance written notice before termination.

### 5. Staff Scientist/Engineer (Career)

#### a. Description

The Staff Scientist/Engineer (Career) is a position for professionals with competence and skills in specialized areas of research and development relating to the programmatic needs of the Laboratory. Staff Scientists/Engineers (Career) may serve as project or group leaders, be assisted by other scientists and engineers and support staff, have principal investigator status, and directly supervise other professionals, technical support staff, or students.

#### b. Qualifications

This position is for fully qualified and independent scientists or engineers with recognized technical expertise who play a leadership role in the Laboratory's research program. Typically, an individual entering or being promoted to this level has at least five years of relevant professional experience beyond the customary highest degree appropriate to the candidate's discipline. The individual is recognized as a resource or active impact contributor in his or her own field as perceived internally by management and peers and externally through conference presentations, publications in refereed journals, invited lectures, and awards.

### **c. Appointment**

An action to hire or promote an individual into a Staff Scientist/Engineer (Career) appointment is initiated by the Division Director and reviewed by the Division Staff Committee. The appointment is approved by the Laboratory Director.

### **d. Promotion**

While this is the highest level that the majority of scientists and engineers are expected to attain, Staff Scientists/Engineers (Career) with significant experience and achievements in research and who play a leadership role at the Laboratory may be considered for promotion to Senior Scientist/Engineer. See [Scientist/Engineer Promotion Guidelines](#) and [Scientist/Engineer Promotion Checklist](#).

**e. Corrective Action and Dismissal** (See [RPM §2.05\(C\)](#) and [\(D\)](#))

### **f. Reduction in Force**

A Staff Scientist/Engineer (Career) employee shall be given written notice of the effective date and the ending date of a temporary work deferment or temporary reduction in time. Notice shall be provided at least 15 calendar days before the effective date or pay in lieu of notice. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. See [RPM 2.29 \(Work DefermentPolicy\)](#).

## **6. Divisional Fellow (Career-Track)**

### **a. Description and Qualifications**

An appointment as a Divisional Fellow is a career-track position for a single five-year term and may be given to an individual with outstanding promise and creative ability in a field of scientific endeavor conducted by a division. The appointment will imply the intent of the division to provide the research and development support needed to enable the fellow to join an existing group or to create an independent program consistent with the goals and capabilities of the division and consideration for promotion to Senior Scientist/Engineer. It is not a requirement of this policy that each division appoint any Divisional Fellows.

### **b. Appointment**

Appointment of a Divisional Fellow will be made only after a national (or international) search, which is then reviewed by the Division Staff Committee. The case for the appointment is then transmitted by the Division Director to the Laboratory Director. If the case appears to be in order, it is transmitted to the Laboratory Staff Committee for further review and a vote. The results of the Laboratory Staff Committee review are transmitted to the Laboratory Director, who will make the final decision on the appointment.

### **c. Expiration/Termination of Appointment**

Termination of the Divisional Fellow appointment before expiration of the term may be made for

disciplinary reasons, as provided in [RPM §2.05\(C\)](#) or for inadequate quality of research and development or other service appropriate to the purposes of the Laboratory. In the latter case, one year's written notice will be given. Decisions with respect to early termination will be made by the Laboratory Director with advice from the Division Director and Division Staff Committee. In each case, a review of the proposed action will also be made by the Laboratory Staff Committee.

#### **d. Mid-Term Review**

At least 120 days prior to the end of the third year, the Division Staff Committee must have completed a review of the work of the Divisional Fellow and provide the Division Director the mid-term review. The Division Director must provide the employee with a written statement of the prospects for promotion to Senior Scientist/Engineer. See [Scientist/Engineer Mid-Term Review Guidelines](#) and [Scientist/Engineer Mid-Term Review Checklist](#).

#### **e. Promotion to Senior Scientist/Engineer**

At least 120 days before the end of the fifth year, the Division Staff Committee must complete a review of the work of the Divisional Fellow and recommend to the Division Director for or against the promotion to Senior Scientist/Engineer.

If the Division Director concurs with a recommendation for promotion, he or she refers the case for review by the Laboratory Staff Committee and decision by the Laboratory Director (see [RPM §2.07\(C\)](#) [\(6\)\(b\)](#) above).

If the Division Director concurs with a recommendation against promotion, the Divisional Fellow must be given at least 90 days written notice that his or her employment will end at the expiration of the five-year term.

See [Scientist/Engineer Promotion Guidelines](#) and [Scientist/Engineer Promotion Checklist](#).

### **7. Senior Scientist/Engineer (Career)**

#### **a. Description**

An appointment as a Senior Scientist/Engineer is a career position reserved for scientists and engineers with significant experience and achievements in research who play a leadership role at the Laboratory.

#### **b. Qualifications**

Senior Scientists/Engineers are nationally (or internationally in certain disciplines) recognized authorities and leaders in one or more scientific or engineering areas who have made major contributions to the Laboratory and the broader scientific/engineering community through their leadership and creativity.

#### **c. Appointment**

Appointment to Senior Scientist/Engineer is initiated by the Division Director, after review by the Division Staff Committee. It is reviewed by the Laboratory Staff Committee and approved by the

Laboratory Director.

Because the Laboratory is funded on an annual basis according to fluctuating program priorities, Senior Scientists/Engineers may be required to be flexible in adjusting their research and development activities in order to continue in this appointment. It is expected that a Senior Scientist/Engineer will respond to changing directions of the Laboratory.

**d. Corrective Action and Dismissal** (See [RPM §2.05\(C\)](#) and [\(D\)](#))

**e. Work Deferment**

A Senior Scientist/Engineer (Career) may volunteer for temporary work deferment or temporary reduction in time. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. See [RPM 2.29 \(Work Deferment Policy\)](#).

**f. Reduction in Force**

The Laboratory recognizes the great value to its mission of its Senior Scientists/Engineers and seeks to retain them within the limits of the availability of funds and the need to maintain the viability and excellence of programs. Accordingly, the following special procedures are to be followed whenever overall funding constraints involving a Senior Scientist/Engineer appear imminent. These appointments may be terminated on approval of the Laboratory Director for reason of lack of funds. These procedures contain protections for Senior Scientist/Engineer both before and after a layoff notice is issued. Throughout the process, all reasonable efforts are to be undertaken by the division to assist the employee in maintaining continued employment at the Laboratory. These procedures supplement the Laboratory reduction-in-force policy outlined in [RPM §2.21\(B\) \(Reduction in Force\)](#). Special consideration will be given to Senior Scientists/Engineers in case of lack of funding in the program in which they work. This special consideration is outlined in the following procedure.

**i. Decision to Implement Reduction.**

If lack of funding occurs, and the Division Director determines that a Senior Scientist/Engineer must be laid off in accordance with [RPM §2.21\(B\) \(Reduction in Force\)](#), the Division Director initiates the process for each affected Senior Scientist/Engineer by following the procedures below:

**ii. Employee Plan.**

The Division Director is responsible for developing an employee plan that reviews in writing those efforts already made and provides a description of future efforts to explore opportunities for continued employment at the Laboratory for the Senior Scientist/Engineer affected by layoff. The plan is to include the following provisions:

*Interim Financial Support, Assignments, Expectations, and Milestones.* The amount of financial support for the Senior Scientist/Engineer will be identified and cover at least the minimum time period specified in this section. Specific job assignment, expectations, and milestones for the interim period will be clearly defined. Reasonable time will be allowed for the Senior

Scientist/Engineer to seek continued employment opportunities.

*Continued Employment Opportunities within the Division.* Plans to assist the Senior Scientist/Engineer in pursuing other employment opportunities within the Division will be described, including support for special training, if required.

*Other Opportunities within the Laboratory.* Plans to assist the Senior Scientist/Engineer in pursuing employment opportunities within other Laboratory Divisions will be developed. These plans may include assistance in preparing a professional resume package and introduction letters, developing personal contacts by the Division Director, and allowing time to interview with potential hiring groups.

*New or Supplemental External Funding.* Plans to assist the Senior Scientist/Engineer in pursuing new or supplemental external funding to ensure continued employment will be detailed. Assistance might include appropriate support for proposal preparation and exploratory studies to supplement the proposals, personal contacts by the Division Director, and travel for discussions and proposal presentations.

- iii. **Employee Notification.** Once the employee plan is developed, the Division Director submits it, along with a notice of intent to layoff that indicates the layoff date and the justification for the layoff, to the Senior Scientist/Engineer and sends copies to the Laboratory Director and the Laboratory Staff Committee. The layoff date will be at least 12 months from the Division Director's notice to the employee.
- iv. **Employee Comments on Adequacy of Plan.** The employee will be given a two-week period to submit comments to the Division Director regarding the adequacy of the employee plan. A copy of the response will be provided to the Laboratory Director and Laboratory Staff Committee.
- v. **Laboratory Staff Committee Review.** Based on review of the materials from the Division Director and the employee's response, if any, the Laboratory Staff Committee will, within six weeks after receiving the materials from the Division Director, provide its comments to the Laboratory Director regarding the adequacy of the employee plan.
- vi. **Laboratory Director's Review.** After receiving the materials from the Division, the Laboratory Director will, within eight weeks, notify the Division Director of the Laboratory Director's concurrence, non-concurrence, or recommendation to modify the layoff action. The Laboratory Director will also convey comments, if any, on the adequacy of the employee plan.
- vii. **Confirmation of Layoff.** If it becomes apparent to the Division Director that sufficient funding will not be forthcoming to continue the employee's employment, written confirmation of layoff must be given to the employee no later than 90 days prior to the stated date of termination given in the Division Director's notice of intent to lay off.
- viii. **Completion of the Employee Plan.** At the end of the period covered by the employee plan, the

Division Director will submit a report to the Laboratory Director and the Laboratory Staff Committee describing the actions taken and their results.

## **8. Distinguished Scientist/Engineer (Career)**

### **a. Description**

An appointment as a Distinguished Scientist/Engineer is a career position reserved for the most exceptional Senior Scientists/Engineers who have a sustained history of distinguished scientific and technical achievements and/or have directly contributed to the Laboratory's preeminence.

### **b. Qualifications**

Candidates for this position have extensive relevant professional experience. A very small percentage of the professional research staff are expected to qualify for this level. Length of service and continued good performance at the senior level are not sufficient for advancement to this level. Incumbents at this level are seen as nationally or internationally recognized authorities and leaders in their field; their expertise is sought after by professional colleagues.

### **c. Appointment**

Appointment to the Distinguished Scientist/Engineer level is initiated by the Division Director, reviewed by the Division Staff Committee, and reviewed by the Laboratory Staff Committee, which makes a recommendation to the Laboratory Director and approved by the Laboratory Director following the procedures for advancement.

Because the Laboratory is funded on an annual basis according to fluctuating program priorities, Distinguished Scientists/Engineers may be required to be flexible in adjusting their research and development activities in order to continue in this appointment. It is expected that a Distinguished Scientist/Engineer will respond to changing directions of the Laboratory.

### **d. Corrective Action and Dismissal** (See [RPM §2.05\(C\)](#) and [\(D\)](#))

### **e. Work Deferment**

The procedures that apply to Senior Scientist/Engineer in [Paragraph \(7\)\(e\)](#) above also apply to Distinguished Scientist/Engineer.

### **f. Reduction in Force**

The procedures that apply to Senior Scientist/Engineer in [Paragraph \(7\)\(f\)](#) above also apply to Distinguished Scientist/Engineer.

## **9. Appointments of University of California Faculty**

### **a. University of California Faculty**

Appointment as Laboratory Faculty Scientist/Engineer or Faculty Senior Scientist/Engineer requires an

individual to hold an active (non-UC retiree) appointment in one of the following faculty titles or series:

- Professorial series
- Acting titles in the Professor series (Students who hold the Acting Instructor title are not considered faculty)
- Visiting titles in the Professor series
- Professor in Residence series
- Adjunct Professor series
- Professor of Clinical (e.g., Medicine) series
- Health Sciences Clinical Professor series

## **b. Faculty Scientist/Engineer**

### **i. Description**

Faculty Scientists/Engineers are University of California faculty members. They participate in the programs of the Laboratory with or without salary support from the Laboratory. A Faculty Scientist/Engineer may have an association of recent origin and/or an association chiefly for conduct of research or engineering programs.

### **ii. Qualifications**

Faculty Scientists/Engineers must be active University of California faculty members (see [Paragraph\(C\)\(9\)\(a\)](#) above).

### **iii. Appointment**

Appointment as a Faculty Scientist/ Engineer is made by the Division Director with the recommendation by the Division Staff Committee. The appointment is contingent on continued faculty appointment and automatically ends upon termination of the individual's campus faculty appointment. The appointment may be made with or without salary support from the Laboratory.

The appointment of a Faculty Scientist/Engineer may be terminated at any time at the discretion of the Division Director. At least 90 days' written notice will be given, unless the Division Director determines that exceptional circumstances dictate otherwise.

## **c. Faculty Senior Scientist/Engineer**

### **i. Description**

Faculty Senior Scientists/Engineers are University of California faculty members who have demonstrated outstanding creative capability, leadership, and experience in activities appropriate to the Laboratory's mission. A Faculty Senior Scientist/Engineer appointment will have a well-established relationship with the Laboratory and an ongoing program of research that productively involves Laboratory staff and resources. Faculty Senior Scientists/Engineers may also have a significant involvement in the development of Laboratory policies, planning, or

managerial responsibilities.

ii. **Qualifications**

Faculty Senior Scientists/Engineers must be active University of California faculty members (see [Paragraph\(C\)\(9\)\(a\)](#) above).

iii. **Appointment**

Appointment as a Faculty Senior Scientist/Engineer will be made only after careful consideration and recommendation by a Division Staff Committee. The recommendation will be transmitted to the Laboratory Director by the Division Director, with comments. The appointment will be made by the Laboratory Director based on this advice and on the advice of the Laboratory Staff Committee. The appointment may be made with or without salary support from the Laboratory. The appointment is contingent on continued faculty appointment. Termination of a Faculty Senior Scientist/Engineer appointment is automatic upon termination of the individual's campus faculty appointment.

iv. **Corrective Action and Dismissal** ([See RPM §2.05\(C\)](#))

v. **Termination Due to Lack of Funding**

The Laboratory recognizes the great value to its mission of its Faculty Senior Scientists/Engineers and seeks to retain them within the limits of the availability of funds and the need to maintain the viability and excellence of programs.

Because the Laboratory is funded on an annual basis according to fluctuating program priorities, Faculty Senior Scientists/Engineers may be required to be flexible in adjusting their research and development activities in order to continue in this appointment. These appointments may be terminated on approval of the Laboratory Director for reason of lack of funds. At least 90 days written notice will be given, unless the Laboratory Director determines that exceptional circumstances dictate otherwise.

d. **Joint Laboratory/UC Faculty Appointments**

i. **Description**

With the written approval of the Laboratory Director, an individual may be given a joint (50/50) appointment (hereafter, "Joint Appointment") as a Faculty Scientist/Engineer or Faculty Senior Scientist/Engineer, provided that the appointment will be funded by the campus at 0.50 full-time equivalent (FTE) and by the Laboratory at 0.50 FTE.

ii. **Appointment/Qualifications**

Joint Appointments will be based on established criteria for hiring tenure-track or tenured faculty at the campus and Faculty Scientists/Engineers or Faculty Senior Scientists/Engineers at the Laboratory (see [Paragraph\(C\)\(9\)\(a\)](#) above). The campus and Laboratory will work together to

develop the appropriate process and procedures to meet the applicable requirements for recruitment, selection and hire.

iii. **Promotion/Advancement**

Joint Appointees will be reviewed for merit advancements and promotion pursuant to the applicable campus and Laboratory procedures and requirements.

iv. **Performance/Conduct Issues** ([See RPM §2.05\(C\)](#))

In the event that issues arise regarding the conduct or performance of a Joint Appointee, the campus and the Laboratory will cooperate to ensure that required policies and procedures are followed.

v. **Termination Due to Lack of Funding**

**(a) Special Considerations.** At the sole discretion of the Laboratory, Joint Appointments of Faculty Scientists/Engineers and Faculty Senior Scientists/Engineers may be eligible for the special considerations set forth below.

The following special procedures are to be followed whenever overall funding constraints for the continued Laboratory support at 0.50 FTE for a Joint Appointee appear imminent. These procedures contain protections for Joint Appointees both before and after a termination notice is issued. Throughout the process, all reasonable efforts are to be undertaken by the Division to assist Joint Appointees in maintaining sufficient funding for continued employment at the Laboratory. Special consideration will be given to Joint Appointees in cases of lack of funding in the program in which they work. This special consideration is outlined in the following procedure.

**(b) Decision to Terminate Due to Lack of Funding.** If the Division Director determines that a Joint Appointee must be terminated due to lack of funds to continue the Laboratory support at 0.50 FTE, the Division Director initiates the process for the affected Joint Appointee by following the procedures below:

**(i) Employee Plan.** The Division Director is responsible for developing an employee plan (hereafter "Plan") that reviews in writing those efforts already made and provides a description of future efforts to explore opportunities for maintaining sufficient funding for continued employment at the Laboratory for the Joint Appointee affected by lack of funds. The Plan is to include the following provisions:

*Interim Financial Support, Assignments, Expectations, and Milestones.* The amount of financial support for the Joint Appointee will be identified and cover at least the minimum time period specified in this section. Specific job assignment, expectations, and milestones for the interim period will be clearly defined. Reasonable time will be allowed for the Joint Appointee to seek additional funding support.

*Continued Funding Support for Employment Opportunities within the Division.* Plans to

assist the Joint Appointee in pursuing other funding support within the Division will be described, including support for special training, if required.

*Other Opportunities within the Laboratory.* Plans to assist the Joint Appointee in pursuing funding support for employment opportunities within other Laboratory Divisions will be developed. These plans may include assistance in preparing a professional resume package and introduction letters, developing personal contacts by the Division Director, and allowing time to interview with potential hiring groups.

*New or Supplemental External Funding.* Plans to assist the Joint Appointee in pursuing new or supplemental external funding for continued employment will be detailed. Assistance might include appropriate support for proposal preparation and exploratory studies to supplement the proposals, personal contacts by the Division Director, and travel for discussions and proposal presentations.

**(ii) Joint Appointee Notification.** Once the Plan is developed, the Division Director submits it, along with a notice of intent to terminate due to lack of funding that indicates the termination date to the Joint Appointee and sends copies to the Laboratory Director and the Laboratory Staff Committee. The termination date for the Joint Appointee, who is supported by the Laboratory at 0.50 FTE, will be at least 24 months from the Division Director's notice to the Joint Appointee.

**(iii) Comments on Adequacy of Plan.** The Joint Appointee will be given a two-week period to submit comments to the Division Director regarding the adequacy of the Plan. A copy of the response will be provided to the Laboratory Director and Laboratory Staff Committee.

**(iv) Laboratory Staff Committee Review.** Based on review of the materials from the Division Director and the Joint Appointee's response, if any, the Laboratory Staff Committee will, within six weeks after receiving the materials from the Division Director, provide its comments to the Laboratory Director regarding the adequacy of the Plan.

**(v) Laboratory Director's Review.** After receiving the materials from the Division, the Laboratory Director will, within eight weeks, notify the Division Director of the Laboratory Director's concurrence, non-concurrence, or recommendation to modify the termination due to lack of funding action. The Laboratory Director will also convey comments, if any, on the adequacy of the Plan.

**(vi) Confirmation of Termination Due to Lack of Funding.** If it becomes apparent to the Division Director that sufficient funding for support of the 0.50 FTE will not be forthcoming to continue the Joint Appointee's employment, written confirmation of termination must be given to the Joint Appointee no later than 90 days prior to the stated date of termination given in the Division Director's notice of intent to terminate due to lack of funds.

**(vii) Completion of the Plan.** At the end of the period covered by the Plan, the Division Director will submit a report to the Laboratory Director and the Laboratory Staff Committee describing the actions taken and their results.

## 10. Project Scientist/Engineer

### a. Description

The Project Scientist/Engineer position is either a limited position or a term position with a maximum length of five years. It is not a career-track position. It is used for specific projects of limited duration. The five-year maximum does not include time spent in Postdoctoral Fellow appointments.

### b. Qualifications

Qualifications for Project Scientist/Engineer positions are appropriate to the work to be performed. In most cases, they will be analogous to the qualifications for one of the Research Scientist/Engineer-, Staff Scientist/Engineer-, or Senior Scientist/Engineer-level positions listed above.

### c. Appointment

The appointment is approved by the Division Director. If the initial appointment is between six and twelve months, the individual must be on a fixed, 100% time schedule. If the initial appointment is one year or more, the appointment must be fixed at 50% time or more.

### d. Work Deferment

A Project Scientist/Engineer employee shall be given written notice of the effective date and the ending date of a temporary work deferment or temporary reduction in time. Notice shall be provided at least 15 calendar days before the effective date or pay in lieu of notice. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. See [RPM §2.29 \(Work Deferment Policy\)](#).

### e. Termination of Appointment

- i. Project Scientist/Engineer appointments end automatically on the current expiration date unless the employee is given advance written notice that their appointment will be extended.
- ii. The employment of a Project Scientist/Engineer may be terminated before the end of the employee's appointment for disciplinary reasons or substandard performance of which the employee has been advised as provided in [RPM §2.05\(C\)](#). **The appointment may also be terminated early for lack of funds, lack of work, or changes in operational/business needs**, in which case the employee will be given at least 90 days' advance written notice before termination.

## 11. Visiting Faculty and Visiting Researcher

### a. Description

- i. Visiting Faculty. Visiting Faculty is a position for faculty members from universities and colleges outside the University of California system. The appointment is a limited appointment ([see RPM §2.01\(D\)\(5\)](#)).
- ii. Visiting Researcher. A Visiting Researcher is on an approved leave from his or her home institution. The home institution does not need to be a university or college, nor does the individual have to be a faculty member of any institution. Appointments are for one year but may be extended for a second year on an exceptional basis with the approval of the Laboratory Deputy Director.

#### **b. Qualifications**

Qualifications for both Visiting Faculty and Visiting Researcher positions are appropriate to the work to be performed. In most cases, they will be analogous to the qualifications for one of the Research Scientist/Engineer-, Staff Scientist/Engineer-, or Senior Scientist/Engineer-level positions listed above.

#### **c. Appointment**

Appointments to both Visiting Faculty and Visiting Researcher positions are made by the Division Director. A search is not required.

#### **d. Termination of Appointment**

Termination of an appointment as Visiting Faculty or Visiting Researcher may be made at any time by the Division Director. In the case of a Visiting Researcher member in a term appointment, the procedures in [RPM §2.21\(D\) \(\*Release of Employees in Term Appointments\*\)](#) must be followed.

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## §2.08 Vacation Leave

[Responsible Manager](#)

Revised 03/08

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### A. GENERAL

Vacations with pay are provided to give employees periods of relaxation from their normal duties and

responsibilities. Vacations should be taken each year in approximate relation to the amount of credit earned.

## **B. VACATION CREDIT ACCRUAL RATES**

Employees who are eligible to receive vacation with pay will accrue vacation credit, depending on their job classification or length of service with the University or the state of California, as follows:

### **1. Nonfaculty Career and Term Employees**

- a. With less than 10 years of service at half time or more: 1-1/4 days (10 hours) per month.
- b. With between 10 and 15 years of service at half time or more: 1-1/2 days (12 hours) per month.
- c. With between 15 and 20 years of service at half time or more: 1-3/4 days (14 hours) per month.
- d. With over 20 years of service at half time or more: 2 days (16 hours) per month.

### **2. Students**

Graduate student research assistants and student assistants do not accrue vacation credit. See [RPM §2.01\(D\)](#) (*Types of Appointments*).

### **3. Accrual Basis**

Vacation credit accrual, based on not more than five eight-hour days per week, will accrue at the normal rate during leave with pay, except during extended military leave and professional research or teaching leave.

### **4. Short Month's Work**

An employee in pay status at least half the working hours of a month (including holidays) accrues vacation credit at the normal rate. An employee in pay status less than half the working hours of a month accrues vacation credit on a pro rata basis according to the number of hours worked in that month. Full-time employees accrue vacation credit in accordance with [Paragraph \(B\)\(1\)](#), above. Part-time employees accrue vacation credit in accordance with [Paragraph \(B\)\(6\)](#), [Table 2.08\(B\)\(1\)](#), below.

### **5. Limited Employees and Employees Working Variable Time Schedules**

Employees hired to work for periods of less than six months do not accrue vacation credit. An employee who is not eligible to earn vacation because of a part-time or short-term appointment becomes eligible to earn vacation on the first day following six consecutive months or quadriweekly cycles on pay status at 50 percent or more time. A quadriweekly cycle is defined as two biweekly pay periods designated by the Laboratory to be considered as a unit for the purpose of leave accrual. Employees working variable time schedules do not accrue vacation credit (see [RPM §3.01\(C\)\(3\)](#)).

### **6. Part-Time Employees**

Part-time nonfaculty employees accrue vacation credit each month, based on length of service and the amount of full time worked, as shown in [Tables 2.08\(B\)\(1\)–\(4\)](#).

**Table 2.08(B)(1)**  
**Vacation Credit for Part-Time, Nonfaculty Employees Having Less Than 10 Years of Service at Half Time or More**

Number of hours for which biweekly paid employee receives pay (including leave and holiday time)				Percentage of time for which monthly paid employee receives pay	Hours of vacation credit earned
160-hour month	168-hour month	176-hour month	184-hour month		
0–79	0–83	0–87	0–91	0–49	0
80–87	84–92	88–96	92–101	50–54	5
88–103	93–109	97–114	102–119	55–64	6
104–119	110–125	115–131	120–137	65–74	7
120–135	126–142	132–149	138–156	75–84	8
136–151	143–159	150–167	157–174	85–94	9
152–160	160–168	168–176	175–184	95–100	10

**Table 2.08(B)(2)**  
**Vacation Credit for Part-Time, Nonfaculty Employees Having 10 but Less Than 15 Years of Service at Half Time or More**

Number of hours for which biweekly paid employee receives pay (including leave and holiday time)				Percentage of time for which monthly paid employee receives pay	Hours of vacation credit earned
160-hour month	168-hour month	176-hour month	184-hour month		
0–79	0–83	0–87	0–91	0–49	0
80–86	84–91	88–95	92–99	50–54	6
87–99	92–104	96–109	100–114	55–62	7
100–113	105–119	110–124	115–130	63–70	8
114–126	120–133	125–139	131–145	71–79	9
127–139	134–146	140–153	146–160	80–87	10
140–153	147–161	154–168	161–176	88–95	11

154–160      162–168      169–176      177–184      96–100      12

**Table 2.08(B)(3)**

**Vacation Credit for Part-Time, Nonfaculty Employees Having  
15 But Less Than 20 Years of Service at Half Time or More**

Number of hours for which biweekly paid employee receives pay (including leave and holiday time)				Percentage of time for which monthly paid employee receives pay	Hours of vacation credit earned
160-hour month	168-hour month	176-hour month	184-hour month		
0–79	0–83	0–87	0–91	0–49	0
80–85	84–90	88–94	92–98	50–53	7
86–97	91–102	95–106	99–111	54–60	8
98–108	103–114	107–119	112–124	61–67	9
109–119	115–125	120–131	125–137	68–74	10
120–131	126–138	132–144	138–151	75–82	11
132–142	139–150	145–157	152–164	83–89	12
143–154	151–162	158–169	165–177	90–96	13
155–160	163–168	170–176	178–184	97–100	14

**Table 2.08(B)(4)**

**Vacation Credit for Part-Time, Nonfaculty Employees Having  
20 or More Years of Service at Half Time or More**

Number of hours for which biweekly paid employee receives pay (including leave and holiday time)				Percentage of time for which monthly paid employee receives pay	Hours of vacation credit earned
160-hour month	168-hour month	176-hour month	184-hour month		
0–79	0–83	0–87	0–91	0–49	0
80–84	84–89	88–93	92–97	50–53	8
85–94	90–99	94–104	98–109	54–59	9
95–104	100–110	105–115	110–120	60–65	10
105–114	111–120	116–126	121–132	66–71	11

115–124	121–131	127–137	133–143	72–78	12
125–134	132–141	138–148	144–155	79–84	13
135–144	142–152	149–159	156–166	85–90	14
145–154	153–162	160–170	167–178	91–96	15
155–160	163–168	171–176	179–184	97–100	16

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## C. SCHEDULING OF VACATIONS

### 1. Scheduling

Vacations are scheduled according to the needs of the Laboratory, with due consideration of the wishes of each employee.

### 2. Limitations on Vacation Credit

When work conditions make it difficult to schedule vacation for an employee, vacation credit may be accrued to a maximum as follows:

- a. Thirty days (240 hours) for employees with less than 10 years of service at half time or more.
- b. Thirty-six days (288 hours) for employees with between 10 and 15 years of service at half time or more.
- c. Forty-two days (336 hours) for employees with between 15 and 20 years of service at half time or more.
- d. Forty-eight days (384 hours) for employees with 20 years of service at half time or more.

### 3. Responsibility of Division Director or Department Head

Division directors or department heads must monitor monthly employee vacation credit reports and schedule vacations for each employee so that no employee is required to lose vacation credit because of Laboratory work needs.

### 4. Religious Holidays

Absence for religious holidays and other personal reasons will normally be charged to vacation.

### 5. Participation in School Activities

An employee who is a parent or guardian of a child attending a licensed day-care facility or enrolled in kindergarten or grades 1–12, inclusive, may use accrued vacation credit up to eight hours per calendar month (not to exceed 40 hours per school year) for the purpose of participating in day-care facility or

school activities. Employees must provide reasonable notice of the planned absence to their immediate supervisors.

## **6. Current Month's Vacation Credit**

Vacation credit is not accrued until the end of the month during which it is earned and will not be used until the month has elapsed. An eligible employee terminating before a month's end, however, accrues proportionate credit through the last day on pay status.

## **7. Advance Vacation Credit Accrual**

Up to two days' advance use of vacation credit accruals for the months of December and January may be used to facilitate implementation of Christmas/New Year's holiday closures. This exception applies only to new employees who have not had sufficient time to accrue adequate vacation balances and to other special cases where adequate vacation balances do not exist.

## **8. Vacation Pay Restrictions**

An employee will not be paid for vacation earned in one University position while on pay status in any other position paid through University-administered funds. This does not apply to vacation payment in case of transfer of an employee between University contracts or fund sources.

# **D. USE OF VACATION CREDIT WHILE ON TRAVEL STATUS**

## **1. Approvals**

Scheduling of vacation to be taken by an employee while on official travel status must be approved in advance.

## **2. Delay**

When an employee is on travel status, a delay en route on a regular workday for other than Laboratory business is normally charged to the employee's vacation credit.

# **E. VACATION CREDIT OF TRANSFERRING EMPLOYEES**

## **1. Between Laboratory and Other University Locations**

University employees who transfer from another University fund source to the Laboratory, or vice versa, will be paid for accumulated vacation credit, up to the maximum credit normally allowed by the contract or other fund sources from which they transfer.

## **2. Between Laboratory Divisions**

The vacation credit of employees is usually not affected by transfer between Laboratory divisions. When

an employee transfers from a benefit-accruing classification to a non-benefit-accruing classification, however, any vacation credit he or she may possess on the effective date of the change will be paid in a lump sum.

## **F. TERMINAL VACATION PAY**

An employee who terminates from Laboratory employment is paid for vacation credit accrued through his or her last day on pay status. An employee who is granted extended military leave may elect to be paid for vacation credit accrued through his or her last day on pay status. See [RPM §2.14\(E\)\(3\)](#) (*Extended Military Leave*). The amount to be paid is based on the employee's official attendance and leave records maintained by the Human Resources Department/Payroll. In the case of the death of an employee, payment is regulated by state law. See [RPM §2.21\(H\)](#) (*Termination by Death*).

## **G. VACATION OR LEAVE DURING ASSIGNMENTS AT REMOTE SITES**

### **1. Advance Approval**

Plans to schedule vacation leave or leave without pay during assignments to remote areas must be shown on Stock Form 7600-55336 (*Request and Authorization for Official Travel*) and approved in writing in advance by the employee's division director or department head and by the Head of the Human Resources Department.

### **2. Post-Approval**

Requests to take vacation or leave without pay, subsequent to approval of Stock Form 7600-55336 (*Request and Authorization for Official Travel*), must be made by TWX or other correspondence. Such requests must also be approved by the employee's division director or department head and by the Laboratory Director or designee. Copies of this correspondence must accompany the travel claim vouchers submitted on completion of the test-area assignment.

### **3. Time Allowable**

Vacation leave, other leave with pay, or leave without pay taken while on test-area assignments may not normally exceed the length of time spent on official business at the test area during any one test-area tour of duty.

## **H. USE OF VACATION LEAVE FOR CATASTROPHIC LEAVE SHARING**

Under the provisions of the Catastrophic Leave Sharing Policy, [RPM §2.26\(A\)](#), an employee may donate vacation time on an hour-for-hour basis, regardless of differing pay scales, to another employee who has exhausted his or her sick and vacation leaves due to a serious medical condition, as defined in [RPM §2.26\(B\)\(1\)](#), affecting him or her or a family member or other person, as defined in [RPM §2.26\(B\)\(2\)\(b\) and \(c\)](#).

## **I. PAYOUT OF VACATION CREDIT AT CHANGE OF STATUS**

Employees will be paid for accrued vacation credit at the time they change from a vacation-accruing appointment to an appointment that does not. The payment will be made at the time of the change in appointment and at the rate prior to the change.

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## §2.09 Sick Leave

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### A. POLICY

Sick leave is provided to continue the salary of eligible Laboratory employees who would otherwise be on pay status but who are unable to work because of illness or disability; for medical, dental, and optical appointments; and on a limited basis in the event of death or illness of a family member. Sick

leave accrues each month, based on the percentage of time or number of hours the employee is on pay status during that month. Supervisors are responsible for administering the sick-leave policy to prevent abuses and inequities. Questions concerning the intent of sick-leave policy should be referred to the Human Resources Department.

## B. RATE OF EARNING SICK LEAVE

Sick leave accrues at the rate of eight hours per month for full-time employment.

## C. ACCRUAL OF SICK LEAVE

An employee accrues full or proportionate sick-leave credit each month as shown in [Table 2.09\(C\)](#), below. Sick-leave accrual is based on a maximum eight-hour workday and a forty-hour work week, including extended workweek situations. Part-time employees cannot accrue sick leave for more than an eight-hour workday or for more than the number of hours of work normally scheduled. The following additional criteria also apply to sick-leave accrual.

### 1. Career Employees

An employee must be on pay status at least half the working hours of the month to accrue sick leave for that month:

**Exception.** A half-time biweekly employee who works a normal half-time schedule will be credited with four hours of sick leave even if the employee was in pay status less than half the working hours of a particular month.

### 2. Limited Employees

Limited employees working a 50% or more time schedule accrue sick-leave credit in accordance with the provisions of [Table 2.09\(C\)](#) below.

### 3. Employees Working Variable Time

Employees who work variable time schedules do not accrue sick-leave credit. (See [RPM §3.01\(C\)\(3\)](#).)

**Table 2.09(C)**  
**Sick-Leave Credit for Part-Time Employees**

Number of hours for which hourly paid employee receives pay (including leave and holiday time)				Percentage of time for which monthly paid employee receives pay	Hours of sick-leave credit earned
160-hour month	168-hour month	176-hour month	184-hour month		

0–79	0–83	0–87	0–91	0–49	0
80–89	84–94	88–98	92–103	50–55	4
90–109	95–115	99–120	104–126	56–68	5
110–129	116–136	121–142	127–149	69–80	6
130–149	137–157	143–164	150–172	81–93	7
150–160	158–168	165–176	173–184	94–100	8

#### **4. Accrual During Leave with Pay**

Sick leave accrues during leave with pay, except for professional research or teaching leave.

#### **5. Accrual for Terminating Employees**

Sick leave for each month accrues at the end of the month, except that an eligible terminating employee accrues proportionate sick leave through the last day on pay status.

#### **6. Accrual for Overtime**

Sick leave does not accrue for time on pay status in excess of 40 hours in any work week.

#### **7. Limitations on Accrual and Use of Sick Leave**

There is no maximum on the amount of sick leave that may be accrued or the amount that may be used in any year.

#### **8. Accrual During Leave Without Pay**

An employee who is on approved leave of absence without pay, but who was in pay status at least half the working hours of a month (including holidays), earns sick leave at the normal accrual rate. An employee in pay status less than half the working hours of a month earns no sick leave credit for that month.

### **D. USE OF SICK LEAVE**

Accumulated sick-leave credit may be used only when an employee is unable to work due to sickness, injury, or quarantine; for medical, dental, or optical appointments; or for family illness or death in the family. Sick leave for medical, dental, or optical appointments is limited to reasonable travel and appointment times only. An employee cannot use sick leave before the time it is accrued.

#### **1. Termination**

An employee may not use sick leave beyond a predetermined date of separation, including retirement or layoff or any leave without pay.

## **2. Proof of Illness, Injury, Disability, or Bereavement**

An employee may be required to submit satisfactory proof of illness or disability in the form of a physician's statement or other administratively acceptable evidence. Proof of illness or bereavement in the family may also be required.

## **3. Use of Sick Leave for Childbearing**

Employees are strongly encouraged to contact Health Services for confidential counseling regarding their pregnancy status as well as any work-related issues.

## **4. Use of Sick Leave for Illness in Employee's Family**

An employee may use up to 30 days of accrued sick leave in any calendar year (i.e., January 1 through December 31) when required to be in attendance or to provide care because of the illness of the employee's spouse, domestic partner, parent, child (including the child of a domestic partner), sibling, grandparent, grandchild, in-law, or step-relative in the same relationship; or any other person who is residing in the employee's household for whom there is a personal obligation. This privilege is not intended to cover baby-sitting. Sick leave charged for this purpose should be shown by the symbol "F" (for Family Leave) instead of the normal symbol "E." See [Paragraph \(D\)\(6\)](#), below, for additional sick leave allowance for death in the family.

An eligible employee who has requested vacation-leave donations from other employees for the purpose of caring for a catastrophically ill person shall first exhaust his or her accrued sick-leave balance even when doing so results in exceeding the 30-day limit otherwise imposed on the use of sick leave for family illness. See [RPM §2.26](#) (*Catastrophic Leave Sharing*).

## **5. Use of Sick Leave During Vacation Periods**

Any time charged to sick leave included within or immediately following a vacation period is acceptable as a charge against sick-leave credit as long as specific approval is given by the employee's supervisor. Specific approval will be based on a physician's statement or other administratively acceptable evidence. If such approval is not given, the absence will be charged to vacation leave or leave without pay if the employee has no accrued vacation credit.

## **6. Use of Sick Leave for Death in Family**

An employee is permitted to use not more than five days of accrued sick leave when the employee's presence is required because of the death of the employee's mother, father, husband, wife, son, daughter, brother, or sister; grandparent, grandchild, in-law, or step-relative in the same relationship; or any other person who is residing in the employee's household for whom there is a personal obligation. In addition, an employee is permitted to use not more than five days of sick leave in any calendar year in the event that he or she has a personal obligation with regard to funeral attendance or bereavement because of the death of any other person. This is in addition to the sick leave allowance

for illness in the employee's family. See [Paragraph \(D\)\(4\)](#), above.

## **7. Full-Time Employees**

Use of sick leave is limited to a maximum of eight hours per day and forty hours per week, including extended workweek situations.

## **8. Part-Time Employees**

Sick-leave charges that would result in a part-time employee's being paid for more than eight hours per day or for more than the number of hours per week formally scheduled are not allowed.

## **9. Employees Working Variable Time**

Employees who work variable time do not accrue sick-leave credit, but sick-leave credit previously earned while an employee works a definite schedule may be charged as long as the employee was scheduled to work the days and hours for which sick leave is claimed. Use of sick leave is limited to the number of hours the employee was scheduled to work.

## **10. Sick Leave Beyond Current Credit**

When sick-leave credit is exhausted, vacation-leave or leave-without-pay rules apply unless the employee qualifies for, and receives, catastrophic leave-sharing credits ([RPM §2.26](#)).

## **11. Medical Clearance to Return to Work**

On returning to work after any lost time due to illness or injury occurring at work, employees must report to Health Services for an evaluation of their condition and ability to resume customary work. When an employee has been absent for five or more consecutive workdays because of his or her own serious illness or injury unrelated to work, he or she must provide Health Services with a release to return to work. This release must include any information regarding medical restrictions that may affect the employee's ability to perform his or her job, as certified by the treating physician.

# **E. ILLNESS DURING WORKING HOURS**

When an employee becomes ill during working hours, advice may be sought from Health Services.

# **F. TRANSFER AND REINSTATEMENT OF SICK LEAVE**

## **1. Transfer of Sick Leave**

An employee who terminates from a position in which sick-leave credit is accrued at another part of the University for the purpose of accepting employment in a position at the Laboratory will have all such credit transferred. If the Laboratory position is one in which sick-leave credit is not accrued, however, the employee's prior credit is not transferable. If the employee later changes to a position in which

sick-leave credit is accrued, the previously accrued credit will be reinstated.

## **2. Reinstatement of Sick Leave**

Sick-leave credit accumulated in previous employment with the University or the state of California may be reinstated on the following basis:

- a. An employee who is re-employed after a break in service of less than 15 calendar days will have all sick leave from the immediate prior service reinstated.
- b. An employee who is re-employed after a break in service of 15 or more calendar days but less than 6 months will have sick leave accrued in prior service reinstated not in excess of 80 hours.
- c. An employee who is re-employed from recall status or preferential-rehire status will have all accrued sick leave from prior service reinstated.

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## §2.10 Holidays

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### A. OFFICIAL UNIVERSITY HOLIDAYS

The Laboratory observes official University holidays as listed below. These holidays are granted with pay to employees, except as otherwise stated in subsequent paragraphs below. The days listed below or announced equivalents are usually observed as holidays:

- New Year's Day
- Third Monday in January
- Third Monday in February
- Last Monday in May
- July 4
- Labor Day
- Thanksgiving Day
- Friday following Thanksgiving Day
- December 24 or 26
- Christmas Day

- December 31 or January 2
- One floating holiday that may be used, at the employee's discretion, on Cesar Chavez Day (the last Friday in March), Veterans Day (November 11), or during the annual winter holiday shutdown.

When one of the listed days occurs on a Sunday, the following Monday is observed as a holiday. When a holiday falls on a Saturday, the preceding Friday is observed as a holiday unless an alternate day is designated by the Laboratory Director.

The Laboratory will be open on both Cesar Chavez Day and Veterans Day and closed during the winter holiday shutdown. Employees electing to use the floating holiday on either Cesar Chavez Day or Veterans Day will be required to use a third vacation day or leave without pay day during the winter holiday shutdown.

The floating holiday must be taken during the calendar year and cannot be accrued for future use.

## **B. PAY POLICY FOR WORK PERFORMED ON HOLIDAY**

### **1. Exempt Employees**

Exempt employees do not normally receive extra compensation when their assignment requires work on a holiday.

### **2. Nonexempt Employees**

Nonexempt employees are paid for time worked on a holiday. They normally receive a full day's holiday pay, plus pay for any portion of the day worked, to the nearest hour for monthly salaried personnel and to the nearest quarter hour for hourly rated personnel.

### **3. Irregular Schedules**

Nonexempt employees who are working irregular full-time schedules are entitled to the same number of paid holiday hours granted to regularly scheduled employees. An employee whose regular day off falls on a holiday observed by the Laboratory receives holiday pay.

### **4. Cesar Chavez Day and Veterans' Day**

Nonexempt employees working on Cesar Chavez Day and Veterans' Day will be paid for hours worked only. They will not receive additional holiday pay.

## **C. HOLIDAY PAY POLICY FOR PART-TIME EMPLOYEES**

### **1. Variable Hour Schedules**

Employees who work variable time schedules do not earn holiday time off with pay. (See [RPM](#)

[§3.01\(C\)\(3\)](#)**2. Fixed Hours**

Part-time employees who are scheduled to work half-time or more are allowed holiday time off with pay in accordance with the following table:

**Table 2.10(C)**  
**Holiday Credit for Part-time Employees**

Percentage of full time	Hours of holiday pay per holiday
Under 50	0
50–56	4
57–68	5
69–81	6
82–93	7
94–100	8

**D. HOLIDAYS DURING LEAVE WITHOUT PAY****1. Short-Term Leave**

A full-time employee on approved, nondisciplinary leave of absence without pay for no more than 20 calendar days is eligible to be paid for any holidays occurring during the leave period.

**2. Extended Leave**

An employee on leave without pay for more than 20 calendar days is not eligible to be paid for any holidays that occur during or immediately before the leave period begins.

**E. RELIGIOUS HOLIDAYS**

The observance of a religious holiday may be permitted by a division director or department head. In such cases, time off is charged to accumulated vacation credit. If no credit has been accumulated, the time off will be handled as leave without pay for nonexempt employees and, at the discretion of the division director or department head, for exempt employees.

## **F. HOLIDAY PAY FOR NEW EMPLOYEES**

A new full-time employee will be paid for any holiday immediately preceding his or her first day of work if the holiday is the first working day of a pay period. This rule does not apply to part-time employees.

## **G. HOLIDAY PAY FOR TERMINATING EMPLOYEES**

A terminating full-time employee will receive pay for any holiday immediately following his or her last day of work if the holiday is the last working day of a pay period. This rule does not apply to part-time employees.

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## §2.11 Miscellaneous Leave with Pay

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### A. COURT LEAVE

#### 1. Jury Duty

Full-time career employees on any shift or work schedule are granted leave with pay for actual time on jury duty, including grand-jury duty, and related travel not to exceed the number of hours in the employee's normal workday and work week. The leave with pay is payable at the straight-time rate (including shift differential, if applicable) and will not be counted as time worked for the purpose of computing overtime premium pay.

Part-time career employees at 50% time or more are granted leave with pay for actual time spent on jury duty, including grand-jury duty, and related travel that occur during the employee's regularly scheduled hours of work. All such leave is charged to court leave.

#### 2. Administrative or Legal Proceedings

- a. Time spent by an employee attending an administrative or legal proceeding on behalf of the Laboratory or the University is counted as time worked. See [RPM §2.05\(D\)\(6\)\(a\)\(v\)](#) (*Pay Status for Time Spent in Complaint Resolution*).
- b. When served with a subpoena that compels their presence as a witness (other than as a paid

expert witness), full-time career employees on any shift or work schedule are granted leave with pay for actual time spent at administrative or legal proceedings and in related travel, not to exceed the number of hours in a normal workday and work week. The leave with pay is payable at the straight-time rate (including shift differential, if applicable) and will not be counted as time worked for the purpose of computing overtime premium pay. Part-time career employees at 50% time or more are granted leave with pay for actual time spent at proceedings and in related travel that occur during the employee's regularly scheduled hours of work.

- c. Leave with pay is not granted when an employee is the plaintiff or defendant in a proceeding, is called or subpoenaed as a paid expert witness not on behalf of the Laboratory or the University, or is called or subpoenaed because of duties for another employer. The time off in these situations is charged to vacation or leave without pay.

## **B. VOTING TIME**

An employee will be granted necessary time off with pay, not to exceed two hours, for voting in any statewide primary or general election if the employee is scheduled to work eight hours or more on that day and does not have time to vote outside working hours.

## **C. AUTHORIZED LEAVE WITH PAY**

### **1. Exempt Employees**

For exempt employees only, in consideration of unusual circumstances or unusual effort, leave of absence with pay may be granted as described below. Such leave may not be used, however, to balance extra work on an hour-for-hour basis. Normally, authorized leave will not be used in connection with vacation time. Exceptions to this limitation may be made by the Division Director or Department Head when such action is in the best interests of the department or division work schedule.

- a. Up to three workdays in a month may be granted an exempt employee by the division director with supporting explanation of special circumstances requiring the leave shown on or attached to the Payroll Time Report.
- b. More than three workdays a month may be granted only with the approval of the Laboratory Director. Such recommendations must be made on Stock Form 7600-55050 (*Personnel Action Form (PAF)*), which is submitted to the Human Resources Department.

### **2. Unusual Circumstances**

Up to five working days of leave with pay may be granted by the Laboratory Director to any employee to cover unusual circumstances. If adequate sick-leave and vacation credits exist, leave will be charged to such credits.

## **D. SUPPLEMENTAL DISABILITY LEAVE**

See [RPM §2.15](#) (*Workers' Compensation Insurance*).

## **E. PUBLIC EMERGENCIES**

When authorized by the Associate Laboratory Director for Operations (ALDO) or designee, leave with pay may be allowed in the following circumstances:

### **1. Public Emergencies**

Leave with pay may be allowed during public emergencies that effectively prevent an employee from attendance at work or continuance of work in a normal and orderly manner. A public emergency includes fire, explosion, power failure, flood, earthquake, snowstorm (Washington, D.C., offices only), protest demonstration, riot, sabotage, and other comparable occurrences. When an employee is absent because of personal reasons resulting from a public emergency, the employee should charge this absence to accrued vacation or leave without pay.

### **2. Civil Disaster Units**

Leave with pay may be allowed for search-and-rescue or disaster-control work by an employee as a member of an organized civil disaster unit. Leave with pay is not granted for training, drills, or practice exercises.

### **3. Anticipated Power Interruptions**

Under the terms of its electric-power agreement, the Laboratory may experience periods of reduced power. In some areas such interruptions may require lighting, temperature, and humidity changes as well as restricted use of electrical equipment such as typewriters, calculators, and computer terminals. If these conditions effectively prevent an employee from performing his or her work and alternate assignments appropriate to the employee's job classification are not available, the Division Director or designee may request authorization from the ALDO to grant leave with pay for the period during which the employee's work cannot be performed.

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## §2.12

### Leave of Absence Without Pay

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#### A. GENERAL

An employee may be granted a leave of absence without pay for reasons such as illness or work-incurred disability, parental leave, pregnancy disability leave, the need to provide care for members of his or her family, education that will directly increase job effectiveness, or outside research or business activities. In granting the leave, the department or division head will consider the best interests of the Laboratory and the likelihood that the employee, if in good health, will return after the leave for a worthwhile period of time. The department or division will hold open a position during the employee's requested leave of absence without pay in accordance with [Paragraphs \(H\)-\(I\)](#), below. Leave

without pay granted for medical reasons, leave granted for child bearing, and work-incurred disability may require written certification from the employee's health-care provider.

## **B. BENEFITS DURING LEAVE OF ABSENCE WITHOUT PAY**

Certain benefits continue during an approved leave of absence without pay, as noted below. Such leaves do not constitute a break in service.

### **1. Accrual of Vacation and Sick Leave**

Employees do not accrue vacation or sick-leave credit and are not allowed any paid leave during leave of absence without pay, except as provided in [RPM §2.08\(B\)\(4\) \(Short Month's Work\)](#), [§2.09\(C\)\(8\) \(Accrual During Leave Without Pay\)](#), and [§2.10\(D\)\(1\) \(Short-Term Leave\)](#). Accrual of vacation and sick-leave credits are resumed on the employee's return to pay status.

### **2. Health Plan Coverage**

An employee on an approved family care and medical leave is entitled to continue participation in health plan coverage (medical, dental, and optical) as if on pay status for up to 12 work weeks in a 12-month period. An employee on any other type of leave without pay may be allowed to continue to receive health plan coverage for a period of up to 24 months but must make arrangements for payment of premiums.

### **3. Retirement and Group Insurance**

For the effect of a leave of absence without pay on retirement and group insurance, employees should contact the Benefits Office.

## **C. AUTHORIZATION OF LEAVE OF ABSENCE WITHOUT PAY**

### **1. Approval**

Leaves of absence without pay require authorization as provided in the following table. Family Medical Leave Act (FMLA) leave and pregnancy disability leave do not require the authorizations indicated below unless the leave extends beyond four months, the employee is not eligible for those types of leave, or the employee has exhausted his or her FMLA leave or pregnancy disability leave benefits.

<b>Table 2.12(C)</b>			
<b>Authorization for Leaves of Absence Without Pay</b>			
<b>Duration</b>	<b>Division director/ department head</b>	<b>HR head or designee</b>	<b>Associate Laboratory Director for Operations</b>

≤ 6 months	x		
> 6 months to ≤12 months	x	x	
> 12 months	x	x	x

## 2. Justification

Recommendations for leaves of absence without pay require the submission of a memorandum of justification to the division director. Justification should include the following:

- a. The approximate dates between which the absence is planned.
- b. The reason for the absence.
- c. Acknowledgment that the employee understands that the leave of absence without pay, if granted, is subject to any limitations caused by changes in the research program or employment levels that would have affected the employee if he or she had not been on leave.

## 3. Use of Vacation and Sick-Leave Credit

Unless otherwise requested by the employee and approved by the division director or department head, approved leave without pay begins when all vacation and applicable sick leave credit has been exhausted. See [RPM §2.09 \(D\) \(Use of Sick Leave\)](#). This provision does not apply to family care and medical leave. See [RPM §2.13\(E\) \(Use of Accrued Paid Leave\)](#).

## D. EXHAUSTION OF LEAVE CREDITS

When an employee's vacation and sick-leave credit is exhausted during a period of paid leave, the employee's division or department is responsible for submitting a Personnel Action Form (PAF) (Stock Form 7600-55050) in either paper or electronic form to the Payroll Unit.

## E. NATIONAL DEFENSE LEAVE

Upon approval of the Laboratory Director, leave without pay may be granted to an employee who is called or volunteers to serve in scientific research and development under the auspices of the federal government during a war or comparable period of national emergency. Such an employee is not eligible for the pay for military leave that is provided in [RPM §2.14 \(Military Leave\)](#).

## F. PREGNANCY DISABILITY LEAVE

## 1. Definition

An employee disabled from working because of pregnancy, childbirth, or related medical conditions is eligible for and, on the employee's request, must be granted a leave of absence for up to four months during the period of disability. Pregnancy disability leave may consist of leave without pay and/or paid leave such as accrued sick leave and/or accrued vacation leave.

If the period of disability continues beyond four months, a personal leave may be granted. Employees are strongly encouraged to contact Health Services for confidential counseling regarding their pregnancy status as well as any work-related issues.

## 2. Coordination with Family Care and Medical Leave

If an employee on approved pregnancy disability leave is also eligible for family care and medical leave under [RPM §2.13 \(Family Care and Medical Leave\)](#), up to 12 work weeks of pregnancy disability leave will run concurrently with family care and medical leave under federal law. On termination of concurrent leave, an employee is also entitled to up to 12 work weeks of state family care and medical leave for any covered reason except pregnancy or related medical conditions.

## 3. Reduced Work Schedule

When medically necessary, an employee may take pregnancy disability leave on a reduced work schedule or an intermittent basis. The Laboratory may require an employee who is on a reduced work schedule or intermittent leave to temporarily transfer to an alternative position if this position better accommodates the required work schedule than the employee's own position. Exempt employees may elect to use accrued vacation and/or sick leave in four-hour increments in lieu of unpaid leave. Nonexempt employees may elect to use accrued vacation and/or sick leave in half-hour increments in lieu of unpaid leave.

## 4. Reinstatement

The employee will be reinstated to his or her same position as long as the employee returns to work within four months and immediately following termination of pregnancy disability leave. If the employee would have been laid off or terminated had he or she remained on pay status during the leave period, reinstatement will be to a similar job at the same location. If a similar position is not available, the employee will be afforded the same considerations extended to other employees who are laid off or terminated (see [RPM §2.21\(B\) \(Reduction in Force\)](#)).

## 5. Light Duty

As an alternative to, or in addition to, pregnancy disability leave, the Laboratory will temporarily modify a pregnant employee's position or transfer a pregnant employee to a less strenuous or hazardous position under the following circumstances:

- a. On the employee's request.

- b. With the advice of the employee's health care provider.
- c. If the temporary modification or transfer can be reasonably accommodated.

A temporary modification or transfer will not be counted toward an employee's entitlement to up to four months of pregnancy disability leave. An employee will be reinstated to the same or similar position under [Paragraph \(F\)\(4\)](#), above. Additional provisions apply when the employee takes a medical leave in connection with her pregnancy. See [RPM §2.13\(H\) \(\*Interaction of Family Care and Medical Leave with Pregnancy Disability Leave\*\)](#).

## **G. LEAVE FOR WORK-INCURRED DISABILITY**

An employee who is off pay status because of a work-incurred illness or injury may be placed on leave without pay, except that any leave without pay that is granted will not extend beyond a predetermined date of separation. When an employee is (1) on a workers' compensation absence because of an on-the-job injury or illness and (2) eligible for leave under the Family Medical Leave Act (FMLA), the workers' compensation absence and FMLA leave will run concurrently. See also [RPM §2.13 \(\*Family Care and Medical Leave\*\)](#) and [§2.15 \(\*Workers' Compensation Insurance\*\)](#).

## **H. PERSONAL LEAVE**

A career employee may be granted a leave without pay for personal reasons such as education that will directly increase job effectiveness. In granting such a leave, the department or division head will consider the best interests of the Laboratory. The employee will be reinstated to the same or, at the department's or division's discretion, a similar position in the same department as long as the employee returns to work immediately following the end of the leave. If the employee would have been laid off or terminated had he or she remained on pay status during the leave period, the provisions of [Paragraph \(I\)\(1\)](#), below, and [RPM §2.21\(B\) \(\*Reduction in Force\*\)](#) will apply.

## **I. RETURNING FROM APPROVED LEAVE OF ABSENCE WITHOUT PAY**

### **1. Returning to Work**

An employee who is granted a leave of absence without pay is reinstated to the same or similar position at the expiration of leave unless otherwise agreed when the leave was granted or unless changes in the research program or employment levels have occurred that would have affected the employee had he or she not been on leave. See the special provisions on reinstatement following family care and medical leave ([RPM §2.13\(J\) \(\*Returning to Work\*\)](#)) and reinstatement following a pregnancy disability leave ([Paragraph \(F\)\(4\)](#), above). If the position has been abolished during a leave without pay, the employee must be reinstated to a similar job in the same department (at management's discretion if the leave was a personal leave). If a similar job is not available, the employee must be afforded the same considerations that would have been available had he or she been on pay status when the position was abolished. See [RPM §2.21\(B\) \(\*Reduction in Force\*\)](#).

## 2. Medical Clearance

Under [RPM §2.09\(D\)\(11\) \(\*Medical Clearance to Return to Work\*\)](#), when an employee has been absent for five or more consecutive workdays because of his or her illness or injury unrelated to work, he or she is required to provide a release to return to work to Health Services. The release must include any information regarding medical restrictions, as certified by the treating physician, that may affect the employee's ability to perform his or her job.

## 3. Failure to Return to Work

### a. Medical Reasons

If the employee fails to return to work for medical reasons and all available leave has been exhausted, the employee must be informed in writing of the availability of reasonable accommodation under [RPM §2.01\(B\)\(4\) \(\*Reasonable Accommodation\*\)](#).

If the employee fails to respond or declines participation in the reasonable accommodation process, the employee may be terminated under [RPM §2.21\(E\) \(\*Medical Separation\*\)](#) if all leave credits provided in [RPM §2.13\(F\) \(\*Duration of Leave\*\)](#) and [\(G\) \(\*Supplemental Family Care and Medical Leave\*\)](#) have been exhausted.

### b. Nonmedical Reasons

If the employee fails to return to work for nonmedical reasons and all available leave has been exhausted, the employee will be placed on unapproved leave without pay pending clarification of the reasons for the failure to return. See [SRPM 2.05\(L\) \(\*Unauthorized Absences and Job Abandonment\*\)](#).

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## §2.13 Family Care and Medical Leave

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### A. GENERAL

The Laboratory complies with the California Family Rights Act of 1991 (CFRA) and the federal Family Medical Leave Act of 1993 (FMLA). The Human Resources Department should be consulted on any questions relating to an employee's request for family care and medical leave.

### B. ELIGIBILITY AND AUTHORITY

Employees who have at least 12 months of [University/Laboratory service](#) and who have [worked at least 1,250 hours](#) during the 12 months before the leave are entitled, on request, to up to 12 work weeks of unpaid leave in a calendar year for an eligible employee's [serious health condition](#); the serious health condition of the employee's family member (child, spouse, or parent); same- or opposite-sex domestic

partner; or the need to care for the employee's newborn, adopted, or foster child (parental leave). A parental leave must be concluded within one year after birth or placement of the child. The cognizant division director or department head, in consultation with the Human Resources Department, will determine whether the employee is eligible and qualifies for a FMLA leave and will notify the employee in writing when the leave is designated as FMLA leave. The duration and terms of the leave and the date of return are determined when the leave is granted.

If the need for leave for the same condition that is in progress continues beyond 12 work weeks, a career employee is entitled to supplemental unpaid leave for an additional 12 work weeks in accordance with [Paragraph \(G\)](#), below.

## **C. NOTIFICATION**

If possible, employees must provide at least 30 days' advance notice for foreseeable events (e.g., the expected birth of a child or a planned medical treatment for themselves or a family member). Failure to provide notice of foreseeable events may result in postponement of the leave. For unforeseeable events, employees must notify their supervisor, at least verbally, as soon as practicable.

## **D. CERTIFICATIONS**

### **1. Medical**

When requesting leave for his or her serious health condition or to care for a child, parent, spouse, or domestic partner who has a serious health condition, an employee must support the request with medical certification issued by the [health care provider](#) of the individual requiring care.

### **2. Familial Relationship**

At its discretion, the Laboratory may require that an employee requesting leave to care for a family member or domestic partner with a serious health condition or requesting parental leave provide documentation of the familial relationship, proof of birth, or placement for adoption or in foster care.

## **E. USE OF ACCRUED PAID LEAVE**

Family care and medical leave is unpaid.

### **1. Employee's Serious Health Condition**

An employee on leave for his or her own serious health condition must use accrued sick leave in accordance with the University's disability insurance plans or as provided in [RPM §2.15\(D\)](#) (*Compensation While Absent Because of Work-Incurred Disability*). Employees not eligible for University disability insurance and not on leave because of a work-incurred injury or illness must use all accrued sick leave before taking leave without pay. If sick leave is exhausted, an employee may elect to use accrued vacation time before taking leave without pay.

## 2. Family Illness

An employee on family care leave for family illness may use either sick leave in accordance with RPM [§2.09\(D\)\(4\)](#) (*Use of Sick Leave for Illness in Employee's Family*) or accrued vacation time before taking leave without pay.

## 3. Parental Leave

An employee on family care leave for parental leave may use accrued vacation time before taking leave without pay.

## 4. Catastrophic Leave Sharing

Under the provisions of RPM [§2.26\(A\)](#), an employee may donate vacation time on an hour-for-hour basis, regardless of differing pay scales, to another employee who has exhausted his or her sick and vacation leaves due to a serious medical condition (as defined in [Paragraph B, above](#)) affecting him or her or another eligible person, as defined in RPM [§2.26\(B\)\(2\)\(b\) and \(c\)](#).

## F. DURATION OF LEAVE

Family care and medical leave must not exceed 12 work weeks in the [leave year](#). See [Paragraph \(B\)](#), above. Depending on individual circumstances, the leave may be a combination of accrued paid leave (i.e., vacation and/or sick leave and unpaid leave).

For the purposes of FMLA leave only, 12 work weeks are equivalent to 480 hours of scheduled work for full-time employees who are normally scheduled for an eight hours per day, five days per workweek schedule. Although the use of FMLA leave need not be consecutive, an employee's aggregate use of FMLA leave may not exceed a total of 12 work weeks within the leave year.

When parental leave is combined with leave for pregnancy-related supplemental family medical leave and/or pregnancy disability, the total family care/parental leave may not exceed seven months in the leave year.

### 1. Adjustment for Part-Time Schedules

For employees who work part-time or other than an eight hours per day, 40 hours per week schedule, the number of FMLA leave hours to which the employee is eligible will be adjusted in accordance with his or her normal weekly work schedule. An employee whose schedule varies from week to week is eligible for a prorated amount of FMLA leave based on his or her hours worked over the 12 weeks preceding the leave.

### 2. Reduced Work Schedules, Intermittent Leaves, and Temporary Transfers

When medically necessary and supported by medical certification, the cognizant division director or department head, in consultation with the Human Resources Department, will grant an eligible

employee's request for a reduced work schedule or intermittent leave, including absences of less than one day. Only the time actually spent on the intermittent or reduced leave schedule will be counted toward the employee's entitlement of 12 work weeks in the leave year.

When the employee requests an intermittent leave or a reduced work schedule, the Laboratory may, at its discretion, require the employee to temporarily transfer to an available alternative position for which the employee is qualified and that better accommodates the employee's recurring period of leave. Such transfers must have equivalent pay and terms and conditions of employment, but they need not have equivalent duties.

### **3. Workers' Compensation and FMLA Leave**

When an employee is on a workers' compensation leave because of an on-the-job injury or illness that also qualifies as a serious health condition under FMLA, the workers' compensation leave and FMLA leave will run concurrently.

## **G. SUPPLEMENTAL FAMILY CARE AND MEDICAL LEAVE**

If the need for a family care and medical leave that is in progress continues beyond 12 work weeks, a career employee is entitled to supplemental leave for up to 12 additional work weeks or until the end of the leave year, whichever is less. The aggregate of pregnancy disability leave, family care and medical leave, and supplemental family care and medical leave may not exceed seven months during the leave year. An employee who has been granted supplemental family care and medical leave will be reinstated under [Paragraph \(J\)](#), below.

## **H. INTERACTION OF FAMILY CARE AND MEDICAL LEAVE WITH PREGNANCY DISABILITY LEAVE**

For eligible employees, federal family care and medical leave runs concurrently with childbearing/pregnancy disability leave, as specified in [Paragraph \(E\)](#), above. On termination of a pregnancy disability leave that runs concurrently with federal family care and medical leave, an employee is also entitled to up to 12 weeks of state family care and medical leave for any covered reason except pregnancy or related health conditions.

## **I. BENEFITS CONTINUANCE**

For an employee on an approved FMLA leave, health plan coverages (medical, dental, and optical) are continued for up to 12 work weeks in a 12-month period if he or she was eligible for them while on pay status. Thereafter, eligibility and benefits under each plan are the same as those provided to Laboratory employees during an approved leave of absence. Specific questions about this policy should be directed to the Laboratory Benefits Office.

## **J. RETURNING TO WORK**

## 1. Return to Work

When an employee has been granted an approved FMLA leave of absence and returns within 12 work weeks after initiation of the leave, he or she will be reinstated to the same or an equivalent position on expiration of the leave as long as the employee returns to work immediately following termination of the leave. If the position has been abolished or otherwise affected by layoff and an equivalent position is not available, see [RPM §2.21\(B\)](#) (*Reduction in Force*).

## 2. Failure to Return to Work

The provisions of [RPM §2.21\(E\)](#) (*Medical Separation Policy*) apply if all the following conditions are met:

- a. The employee is unable to return to work because of his or her ongoing serious medical condition.
- b. All leave credits provided in [Paragraphs \(F\)–\(G\)](#), above, have been exhausted.
- c. The employee is unable to perform essential assigned functions.

## 3. Medical Clearance

In accordance with [RPM §2.09\(D\)\(11\)](#) (*Medical Clearance to Return to Work*), an employee must provide Health Services with a release to return to work when he or she has been absent for five or more consecutive work days because of his or her own serious illness or injury unrelated to work. This release must include any information regarding medical restrictions that may affect the employee's ability to perform his or her job as certified by the treating physician.

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## §2.14 Military Leave

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### A. GENERAL

An employee shall be granted military leave as specified below, provided that he or she gives advance verbal or written notice of the leave. Exceptions are when notice is precluded by military necessity, or it is unreasonable or impossible to give such notice. In the granting of military leave, the Laboratory may require verification of an employee's military orders.

### B. TYPES OF MILITARY LEAVE

Military leave consists of:

1. **Reserve Training Leave:** For inactive duty, such as weekly or monthly meetings or weekend drills.
2. **Temporary Military Leave:** When an employee is ordered to full-time active military duty for training for a period not to exceed 180 calendar days, including time spent traveling to and from

such duty.

3. **Extended Military Leave:** When an employee enlists or is ordered into active-duty service of any length or active-duty training in excess of 180 days, or when an employee is ordered into active federal military duty as a member of the National Guard or Naval Militia. Such leave shall be granted for a period not to exceed five years. In addition, leave can be granted for a period of up to six months from the date of release from duty.
4. **Emergency Leave for National Guard:** When an employee who as a member of the National Guard is called to active duty by proclamation of the Governor during a state of emergency. An employee who as a member of the National Guard is called to active federal military duty at the request of the President of the United States is not eligible for emergency National Guard leave, but shall be granted extended military leave.
5. **Physical Examination Leave:** When an employee is required to take a pre-induction or pre-enlistment physical examination to fulfill a commitment under a Selective Service or comparable law, or during a period of war or comparable national emergency.

## C. PAY FOR LEAVE

### 1. General

An employee granted temporary military leave for active-duty training, inactive-duty training, or extended military leave is entitled to receive his or her regular Laboratory pay for the first 30 calendar days of such leave in any one fiscal year, provided:

- a. the employee has completed 12 months of continuous University service immediately prior to the granting of the leave (all prior full-time military service shall be included in calculating this University service requirement), and
- b. the aggregate of payments for inactive-duty training, temporary military leave, extended military leave, and military leave for physical examination does not exceed 30 calendar days' pay in any one fiscal year.

### 2. Physical Examination Leave

An employee granted physical examination leave is entitled to receive his or her regular Laboratory pay, provided that:

- a. the physical examination is a pre-induction or pre-enlistment physical examination required to fulfill a commitment under a Selective Service or comparable law, or during a period of war or comparable national emergency, and

- b. the aggregate of payments for temporary military leave, extended military leave, and military leave for physical examination does not exceed 30 calendar days' pay in any one fiscal year.

Time off for other physical examinations in connection with military service may be charged to accrued sick leave, accrued vacation leave, or will be without pay.

### **3. Emergency Military Leave for National Guard Duty**

An employee granted military leave for emergency National Guard duty is entitled to receive his or her regular Laboratory pay for a period not to exceed 30 calendar days in any one fiscal year. An employee is eligible for pay regardless of the length of University service, and such pay is in addition to any Laboratory payment for temporary military leave for active-duty training, extended military leave, and military leave for physical examinations.

### **4. Part-Time Employee Eligibility**

An eligible part-time employee will receive pay in proportion to the average percentage of full time worked during the three calendar months immediately preceding the military leave.

### **5. Using Vacation Leave or Leave without Pay**

An employee who is not eligible for military leave with pay may have such absence charged to accrued vacation, or the military leave may be without pay.

## **D. REINSTATEMENT**

Following release from military service, an employee shall have such right to return, and only such right, as may be required by state and federal law in effect at the time the employee applies for reinstatement.

## **E. EFFECT ON BENEFITS**

An employee granted military leave shall receive benefits as provided below:

### **1. Military Leave with Pay**

An employee granted military leave with pay shall receive all benefits related to employment that are granted when an employee is on pay status.

### **2. Military Leave without Pay**

An employee granted military leave without pay shall receive:

- a. retirement benefits and service credit in accord with the provisions of the applicable retirement system,
- b. health plan coverage at the employee's request and expense for a limited period of time as described in the University Group Insurance Regulations,
- c. other length-of-service credits related to employment that would have been granted had the employee not been absent, provided that the employee returns to University service at the conclusion of the leave in accordance with applicable federal and state laws, and
- d. vacation and sick-leave accruals and holiday pay only in accordance with those policies.

### **3. Extended Military Leave**

An employee granted extended military leave may choose to

- a. use accrued vacation to cover unpaid military leave,
- b. receive a lump-sum payment for accrued vacation, or
- c. allow accrued vacation to remain on the records.

Additional information on benefits may be found at the [University of California Human Resources and Benefits](#) Web site.

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## §2.15

### Workers' Compensation Insurance

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#### A. WORK-INCURRED INJURY AND ILLNESS

##### 1. General

This policy covers Laboratory employee workers' compensation coverage under the University of California self-insured program, medical treatment of work-related injuries and illnesses, the reporting and processing of employee workers' compensation claims, and the University's extended sick-leave benefits, which supplement workers' compensation temporary disability payments. Questions regarding workers' compensation should be directed to the Laboratory Workers' Compensation Office.

##### 2. Policy

It is the policy of Lawrence Berkeley National Laboratory that all Laboratory employees who, within the course and scope of employment, contract an illness or are injured:

- a. receive immediate medical attention for their illness or injury and prompt payment of all benefits in accordance with California state law and the University's supplemental benefit program;
- b. be provided with a bilingual Employee's Claim for Workers' Compensation Benefits form (*Employee Claim Form*) within one working day of Laboratory knowledge of the illness or injury;
- c. have their compensation claims processed and benefits paid in an expeditious manner; and
- d. be encouraged to return to work at the earliest possible time.

### **3. Workers' Compensation Coverage**

All those employed by the Laboratory in any capacity, including graduate student research assistants (GSRAs), are covered by the University of California Self-Insured Workers' Compensation Program. Because GSRAs do not accrue vacation or sick leave, however, they are not eligible for the Laboratory's Supplement to Workers' Compensation described in [Paragraph \(D\)](#), below. Benefits to which an employee who is injured or contracts a disease within the course and scope of employment may be entitled include medical, hospital, and surgical care; compensation for wage loss during disability (called temporary disability payments); death benefits and a burial allowance, which may be paid to the employee's dependents if death results from the injury or illness; and vocational rehabilitation, which may be provided if the injury or illness prevents an employee from continuing in his or her job.

## **B. OBTAINING MEDICAL TREATMENT FOR WORK-INCURRED INJURIES AND ILLNESSES**

### **1. Treatment for Work-Related Injury or Illness**

During business hours, the injured or ill employee's division or department should send or transport the employee to Health Services for treatment. After business hours, the employee's division or department should contact the Fire Department to transport the employee to medical treatment.

### **2. Private Treatment**

Injured employees who have filed a Designated Physician Treatment Form with Health Services and who are treated by that physician for a job-related injury or illness must advise the physician that it is a work-related injury or illness and that all billings and the Doctor's First Report of Injury should be sent to Applied Risk Management—East Bay Labs, 1956 Webster Street, Oakland, CA 94612.

## **C. REPORTING OF WORKERS' COMPENSATION CLAIMS**

### **1. Injuries and Illnesses Occurring and Reported On Site**

Employees are required to report work-related injuries and illnesses immediately to their supervisor or to Health Services. The employee's supervisor or designated division/department personnel must complete the employer section of the Employee's Claim for Workers' Compensation Benefits form (*Employee Claim Form*) and give the form to the employee within one working day of employee reporting or Laboratory knowledge of the injury or illness (see Supervisor/Manager Instructions for Reporting Workers' Compensation Claims, available from the Laboratory Workers' Compensation Office, for additional information and procedures). Failure to promptly provide employee claim forms to injured employees may result in financial penalties against the Laboratory. Health Services will provide an employee claim form to employees who receive treatment at Health Services for an industrial injury or illness.

## **2. Injuries and Illnesses Occurring or Reported Off Site**

Supervisors must advise either Health Services or the Laboratory Workers' Compensation Office *immediately* of all off-site reports of employee work-related injuries or illnesses. As above, supervisors must complete the employer section of the employee claim form and mail the form to the employee within one working day of the report or Laboratory knowledge of the illness or injury.

## **D. COMPENSATION WHILE ABSENT BECAUSE OF WORK-INCURRED DISABILITY**

### **1. Use of Accrued Sick Leave and Vacation**

An employee who accrues sick leave and vacation will be permitted to use accrued sick leave and vacation if so desired to supplement temporary disability payments received from workers' compensation.

Sick leave and vacation (if so elected) payments will be the difference between the amount payable to the employee under workers' compensation as temporary disability and the employee's regular salary. The additional payment made to an employee to provide the employee with full salary before receipt of disability payments will be deemed an advance temporary disability payment under the Workers' Compensation Act.

An employee who receives advance temporary disability payment must reimburse the Laboratory for such payment. The reimbursement is used to restore proportionate sick leave and vacation credit as appropriate.

### **2. Extended Sick Leave**

An employee who is receiving temporary disability payments and who has exhausted all accrued sick leave will receive extended sick leave and vacation (if so elected) payments from the Laboratory in an amount equal to the difference between the temporary disability payments from workers' compensation and 80% of the basic salary plus any shift differential the employee would have received. If the employee returns to work at less than his or her appointment at the time of injury, the employee's earnings plus any temporary disability payments, if less than 80% of basic salary plus any shift

differential, will be supplemented to 80% by extended sick-leave payments as long as the employee continues to be medically authorized for workers' compensation temporary disability. Total extended sick-leave payments must not exceed 26 weeks for any one injury or illness or for all injuries or illnesses arising out of any one accident.

### **3. Insufficient Accrued Sick Leave**

An eligible employee who does not have sufficient accrued sick leave to cover the two-calendar-day waiting period for receiving workers' compensation temporary disability payments will receive extended sick leave benefits to cover any part of the waiting period not covered by sick leave. Payment will be made only after determination that the injury or illness is compensable under workers' compensation.

An employee who elects not to use all accrued sick leave is not eligible for extended sick-leave benefits.

### **4. Effect of Laboratory Personnel Policies**

#### **a. Supplemental Leave**

An employee who is receiving temporary disability payments and supplemental payments and supplemental sick leave or vacation as described in [Paragraph \(D\)\(2\)](#), above, is considered to be on regular pay status for purposes of application of all Laboratory personnel policies except completion of the probationary period. Sick leave and vacation accrued during this disability period may be used as soon as they accrue.

#### **b. Extended Sick Leave**

An employee who is receiving temporary disability payments and extended sick leave benefits is considered to be on regular pay status for purposes of application of all Laboratory personnel policies except completion of the probationary period. Sick leave and vacation accrued during the disability period are credited to the employee, however, only on return to work. If an employee terminates without returning to work, the employee will be paid for vacation for the period he or she received extended sick leave payment.

#### **c. Leave Without Pay**

An employee on leave without pay and receiving temporary disability payments accrues sick leave and vacation on the same basis as if regularly employed, but such accrual is credited to the employee only on return to work. During the period that an employee is on leave without pay status, the employee's health care benefits only will be paid by the University. The cost of all other benefits must be paid by the employee. If an employee terminates without returning to work, no payment will be made for such vacation credit.

### **5. Termination**

An employee must not use vacation, sick leave, or extended sick leave to supplement workers' compensation payments beyond a predetermined date of termination or leave without pay. Any

vacation credit remaining on the date of termination will be paid on a lump-sum basis.

## **E. COMPENSATION COVERAGE FOR EMPLOYEES WITH JOB ASSIGNMENTS IN OTHER STATES**

### **1. When Coverage Is Required**

Compensation coverage is required when the Laboratory employs persons who will either:

- a. have Laboratory job assignments outside the state of California and will not maintain a California residence (address) throughout the period of such assignment; or
- b. have job assignments in the states of Oregon, Washington, Nevada, Ohio, or West Virginia regardless of maintenance of a California address. In these states, the Laboratory must apply for and pay for out-of-state workers' compensation coverage for such employees.

### **2. Obtaining Out-of-State Coverage**

Divisions/departments requiring out-of-state workers' compensation coverage for employees with out-of-state job assignments may obtain such coverage by completing a Request for Out-of-State Workers' Compensation Coverage form (available from the Human Resources Department) and returning it to the Workers' Compensation Coordinator no later than ten business days before the starting date for such employees.

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## §2.17 Employee Records

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### A. POLICY

In accordance with University policy, the Laboratory establishes and maintains only those personnel records pertaining to individuals as employees of the Laboratory or as applicants for employment that are relevant and necessary to the administration of personnel programs. These records must be maintained with accuracy, relevance, timeliness, and completeness; appropriate and reasonable safeguards must be established to ensure security and confidentiality. Employees have the right to privacy, the right of access to their own records, and the right to request changes, additions, or

deletions to such records.

## **B. RESPONSIBILITY**

The Laboratory Director will establish implementing procedures to ensure compliance with this policy. For detailed legal requirements covering all University records, see University of California Legal Requirements on Privacy of and Access to Information, Business and Finance Bulletin RMP-8 (Records Management Program series).

## **C. PERSONNEL RECORDS**

### **1. Contents of Records**

Individual personnel records may include the following information:

- a. Employment (e.g., application for employment, tests, and letters or statements of reference)
- b. Pay and benefits
- c. Training and education
- d. Honors and awards
- e. Duties and job classification
- f. Performance appraisals and related information
- g. Corrective, release, and dismissal actions
- h. Attendance
- i. Other relevant or necessary information specified by the University President or the Laboratory Director

### **2. Collection of Records**

All information in personnel records will be collected, to the greatest extent practical, from the individual who is the subject of the information. If the source of the information is not the subject individual, a record of the source will be indicated on the pertinent record. As determined pertinent by the Head of the Human Resources Department, an individual may add material to his or her personnel records. The individual may file a statement of disagreement with a determination of pertinency by the Head of the Human Resources Department, as indicated in [Paragraph \(D\)\(1\)\(d\)](#), below. Personnel records are maintained in the Laboratory Human Resources Department and other offices designated by the Laboratory Director.

### **3. Transfer of Records**

An individual's department or division records will be transferred to the department or division to which an individual transfers, except that departmental/divisional records of attendance and time worked will be retained in the department/division where the work was performed. Performance evaluations and records of corrective action will be maintained in an individual's department or division personnel file.

#### 4. Classification of Information in Staff Personnel Records

Information in staff personnel records is classified into the following categories:

- a. **"Confidential," as defined in RMP-8, VII.B.1.** When specific criteria are met, information (including but not limited to certain information compiled for the purpose of specified kinds of investigations and certain information pertaining to the physical or psychological condition of the individual) is classified as confidential. Confidential information has the most restricted access of the three information categories and, as long as the information remains confidential, such information is not accessible even to the individual to whom it pertains, subject to certain exceptions (see [Paragraph \(D\)\(1\)](#), below, and RMP-8, VII.G.3).
- b. **"Personal," as defined in RMP-8, VII.B.4.** Personal information is any information that identifies or describes an individual, except information determined to be "confidential" or "nonpersonal," as defined in RMP-8, VII, and the disclosure of which would constitute an unwarranted invasion of personal privacy. Full access to personal information is provided to the individual to whom the information pertains, but personal information is not released to members of the public unless specifically authorized by the individual in writing (see [Paragraph \(D\)\(3\)](#), below) or as otherwise required by law (see [Paragraph \(D\)\(4\)](#), below).
- c. **"Nonpersonal," as defined in RMP-8, VII.B.3.** Nonpersonal information is information that could not in any reasonable way reflect or convey anything detrimental to an individual's reputation, rights, benefits, privileges, or qualifications. Nonpersonal information may be released without the consent of the individual to whom the information pertains. See [Paragraph \(D\)\(3\)](#), below.

#### 5. Disposition on Termination

An employee's department or division records will be transferred to the Human Resources Department one year after the employee's termination. The Human Resources Department will review and file all necessary documents in the official personnel file.

### D. PROTECTION OF RIGHT TO PRIVACY

An individual will have the right to inquire and be informed about whether the Laboratory maintains a record on him or her and to review the notices of personnel records systems referring to him or her that are submitted to the State Office of Information Practices. To protect an individual's right to privacy, access to staff personnel records will be made in accordance with the following provisions:

#### 1. Access by Individual Employee

- a. An individual's records will be accessible for inspection by that individual, but records protected by recognized legal privilege and records excepted from disclosure by law may be withheld from the individual. An individual will be notified in writing whenever a requested record about the individual is determined to be "confidential information," as defined in University of California Legal Requirements on Privacy and Access to Information, Business and Finance Bulletin RMP-8. An individual may request a review by the Laboratory Director of a determination that particular information is confidential and be informed in writing of the findings of such review within 30 days. This is the sole review process for a confidential determination. In disclosing information contained in a record to an individual, the University may not disclose any information relating to another individual other than that which may be released under [Paragraph \(D\)\(3\)](#), below.
- b. Pre-employment references obtained with the promise or, before July 1, 1978, with the understanding that the identity of the source of information would not be disclosed, may be edited before release to the individual to protect the identity of the source as long as the source is not in a supervisory position with respect to the individual. Editing may be done by providing a comprehensive summary of the substance of the material or by providing a copy of the text with only those deletions that are necessary to protect the identity of the source.
- c. As soon as practical, but no later than 60 days from the receipt of a request for records that are geographically disbursed, inactive, or in storage, and within 30 calendar days from the date of receipt of a request for other records, an individual will be provided copies of the individual's own personnel records or be notified that the requested material is withheld from access under [Paragraph \(E\)](#), below, or is no longer retained. No information may be modified, transferred, or destroyed to avoid complying with a request for inspection; however, pre-employment references may be edited to protect the identity of the source, under [Paragraphs \(D\)\(1\)\(a\) or \(b\)](#), above. Copies of records will be available to the individual at the location where the records are maintained or will be mailed to an address provided by the individual.
- d. Requests for correction or deletion may be made by employees under [RPM §2.05\(D\)](#) (*Employee Complaint Resolution*), as appropriate, and under this policy. Applicants for employment may make correction or deletion requests under this policy only. Requests for correction or deletion should be made to the office where the record originated.

An individual may request correction or deletion of a record under this policy by submitting a written request to the division director or department head where the record originated and by sending a copy of the request to the Human Resources Department. Within 30 calendar days of receipt of a written request to amend a record, the division director or department head either will make the amendment as requested and so inform the individual in writing or will inform the individual of a refusal to amend the record as requested. The refusal must be in writing and state the reason for the refusal and that the individual may request the Laboratory Director to review the refusal.

Within 30 calendar days after the response of the division director or department head, the individual may request that the Laboratory Director review a refusal to correct or delete a record.

The Laboratory Director must respond in writing to the individual within 30 calendar days from receipt of the request. For good cause, the Laboratory Director may extend the review period by 30 calendar days. A copy of the Laboratory Director's response will be placed in the individual's record only if the request is denied. If the Laboratory Director refuses to amend or delete the record, the individual will have the right to enter into the record a statement setting forth the reasons for the individual's disagreement.

## **2. Access by University Employees, Hearing Officers, or Hearing Committees**

University or Laboratory employees will have access to specific information in an individual's personnel record that is necessary to the performance of their assigned duties. Subject to authorization by the Head of the Human Resources Department or by the employee, hearing officers and committees will have access to employee personnel records when necessary in the resolution of employee complaints, as provided in [RPM §2.05\(D\)](#) (*Employee Complaint Resolution*). However, information that is excepted from disclosure to the individual under [Paragraph \(D\)\(1\)](#), above, may not be disclosed. Any information so obtained will be treated as confidential and not be released to any other person except as necessary in the performance of the assigned University or Laboratory duties requiring the original access.

## **3. Access by Public**

As required by law, the following employment information will be released to members of the public on request: the individual's name, date of hire, current position title, current rate of pay, organizational unit assignment, date of separation, office address and office telephone number, current job description, full-time or part-time, and career, casual, casual-restricted, probationary, or contract status. If it is impractical to inspect or copy the record, an extract of the record of the above terms of an individual's employment relationship with the Laboratory may be provided. Additional employment information may be required to be released to the public as determined by the University General Counsel and the Senior Vice President, Administration (see RMP-8, VII.B.3).

Personnel record information that would constitute an unwarranted invasion of personal privacy of the employee may not be released to the public unless specifically authorized by the individual in writing or as otherwise required by law. Release of the following personnel information would constitute an invasion of the individual's personal privacy and accordingly may not be released to the public unless specifically authorized by the individual concerned in writing: the employee's home telephone number and home address, spouse's or other relatives' names, birthdate, social security number, citizenship, prior non-University employment, attendance records, income-tax withholding, medical records, or information such as performance evaluation, letters of commendation, or corrective action and any of the information that may be excepted from disclosure under [Paragraphs \(D\)\(1\)\(a\) or \(b\)](#), above. An individual's home address may be disclosed after the individual has had the opportunity to request nondisclosure and does not request it.

Other personnel record information may be released to members of the public as long as a determination is made that disclosure would not constitute an unwarranted invasion of personal privacy of an employee. Any question on whether release of such information might constitute an invasion of

personal privacy will be referred to the University Assistant Vice President, Employee Relations.

#### **4. Access Required by Law**

Personnel information must be released under a subpoena or in other circumstances in which the University or Laboratory is required by law to release the information. Any questions concerning release of information under such circumstances or concerning records that may be subject to legal privilege will be directed to the University of California Office of General Counsel. A record of disclosure is required (see [Paragraph \(E\)](#), below).

#### **5. Access by Public Authorities**

Release of information to public authorities must be in conformance with [Paragraph \(D\)\(3\)](#), above, and with Guidelines for Access to University Personnel Records by Governmental Agencies, Business and Finance Bulletin RMP-9.

#### **6. Release Under Employee Authorization**

On written or oral authorization (with adequate identification) by the individual, information from his or her personnel records, other than material excepted from disclosure under [Paragraphs \(D\)\(1\)\(a\) or \(b\)](#), above, may be released. The authorization will be valid for 30 calendar days from the date of the signature of the authorization or oral request or within a written time limit specified by the individual, whichever is later.

#### **7. Prospective Non-University Employers**

A prospective non-University employer has the same access to employee personnel records as a member of the public. Other specific record information may be released only on written or oral authorization of the employee or former employee. See [Paragraph \(D\)\(3\)](#), above.

The division director or department head may provide an oral evaluation of an individual in response to specific job-related questions by a prospective non-University employer who, in the judgment of the division director or department head, has a legitimate interest in receiving such information. Such an evaluation must be based on personal knowledge.

#### **8. Access by Government Agencies to Confidential Personnel Records**

- a. In accordance with University of California guidelines for responding to requests from governmental agencies for confidential information in personnel files that the agencies desire to review in investigating allegations of discriminatory activity or conducting compliance reviews, the implementing procedures to be followed at Lawrence Berkeley National Laboratory require that all requests for information be reviewed by the Head of the Human Resources Department and that the following policies be applied:

If a representative of an enforcement agency other than the Department of Labor requests access

to material in Laboratory personnel records or Laboratory Director's Office records that includes items characterized as confidential under this section, this request must be in written form. In response to a written request, the requester should be informed as follows:

The University of California, Lawrence Berkeley National Laboratory is in full support of [name of agency]'s need and duty to acquire information pertinent to carrying out its functions. University personnel policies specify, however, that certain materials in personnel records are confidential documents. This designation of confidentiality is essential to the University's personnel process to secure candid evaluations of individuals under review. The University provides safeguards in the review process to assure that the confidentiality does not cloak unfairness to individuals or result in abuse.

With respect to personnel records, University policies take into account the need to protect individual rights of privacy. Furthermore, these personnel policies provide that subject individuals may receive, on request, a comprehensive summary of the substance of the confidential documents in their files, edited to withhold disclosure of the identity of persons who have supplied evaluations of the subject individuals with the understanding that the identity of the evaluator will be held in confidence.

In light of the above policies, the University is prepared to make available to an authorized representative of your agency on-site review of personnel files relevant to its investigation, with the understanding that the agency will maintain the confidentiality of confidential personnel records.

- b. In applying University and Laboratory general policies regarding use of confidential documents in the personnel process and to balance the need to protect the confidentiality of certain records against the legitimate needs of access by governmental agencies, Laboratory employees should abide by the following guidelines in dealing with representatives of governmental agencies who have requested material from personnel records:
  - i. With respect to information from a complainant's personnel record, the investigator should be invited to view the complete file on site.
  - ii. With respect to information from the personnel files of other individuals relevant to a complaint, the investigator should be invited to view the complete relevant file on site.
  - iii. With respect to compliance reviews, the investigator should be invited to view on site complete files that are relevant to the review.
  - iv. All requests for confidential records by outside agencies or investigators should be submitted to the Associate Laboratory Director for Operations (ALDO).
- c. Copying confidential records or notes taken from records for the purpose of removal from the Laboratory must be approved by the ALDO.

## E. RECORD OF DISCLOSURES

A record will be maintained and the concerned individual notified of each disclosure of information that identifies that individual and is made under subpoena or other law. See [Paragraph \(D\)\(4\)](#), above. This notification will be made before disclosure, if possible. The record should show the name, title, and business address of the person to whom the disclosure was made, the date of the disclosure, the information disclosed, and the purpose of the disclosure. A record of disclosure is not required for release under [Paragraphs \(D\)\(2\)](#), [\(3\)](#), and [\(6\)](#), above. For a complete list of circumstances requiring an accounting of disclosure and when an employee must be notified of disclosure, see University of California Business and Finance Bulletin RMP-8, VII.I.

The Laboratory will retain any records of disclosure for three years after the disclosure or until the original record is destroyed, whichever occurs first. Disclosure records will include information concerning any unresolved disputes about the accuracy of the records. See [Paragraph \(D\)\(1\)\(d\)](#), above. If a record is corrected within three years of disclosure and the name of a person to whom uncorrected information was disclosed is known, a notice of correction will be sent to that person.

## F. CIVIL REMEDIES AND PENALTIES

Civil remedies and penalties are provided by law.

## G. CHARGES FOR COPIES OF RECORDS

In accordance with the following procedures, fees may be charged for making copies or extracts of personnel record information.

### 1. Individuals' Own Records

There is no charge for the first copy of an individual's own records.

### 2. Requests by Others

Members of the public or others requesting identifiable personnel record information or extracts thereof not about themselves, which may be disclosed according to [Paragraph \(D\)\(3\)](#), above, may be charged \$0.10 per extract. There is no charge for personnel costs associated with photocopying or extracting. When information cannot be readily procured from an identifiable personnel record, however, reasonable fees (as provided below) may be charged for procuring such record:

- a. Clerical time used to procure data from identifiable records: \$10 per hour
- b. Professional time used to procure data from identifiable records: \$30 per hour
- c. EDP services: actual charges
- d. Postage: actual charges

### 3. Subpoenaed Records

Subpoenaed records may be provided either in person or by mail, depending on the kind of subpoena. Charges may be made as follows:

- a. When personal attendance of the custodian of records or other University witness is required by the subpoena, the University may request advance payment of one day's witness fee (\$12 and mileage fee of \$0.20 per mile, one way, in California).
- b. When the subpoena does not require a personal appearance, copies of the records may be mailed. A reasonable amount (e.g., \$0.10 per page) may be charged for copying records.
- c. The charge for copying and mailing may be deducted from any witness fee received in advance, or the party asking for the records may be billed as indicated above.

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## §2.18

### Regulations Implementing University of California Policies Applying to Campus Activities, Organizations, and Students

#### Responsible Manager

Rev. 06/08

#### A. General

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## A. GENERAL

### 1. University of California Policies

Certain general policies of the University of California governing the use of University properties are set forth in University of California Policies Applying to Campus Activities, Organizations, and Students, issued by the President of the University on July 21, 1978. These policies state in general terms the rights and obligations of students, standards of conduct, requirements applying to student organizations, and regulations governing the use of University properties by students, faculty, administrative staff, and other University employees for activities within the University.

### 2. Laboratory Rules and Regulations

The Lawrence Berkeley National Laboratory rules and regulations that follow are consistent with the principles contained in University of California Systemwide policies. These rules and regulations apply specifically to the Laboratory and its employees, consultants, participating guests, and visitors.

- a. **Nondiscrimination.** The University is committed to a policy against legally impermissible, arbitrary, or unreasonable discriminatory practices. The Laboratory is governed by this policy of nondiscrimination. The intent of University policy on nondiscrimination is to reflect fully the spirit of the law. In carrying out this policy, the Laboratory will be sensitive to the existence of past and continuing societal discrimination.
- b. **Definition of "Member of Laboratory."** For the purpose of this policy, a "member of the Laboratory" is defined as a Laboratory employee, either part or full time, or a person officially connected with the Laboratory. This includes University faculty associated with the Laboratory, scientists who are participating guests, and graduate students doing research at the Laboratory, whether paid by the Laboratory or not.
- c. **Right of Free Expression and Advocacy.** Consistent with University of California Systemwide policies and Laboratory regulations, members of the Laboratory have the right of free expression and advocacy. The purpose of these Laboratory regulations is to ensure orderly conduct, noninterference with Laboratory functions and activities, identification of sponsoring groups or individuals, and reasonable protection to persons against practices that would make them involuntary audiences. As provided in these regulations, members of the Laboratory may hold meetings (including organized discussions, cultural events, and entertainment) outside normal working hours, distribute materials, and post notices.
- d. **Limits of Applicability.** Certain Laboratory-related activities may occur in Laboratory facilities outside normal working hours. These include activities of the Laboratory Employee Activities Association, meetings of employee organizations, and occasional meetings of professional groups. Separate and additional Laboratory regulations govern these activities and organizations. The rules contained herein apply to these groups only insofar as their members hold meetings or conduct other activities covered by these rules.
- e. **Laboratory-Registered Associations.** Groups of Laboratory members who wish to use Berkeley Lab facilities to meet outside regular working hours on a continuing basis are required to register with the Human Resources Department in accordance with [RPM §2.18\(C\)](#). Laboratory-registered associations include independent sponsors referred to in [RPM §2.18\(B\)–\(C\)](#).
- f. **State of Emergency.** When extreme conditions exist as a result of natural disasters, civil disorders, or other such seriously disruptive events and when extraordinary measures are required to immediately avert, alleviate, or repair damage to University property, to protect the health or safety of persons on University property, or to maintain the orderly operation of the Laboratory, the Director of the Laboratory may, after consultation with the University President

and, when possible, with Laboratory members, declare a state of emergency and place into effect orders appropriate to the emergency. Such measures are required by University of California Policies Applying to Campus Activities, Organizations, and Students. Consistent with the provisions of §2.00 of these University Policies (*Emergency Regulations and Procedures*), violation of such orders will result in action against the employees or visitors, as appropriate under the circumstances. The declaration of such a state of emergency may require temporary suspension of these rules and regulations.

## B. TIME, PLACE, AND MANNER REGULATIONS

### 1. Meetings

The Laboratory has established regulations governing the scheduling and conduct of meetings that are open to all employees. Meetings or other activities that are not official Laboratory or Laboratory-related business (referred to below as "Independently Sponsored Open Meetings" or "Open Meetings") are permitted, subject to the following rules on time, place, and manner, and the provisions of [RPM §2.18\(C\)](#):

- a. **Time of Independently Sponsored Open Meetings.** The time of open meetings is restricted to the noon hour (12 noon to 1 p.m.) and after 5 p.m., Mondays through Fridays, holidays excluded. In the scheduling of meetings, Laboratory business will have priority in the use of properties.
- b. **Location and Equipment.** Open meetings may be held in the Building 50 Auditorium or, for smaller groups, in selected conference rooms and the cafeteria lower dining room at noontime. In the auditorium, the use of normally available microphone and projection equipment will be provided by the Laboratory, if requested at the time of application. Individual members of groups using the properties (including the microphone and projection equipment) will be responsible for all costs of such use over and above the Laboratory's normal operating costs. If there is any loss or damage to that property or equipment because of the group's use, members of the group may be held jointly and severally liable.
- c. **Attendance and Identification at Open Meetings.** Because the intent of these regulations is primarily to provide opportunity for free discussion and exchange of views among members of the Laboratory and because the seating capacity of Laboratory properties is limited, attendance at all independently sponsored open meetings is restricted to members of the Laboratory and their guests (see [RPM §2.18\(C\)\(3\)\(c\)](#)), official visitors, and other persons with official business at the Laboratory, apart from the invited speakers or participants identified in the request for reservation of properties. The Laboratory reserves the right to require identification of all persons attending such meetings. Sponsoring organizations or individuals may not put further restrictions on eligibility for attendance at open meetings.
- d. **Time Off to Attend Open Meetings.** Employees who take time off to attend an open meeting are subject to existing Laboratory policies concerning time off for personal reasons. Prior approval

must be secured by an employee from his or her supervisor to ensure that the absence will not interfere with the work of the employee's division or department.

- e. **Publicity for Open Meetings.** Announcements and other publicity for independently sponsored open meetings will be restricted to distribution within the Laboratory and in no way imply Laboratory or University sponsorship or endorsement of the meeting or of the topic or position advocated. For regulations governing posting or other distribution of announcements, see [RPM §2.18\(B\)\(2\)\(b\)](#).
- f. **Conduct of Open Meetings.** The conduct of open meetings will be orderly and responsible, with the proper courtesy shown to speaker and members of the audience alike. To facilitate proper conduct of the meeting and to prevent interference with the functioning of the Laboratory, the chairperson of the meeting will be responsible for maintaining reasonable order and ensuring strict adherence to the time and location limitations stated above. In accordance with the traditions of the University community, audiences should be allowed to ask questions of speakers, time and format permitting. Open meetings will be conducted in accordance with University policies that its properties may not be used for organizing or carrying out unlawful activity. Properties may be used for commercial or fund-raising activities only with prior approval of the Laboratory Director, as provided in [RPM §2.18\(C\)\(2\)\(d\)](#).
- g. **Frequency of Open Meetings.** Laboratory properties will not be available for use by independently sponsored groups if these properties are needed for official Laboratory business. For this reason, the number of independently sponsored open meetings at noontime normally may not exceed six in any calendar month.

## 2. Posting and Exhibition of Notices and Announcements

- a. **Posting of Materials.** The posting of noncommercial notices is permitted on bulletin boards specifically designated for this purpose and labeled "Open Bulletin Boards." Any Laboratory member may use these bulletin boards, but all posted material must bear the date of posting and the name and Laboratory address of the sponsoring Laboratory organization or responsible member of the Laboratory. These bulletin boards may be cleared once a week by an authorized person; otherwise, removal of material from an open bulletin board is prohibited. The following is a listing of designated open bulletin boards. This listing may be modified as appropriate:
- Building 2 (across from the elevator on the first floor)
  - Building 26 (Health Services basement hallway)
  - Building 46 (mezzanine, outside Room 150, outside Room 171)
  - Building 50 (second floor, fourth floor near library)
  - Building 50A (near the elevator on the fifth floor, outside Room 2129)
  - Building 50B (near the elevator on the first, second, and third floors; opposite Room 2265)
  - Building 54 (cafeteria lobby)

- Building 62 (first floor inside the entrance)
- Building 70A (first floor)
- Building 76 (near Room 212)
- Building 77 (lunch room)
- Building 80 (kitchen)
- Building 90 (across from Room 1099, near Room 1136, near Room 3148)
- Building 936B (hallway)
- Building 938 (second-floor kitchen)

- b. **Announcements of Independently Sponsored Open Meetings.** Factual announcements of approved independently sponsored open meetings may be posted in each department or division on an area of a bulletin board set aside for such announcements. In addition, the posting of one copy of the factual announcement in each of the elevators of Buildings 50A, 50B, and 90 is permitted. Procedures concerning these announcements are described in [RPM §2.18\(C\)\(3\)\(c\)](#). Additional announcements or advertising must satisfy the conditions of [RPM §2.18\(B\)\(1\)\(e\)](#), can only be posted on the open bulletin boards, and must be prepared at no cost to the Laboratory.

### 3. Distribution of Materials

The general distribution of leaflets or other materials inside the Laboratory is prohibited. Distribution of handbills, statements, and other noncommercial materials at specific times and locations is permitted as follows:

- a. Immediately before or after an independently sponsored open meeting, the sponsors may have a table for the purpose of displaying informational materials relevant to the meeting set up outside the entrance to the meeting room. The table arrangement should not obstruct the flow of traffic or otherwise interfere with the functioning of the Laboratory.
- b. All handbills, statements, or other materials must clearly indicate the name and Laboratory address of the responsible member of the Laboratory, Laboratory organization, or Laboratory division.
- c. In the distribution of materials, efforts must be made to avoid litter. Distribution by accosting individuals, hawking, or shouting is prohibited.
- d. Use of Laboratory duplicating equipment or other facilities for preparation of nonofficial handbills or other materials for distribution is prohibited.

## C. REGULATIONS CONCERNING USE OF LABORATORY PROPERTIES

The following procedures and regulations govern the authorized use of Laboratory properties for open meetings. The purpose of the regulations is to ensure reasonable and fair use of Laboratory properties for free expression and advocacy and, at the same time, to prevent interference with the functioning of

the Laboratory.

## 1. Use of Laboratory Equipment, Supplies, and Services

Except as provided in [RPM §2.18\(B\)\(1\)\(b\)](#), Laboratory equipment, supplies, and services (duplicating machines, telephones, mail service, vehicles, computers, stationery, and other equipment, supplies, and services) may be used only for, or in connection with, official Laboratory business.

## 2. Reservation of Properties for Open Meetings

- a. The Laboratory properties designated in [RPM §2.18\(B\)\(1\)\(b\)](#) may be reserved for open meetings at the times permitted in [RPM §2.18\(B\)\(1\)\(a\)](#) on application by six or more members of the Laboratory, at least three of whom are Laboratory employees (including faculty with joint appointments, whether or not they are presently being paid by the Laboratory). The applicants assume responsibility for violations of Laboratory regulations that occur in connection with their use of the facilities and may not turn a reservation over to others.
- b. Reservations must be made at the office of the Head of the Human Resources Department, on forms provided for that purpose. The form must show the names and signatures of at least six of the applicants and their status at the Laboratory, the nature of the event, its date and time, the property requested, the name of the chairperson, and the names and relevant identification of all persons invited to speak or participate. Except for unusual circumstances, reservations must be requested at least four, and not more than twenty, working days before the event. No reservation is complete until notice of approval is received from the Head of the Human Resources Department.
- c. Lawrence Berkeley National Laboratory, as part of the University of California (a state instrumentality), must remain neutral on religious and political matters and cannot sponsor or fund religious or political activities, except when authorized by the Regents or the President of the University or their designees. Registered religious or political organizations of Laboratory members may have access to Laboratory properties on the same basis as other registered organizations, subject to the provisions of these regulations.
- d. A request to use Laboratory properties for commercial or fund-raising purposes must identify the purpose. The activity may not violate the intent of the University policies, must meet all provisions stated therein, and is subject to prior approval by the Laboratory Director.
- e. A request for a reservation will normally be approved within a reasonable time (no more than two working days) after receipt of a properly executed application, subject only to the availability of the properties and the limitations on frequency of open meetings of [RPM §2.18\(B\)\(1\)\(g\)](#).
- f. If a request for a reservation is denied for any reason other than lack of availability of facilities or frequency limitation, the denial will be in the form of a written communication to the applicants

stating the reason or reasons for the denial.

- g. The Head of the Human Resources Department will be responsible for administering these regulations in all aspects and for reporting violations to the rules and his or her recommendations concerning them to the Laboratory Director.

### **3. Posting of Notices and Distribution of Announcements of Open Meetings**

- a. The open bulletin boards described in [RPM §2.18\(B\)\(2\)\(a\)](#) will be cleared routinely once a week (on Friday afternoon).
- b. Removal of notices or other material from open bulletin boards by anyone other than the designated official or the original poster is prohibited.
- c. Announcements for independently sponsored open meetings will be submitted to the Head of the Human Resources Department. The text of the announcement to be distributed must bear the names of the sponsoring individuals and the name of the chairperson and must confine itself to a factual description of the meeting. The announcement will bear the words "Independently Sponsored Open Meeting, permitted under the Laboratory Time, Place and Manner Rules. Attendance limited to members of the Laboratory and authorized visitors." (In the context of these regulations, authorized visitors are individually invited immediate family, relatives, or guests of a member of the Lawrence Berkeley National Laboratory. The member assumes responsibility for their presence and conduct while on the Laboratory site. Visitors will be permitted only if adequate space is available.) The sponsors will be responsible for the distribution of these announcements and their posting on the designated areas of department or on division bulletin boards, and the sponsors are responsible for the posting and removal of announcements in the elevators. See [RPM §2.18\(B\)\(2\)\(b\)](#).

### **4. Request for Reconsideration**

Applicants who are denied a reservation for the use of Laboratory properties and contend that the denial is based on an incorrect application of these regulations may submit a written request for reconsideration to the Head of the Human Resources Department. The Head of the Human Resources Department will rule on the request in light of the right of free expression and advocacy of every member of the Laboratory as much as in the best interests of the Laboratory community as a whole. If the complaint is not resolved by the Head of the Human Resources Department to the satisfaction of all parties, an appeal may be made to the Laboratory Director.

## **D. LABORATORY-REGISTERED ASSOCIATIONS**

### **1. General**

Voluntary activities of groups of Laboratory employees with common interests outside regular working

hours may be registered as Laboratory associations. Registration of such associations is required to facilitate regular and/or occasional arrangements for the use of Laboratory properties for meetings of such Laboratory associations. Meetings of the associations are governed by [RPM §2.18\(B\)–\(C\)](#).

Employee associations may not engage in activities that could be viewed as interfering with the rights of unions or that fall within the scope of exclusive representation. Associations may not act as advocates or represent employees in negotiations, grievances, complaints, or other disputes or issues with management involving terms and conditions of employment.

Policies relating to employee organizations (unions) are found in [RPM §2.19](#) (*Rules and Regulations on Relations with Employee Organizations*) and within the appropriate collective bargaining agreements.

## **2. Registration Procedure**

Registration forms and information may be obtained from the Human Resources Department. Groups of Laboratory members who wish to use Laboratory properties for these types of voluntary activities must be registered and approved by the Head of the Human Resources Department. A registration card must be completed, which becomes a public record and contains:

- a. The name of the association
- b. A statement of the association's purpose and a copy of the constitution and bylaws or any other document that the named association acknowledges as describing the character of the association
- c. The names of three Laboratory members (at least one of whom is a Laboratory employee) who are currently officers or authorized representatives of the association
- d. An attestation, to be signed by the three Laboratory members named in [Paragraph \(D\)\(2\)\(c\)](#), above, of acceptance of responsibility for the association's compliance with Laboratory and University regulations and procedures.

## **3. Use of University of California Lawrence Berkeley National Laboratory Name**

Laboratory-registered associations may not use the name of the University of California or the Lawrence Berkeley National Laboratory or abbreviations of either name as part of their own names without written authorization of the Associate Laboratory Director for Operations or designee. In addition, such associations may not indicate or imply that they are acting on behalf of the University of California or the Laboratory.

## **4. Compliance with Laboratory and University Regulations and Procedures**

The activity and meetings of Laboratory-registered associations must be in accordance with and comply with Laboratory and University regulations and procedures. These activities and meetings must not interfere with the Laboratory's fulfillment of its responsibilities to DOE, the University, or other

agencies.

## **5. Laboratory Employee Activities Association Support**

Laboratory-registered employee associations may be eligible for limited support through the Employee Activities Association. See [RPM §1.15](#) (*Employee Activities Association*). Guidelines to request support as well as association bylaws are available through the Association Coordinator in the Human Resources Department.

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## §2.19

### Rules and Regulations on Relations with Employee Organizations

*Responsible Manager*

Rev. 04/98

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#### A. GENERAL PRINCIPLES

The following rules and regulations are intended to provide the structure for implementation of employee rights at Lawrence Berkeley National Laboratory in accordance with University of California

Guidelines for Relations with Employee Organizations. These rules and regulations, and amendments of or modifications to them, are not subject to Berkeley Lab grievance or appeal policies.

Subject to these rules and regulations, Laboratory employees have the right to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation. Laboratory employees also have the right to refuse to join or participate in the activities of employee organizations and have the right to represent themselves individually in their employment relations with the Laboratory.

## B. DEFINITIONS

1. **Managers.** Managers are individuals responsible for formulating and administering policies and programs of the Laboratory.
2. **Confidential Employees.** Confidential employees hold positions requiring access to confidential information used for meeting and conferring purposes or for processing grievances. Employees not designated as confidential employees, who assist or advise management on a temporary basis and in so doing are privy to confidential information, may be determined to be confidential employees for the period of time they are privy to information used for meeting and conferring purposes or grievance handling. Such employees will be notified of their temporary confidential status.
3. **Supervisory Employees.** Supervisory employees are defined by the Higher Education Employer-Employee Relations Act (HEERA) as "any individual, regardless of the job description or title, having authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward or discipline other employees, or responsibility to direct them, or to adjust their grievances, or to effectively recommend such action, if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgment. . . . Employees whose duties are substantially similar to those of their subordinates shall not be considered to be supervisory employees."
4. **Representative.** In these regulations, the term "representative" is used to define any person acting in the interest of or on behalf of an employee organization, including both University and non-University personnel, unless otherwise specifically excepted.
5. **Employee Organization Business.** The term "employee organization business" is used to define all legal activities of an employee organization including, but not limited to, meetings, dues collection, soliciting, distributing, and campaigning.
6. **Work Time.** Work time is the period of time during which employees are scheduled to work, excluding lunch periods, and (for purposes of this regulation) rest periods.

## C. RESPONSIBILITY

The Laboratory Director is responsible for ensuring that each managerial and confidential employee is

identified as such in the Laboratory personnel system and the corporate personnel system.

## **D. APPLICABILITY**

1. Unless specifically excepted or modified by a Memorandum of Understanding, these rules and regulations apply to all employee organizations.
2. These regulations do not apply to employee organizations or their representatives when they are acting as representatives in individual grievances or administrative appeals under [RPM §2.05\(D\)](#) (*Employee Complaint Resolution*).

## **E. PAYROLL DEDUCTIONS FOR EMPLOYEE ORGANIZATIONS**

### **1. Membership Fees**

The University is required, on written authorization by the employee involved, to deduct and remit to the employee organization of the employee's choice the standard initiation fee, periodic dues, and general assessments of such organization, until an exclusive representative has been selected for the employee's unit or until notified by the employee in writing that the employee wishes to terminate the deduction.

Once an exclusive representative has been selected, deductions may be made only for the exclusive representative. Cancellation of deductions to other employee organizations will become effective with earnings for the pay period following the certification of the election results.

### **2. Employee Organization Benefit Premiums**

In addition to payroll deductions for employee organizations, as mandated by HEERA, deductions are permitted for employee-organization-sponsored insured benefit premiums. Approval for the insured benefit is made by the Office of the Director, Collective Bargaining Services, University Systemwide Administration.

### **3. Management and Confidential Employees**

Payroll deductions payable to an employee organization are not permitted for management or confidential employees except that temporary confidential employees may continue membership in employee organizations for the explicit purpose of maintaining existing payroll deductions for insured benefit premiums.

## **F. REGULATIONS GOVERNING USE OF LABORATORY FACILITIES AND ACCESS TO UNIVERSITY EMPLOYEES BY EMPLOYEE ORGANIZATIONS AND THEIR REPRESENTATIVES**

### **1. Meeting Rooms**

Employee organizations, including nonemployee representatives of such organizations, will be

permitted the use of Laboratory rooms and spaces for meetings held outside the scheduled work time of the Laboratory employees attending, subject to availability of space and confirmation of availability by the Employee Relations Administrator.

Representatives of registered employee organizations may apply for reservations for Laboratory meeting rooms at the Human Resources Department, using forms provided for that purpose. If the use of a room normally provided with facilities for a microphone and/or projection equipment is requested and approved, the Laboratory will provide this equipment as long as it is requested at the time of application. Applications should be made at least 48 hours before an event whenever possible and may be made only in a period three months before the date of request. Reservations, subject to availability of space, will be made in the order of receipt of applications.

Users should exercise reasonable care in the use to which the facilities are put during the time reserved and make prompt payment of all charges. The organization that has reserved the facility assumes responsibility for any violations of University of California or Laboratory regulations that occur in connection with its use. No organization other than the reserving organization may use the facility reserved.

Reasonable charges may be made for use of facilities based on identifiable cost to the Laboratory.

## 2. **Bulletin Boards**

Employee organization use of bulletin boards is limited to communicating information to employees and is subject to the availability of space and the Laboratory's posting regulations.

- a. Open Bulletin Boards. Appropriate materials may be posted on designated open bulletin boards. A list of open bulletin boards is available, on request, from the Employee Relations Office of the Human Resources Department.
- b. Department or Division Bulletin Boards. Materials may be posted by registered representatives of employee organizations on department or division bulletin boards only if arrangements are made with the appropriate department head or division director.

## 3. **Distribution of Material**

Employee organization representatives are permitted to distribute material and solicit membership outside the entrances to buildings and parking lots as long as adequate care is taken to prevent littering and avoid interfering with traffic flow. Freestanding racks with employee organization information also are permitted at entrances to the Laboratory; at the entrances to Buildings 50, 70, 76, 77, and 90; and, with approval of the Employee Relations Administrator, in the foyer of Building 54 (cafeteria).

## 4. **Use of Laboratory Property and Supplies**

Employee organizations will not be permitted the use of Laboratory mail service, telephones, copying machines, or other Laboratory equipment or supplies, except as provided in [RPM](#)

[§2.19\(F\)\(1\)](#).

#### 5. **Conducting Business with Employees at Work**

Employee organizations will be permitted to conduct business with employees at work only when the physical location is appropriate for such business, i.e., as long as there is no interruption of work and the area is not otherwise restricted for reasons of confidentiality, security, or safety, and when the employees are not on work time.

### **G. PAY STATUS OF REPRESENTATIVES OF EMPLOYEE ORGANIZATIONS WHO ARE LABORATORY EMPLOYEES**

1. A Laboratory employee may not conduct activities relating to or attend meetings of employee organizations while on work time, except as reasonably necessary in the conduct of a grievance or administrative review (as determined by Employee Relations or Labor Relations) or as specifically approved by the Head of the Human Resources Department.
2. Activities must not interfere with or disrupt the work of the Laboratory or violate safety or security requirements.

### **H. SUPERVISORY EMPLOYEES**

Supervisory employees have the right to form, join, and participate in employee organizations for the purpose of representation on supervisory employer-employee relations and the right to refuse to join or participate in employee organizations. Supervisory employees may not, however, participate in the handling of grievances or meet and confer processes on behalf of nonsupervisory employees or vote on questions of ratification or rejection of memoranda of understanding reached on behalf of nonsupervisory employees.

### **I. MEETING AND CONFERRING**

HEERA provides that certified exclusive representatives of employees of the University in an appropriate unit "shall engage in meeting and conferring with the employee organization selected as exclusive representative of an appropriate unit on all matters within the scope of representation" (Art. 4, §3570).

Arrangements for such meetings should be made through the Head of the Human Resources Department, if the unit is composed of Laboratory employees only, or through the University Director, Labor Relations, in the case of a multilocation or systemwide unit.

In the absence of a memorandum of understanding or if the memorandum of understanding does not cover the subject, a reasonable number of representatives of an exclusive representative have the right to receive reasonable periods of released or reassigned time without loss of compensation when engaged in meeting and conferring and for the processing of grievances. When a memorandum of understanding is in effect, released or reassigned time must be in accordance with the memorandum.

## **J. ACCESS TO PUBLIC RECORDS**

To the extent required by law, copies of public records are provided to employee organizations at cost and in whatever form they exist. Requests for multilocation information should be submitted to the Director, Labor Relations, at the University of California Office of the President. Requests for Laboratory information only should be submitted to the Head of the Human Resources Department at Berkeley Lab.

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## §2.21 Terminations

[Responsible Manager](#)

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### A. RESIGNATIONS

Employees who plan to resign from employment at the Laboratory are requested to give their supervisor two weeks' or more advance notice of their planned resignation, when possible, to enable prompt action to be taken to recruit replacements for their positions. The supervisor must immediately acknowledge in writing the employee's intention to terminate.

### B. REDUCTION IN FORCE

Lawrence Berkeley National Laboratory operates principally with funds provided by the United States Department of Energy (DOE). The total level of funding and the level of funding for specific divisions of the Laboratory and specific programs within each division are determined each year, with the final determination made in Washington by action of the United States Congress, the Office of Management and Budget, and DOE. The composition of the Laboratory staff must be suitable for carrying out the advanced research and technology goals determined by the budget review process. Because the Laboratory has no final control over its funding, it is unable to guarantee long-term employment, and its rules on terminations must acknowledge the fact that the overall Laboratory budget may be reduced and/or the level of support for individual programs may be reduced in any budget year. Laboratory policy and procedures on termination of employment because of lack of work (including lack of work because of reorganization or lack of funds) are described in [Paragraph \(B\)\(1\)–\(8\)](#), below. The provisions of this paragraph (*Reduction in Force*) apply only to employees who hold career appointments. See [RPM §§2.01\(D\) \(Types of Appointments\)](#), and [2.05\(A\)\(Areas of Responsibility\)–\(B\) \(Early Problem Resolution\)](#). See also [RPM §2.07\(C\) \(Types of Professional Research Staff Positions\)](#) for additional information on reduction in force for the professional research staff.

### **1. Policy**

The policy of the Laboratory is to minimize, by anticipating and planning for reduced staff needs, the effects of layoffs and reductions in time of career employees when such layoffs or reductions in time are necessitated by lack of funds or lack of work. The Laboratory will give eligible employees preferential opportunities for reassignment or transfer before layoff, the right to be recalled to the division from which they have been laid off, and preference for re-employment in all divisions of the Laboratory.

In order to avoid a layoff, the Laboratory may reassign an employee targeted for layoff to a position for which the employee is qualified at the same or greater percentage of time and at the same or higher salary as determined by the salary range maximum. Such action will nullify the layoff.

### **2. Layoff Units**

Layoff units are administrative entities within the Laboratory that allow the Laboratory to administer the reduction-in-force policies in the RPM and collective bargaining agreements. They provide the structure to identify individuals who will be affected by a reduction in force.

Laboratory Management has the sole authority to determine layoff units and the determination is not subject to the complaint resolution policy. Employees will be provided appropriate notice before the implementation of any changes in layoff units that affect them.

See [Layoff Units List](#) for current listing of components of each of the above.

### **3. Decision to Implement Reduction**

Note: For the purposes of administering this policy, "layoff unit manager" is defined as the manager with the ultimate organizational responsibility for each of the layoff units (e.g., division director,

department head, etc.).

Laboratory management has the sole discretion to determine the need for layoffs, the classification of employees to be laid off and the layoff unit, consistent with this policy.

When a reduction in force is required, each layoff unit manager will review the programs, departments, or areas for which he or she is responsible and determine the number of employees, classifications, and programs to be involved in the reduction. The layoff unit manager, working with the Human Resources Center and Labor and Employee Relations (LER), will take into account the objectives of the Affirmative Action Compliance Program through consultation with the Work Force Diversity Office and discussion with the Head of the Human Resources Department before initiating further action.

Employees in noncareer positions are normally the first to be reviewed when lack of funds or lack of work necessitates a decrease in staffing levels. The layoff unit manager may determine which noncareer employees are to be terminated or reduced in time and the effective date of the action.

A layoff unit manager or designee will inform employees in the specific program, department, or area of the division where lack of funding or work has been identified such that a reduction in force is necessary. He or she may also request volunteers for layoff.

#### **4. Order of Layoff**

The layoff unit manager is responsible for selection of individual employees to be released. The selection and the terms or conditions of the release are subject to prior review by the Head of the Human Resources Department, or his/her designee, and the Head of the Workforce Diversity Office. The order of layoff for career employees in the same job title/code and layoff unit will be in inverse order of seniority. A layoff unit manager may retain any employee irrespective of seniority if the employee possesses special skills, knowledge, or abilities that are not possessed by more senior employees in the same class and are necessary to perform the ongoing functions of the layoff unit. All such exceptions will be documented and require the approval of the Head of the Human Resources Department.

A layoff unit manager may, when feasible, accept volunteers for layoff in lieu of other employees. The acceptance of individual voluntary layoffs will be based on the operational needs of the division. When an employee volunteers for layoff in lieu of another employee and is subsequently selected for layoff, the employee is entitled to the full protection of the layoff policy, with the exception of recall and preferential rehire rights. He or she should be informed that eligibility for unemployment insurance benefits depends on the evaluation of the termination by the State of California Employment Development Department.

#### **5. Determination of Seniority**

For purpose of layoff, seniority will be determined on the basis of one point for each month of full-time-equivalent paid University service in any job class or title. Employment before a break in service will not be counted. A break in service is a separation of at least one scheduled working day of Laboratory/University employment. Authorized leave without pay and time on preferential rehire status

do not constitute a break in service. When employees have the same number of full-time-equivalent months, the employee with the most recent hire date will be laid off first.

## 6. Notification to Employees

The layoff unit manager is responsible for ensuring that employees are notified of their layoff in accordance with the plan agreed on with the Human Resources Department. The scheduling of notifications and the conduct of the notification interviews should be handled to minimize the anxiety and disturbance of other employees. Notification will be accomplished orally and will include instructions for obtaining assistance and guidance from the Human Resources Department.

The terms of the layoff will be confirmed to the employee by a letter signed by the Head of the Human Resources Department or designee. The letter will include a statement regarding unemployment insurance, the effect of the layoff on the employee's benefits, the procedures for recall and preferential rehire, and the name of the person to contact for assistance. Written notice will be at least 30 calendar days before the effective date or, if less than 30 calendar days' written notice is given, a career employee will receive pay in lieu of notice for each additional day he or she would have been on pay status had the employee been given 30 calendar days' notice. See [RPM §2.07\(C\) \(Types of Professional Research Staff Positions\)](#) for notice provisions for the professional research staff.

## 7. Assistance to Employees

It is the layoff unit manager's responsibility to ensure that career employees who are scheduled for layoff are given primary consideration for vacancies in the layoff unit for which they are reasonably qualified.

The designated Layoff Coordinator in the Human Resources Department is responsible for assisting employees who have received a reduction in force notice or who have been terminated as a result of a reduction in force (during the period of recall and preference for re-employment eligibility). This assistance includes, but is not limited to:

- Reviewing with the employee the terms of the planned release and explaining recall and preference for rehire.
- Referring the employee to the Benefits Office, Employee Assistance Program, and other Laboratory services and outside agencies as appropriate or requested.
- Referring the employee to the agency providing outplacement services.
- Coordination with the appropriate Human Resources Center Manager regarding any employee requests to be considered for preference for rehire.
- Providing assistance in preparing a résumé and other job-hunting skills.

In addition, the Layoff Coordinator is responsible for maintaining the recall and preference roster and other records, as noted in [Paragraph \(9\)\(e\)](#), below.

## 8. Continuation of Benefits During Layoff

An employee on layoff status may continue in certain group insurance programs, if previously enrolled, for the length of time provided by the University's contract with the insurance carrier, subject to the payment of full premiums. Retirement system regulations determine the effect of the layoff on retirement benefits. The employee should contact the Laboratory's Benefits Office regarding eligibility for continuation of benefits.

## **9. Re-Employment from Layoff**

### **a. Right to Recall to Layoff Division**

- i. Only career employees who have passed probation and who did not volunteer for the layoff are eligible for recall.
- ii. An employee has the right to recall for three years from the date of layoff.
- iii. An employee who is separated or whose time is reduced because of layoff will be recalled in order of seniority into any active and vacant career position for which the employee is qualified when the position is in the same class and layoff unit and at the same or lesser percentage of time as the position held by the employee at the time of layoff.

A layoff unit manager may reject an employee for recall only if the employee lacks qualifications required for the position. Reasons for rejection will be provided by the layoff unit manager, in writing, to the Head of the Human Resources Department for review and approval.

An employee who is recalled for a position different from the one held at the time of layoff may, on written notification, be required to serve a trial employment period of up to six months on rehire. An employee who is required to serve a trial employment period may, at any time during the trial employment period, return to layoff status at the employee's or the layoff unit manager's discretion. Time spent in trial employment will not count against the period of eligibility for recall or preference for rehire.

- iv. Right to recall terminates if an employee:
  - (a) refuses an offer to return to the layoff unit division and job title/code from which he or she was laid off at the same or greater percentage of time,
  - (b) refuses two offers of re-employment for career positions at the same or higher salary level and the same or greater percentage of time as the position he or she held at the time of layoff,
  - (c) accepts a career position at the same or higher salary level and the same or greater

percentage of time as the position he or she held at the time of layoff, or

(d) retires.

- v. Right to recall continues during, but is not extended by, periods of temporary, non-career Laboratory employment.
- vi. Right to recall is suspended if an employee does not respond to written notice of an employment opportunity or if the employee does not respond in the affirmative to periodic inquiries about continuing his/her right(s) after one year. Right to recall may be reinstated, however, on written request of the employee and approval of the Head of the Human Resources Department.

**b. Preference for Re-Employment**

- i. Only career employees who have passed probation and who did not volunteer for the layoff are eligible for preference for rehire rights.
- ii. An employee with less than five years of seniority (see [Paragraph \(B\)\(5\)](#) above) has preference for re-employment for one year from the date of layoff. An employee with at least five but less than 10 years of seniority has preference for re-employment for two years from the date of layoff. An employee with 10 years or more of seniority has preference for re-employment for three years from the date of layoff.
- iii. An employee who is separated or whose time is reduced because of layoff or who has received written notice of layoff or reduction in time within the two calendar months before the layoff date will be granted preference for re-employment or transfer to any active and vacant career position at the Laboratory for which the employee is qualified when the position is (1) at the same salary level or lower (as determined by the salary-range maximum) and (2) at the same or lesser percentage of time as the position held by the employee at the time of layoff. When written notice of layoff or reduction in time is given more than two months prior to the layoff date, the Head of Human Resources may authorize that preference for re-employment begin with the date of layoff notice.

During the two calendar months preceding the layoff date or beginning from the date of layoff notice (whichever is later), the Layoff Coordinator will give employees on preferential rehire status Laboratory-wide consideration for positions in the same job code and at the same or lesser percentage of time as the job from which the employee was laid off. In addition, during the preference eligibility period, preference will be given for any job that meets the requirements as noted in the above paragraph for which the employee requests to be considered within two weeks of the posting date of the position.

An employee who has been terminated due to indefinite layoff will be given first consideration for preference for employment to active and vacant career positions, as described above, for which he/she has applied.

A layoff unit manager may reject an employee with preference for re-employment or transfer only if the employee lacks qualifications required for the position. Reasons for rejection will be provided by the layoff unit manager in writing to the Head of the Human Resources Department for review and approval.

An employee who is reassigned at his or her request during the pre-termination preference for re-employment period or rehired under preference for re-employment may, on written notification, be required to serve a trial employment period of up to six months. An employee who is required to serve a trial employment period may at any time during the trial employment period return to layoff status at the employee's or the layoff unit manager's discretion with 30 days written notice. Time spent in trial employment will not count against the period of eligibility for recall or preferential rehire.

iv. Right to preference for re-employment terminates if an employee:

(a) refuses an offer to return to the layoff unit and job title/code from which he or she was laid off at the same or greater percentage of time,

(b) refuses two offers of re-employment for career positions at the same or higher salary level and the same or greater percentage of time as the position he or she held at the time of layoff,

(c) accepts any career position, or

(d) retires.

v. Right to preference for re-employment continues during, but is not extended by, periods of temporary Laboratory employment.

vi. Right to preference for re-employment is suspended when an employee does not respond to written notice of an employment opportunity or if the employee does not respond to periodic inquiries about continuing his/her right(s) after one year. Preference for rehire may be reinstated, however, on written request of the employee and approval of the Head of the Human Resources Department.

c. **Re-Employment at Another University Location.** If a person on recall and/or preferential rehire status desires to be considered for employment at a University of California campus or another laboratory, the Head of the Human Resources Department will provide the manager at

that location with a copy of the individual's resume and a written request for consideration.

- d. **Benefits on Re-Employment.** When a person is re-employed within the period of right to recall and/or preference for re-employment, the periods before and after layoff are considered as continuous service for the limited purpose of applying University policies concerning sick leave, vacation, holidays, probationary period, reduced fee enrollment, seniority points for layoff, military leave, and merit salary increases. All prior sick leave credit will be reinstated during the period of eligibility up to a period of three years. Benefits and credits for service, including those relating to retirement systems, do not accrue for periods on recall and/or preferential rehire status. The employee should contact the Benefits Office/Department immediately upon re-employment for assistance.
- e. **Records and Reports.** The Human Resources Department Layoff Coordinator will maintain a current roster of all persons on recall and preferential rehire status and will record all referrals, offers of employment, rejections of persons by layoff unit managers and refusals of employment offers by individuals on the preferential rehire list.

## **C. RELEASE OF LIMITED, REHIRED RETIREE, STUDENT ASSISTANT, AND PROBATIONARY APPOINTEES**

### **1. General**

Employees serving a probationary period or holding limited, rehired retiree, or student assistant appointments may be released at any time at the discretion of the Laboratory. The employee shall be notified of the release in writing.

### **2. Automatic Termination**

An employee holding a limited, rehired retiree, or student assistant appointment is automatically terminated as of the last day of the appointment unless there is an earlier separation or formal extension of the appointment in writing.

## **D. RELEASE OF EMPLOYEES IN TERM APPOINTMENTS**

1. Employees in term appointments are automatically terminated as of the last day of their appointment unless there is a written notice of extension of the appointment.
2. Employees in term appointments may be terminated before the end of their appointment for disciplinary reasons or substandard performance of which the employee has been advised as provided in [RPM §2.05\(C\) \(Corrective Action and Dismissal\)](#). The appointment may also be terminated early for lack of funds, lack of work, or changes in operational/business needs in which case, whenever possible, an employee should be given at least 30 days' advance written notice that his/her appointment will be terminated.

3. For information regarding release of employees in scientific term appointments (including postdoctoral fellows), see [RPM §2.07 \(Professional Research Staff\)](#).

## E. MEDICAL SEPARATION

### 1. Policy

A nonprobationary career employee who becomes unable to fully perform essential functions of his or her position with or without reasonable accommodation, due to disability may be separated. Prior to medical separation, the Laboratory will engage in the interactive process. See [RPM §2.01\(B\)\(4\) \(Reasonable Accommodation\)](#). An employee separated under this policy is eligible for special re-employment procedures. See [RPM §2.01\(C\)\(3\)\(a\) \(Recruitment\)](#).

### 2. Basis for Separation

- a. A medical separation will be based on: (i) a written statement by the department head describing the essential functions the employee is unable to perform, and (ii) a written review by a vocational rehabilitation counselor, or appropriate representative, determining that no reasonable accommodation exists without causing undue hardship.
- b. A medical separation may also be based on: (i) the employee's receipt or approval of disability payments from a retirement system to which the University contributes, such as UCRP or PERS, and (ii) a written review by a vocational rehabilitation counselor, or appropriate representative, determining that no reasonable accommodation exists without causing undue hardship.
- c. An employee will not be separated under this policy while on sick leave or extended sick leave (see [RPM §2.15 \(Workers' Compensation Insurance\)](#)). However, an employee may be separated for medical or other reasons if the date of separation was set before the commencement of sick leave or extended sick leave, and if the employee is afforded all rights provided by the employee's retirement system.

### 3. Medical Documentation

Proof of the employee's disability or medical condition is required and is subject to verification by a Laboratory-appointed licensed healthcare provider. The Laboratory shall pay the costs of any medical examinations requested or required by the Laboratory.

### 4. Notices

- a. **Notice of Intent.** An employee will be given advance written notice of the intention to separate the employee. The notice will:
  - i. State the reason for the medical separation.
  - ii. Include copies of the department head's statement and any other pertinent material

considered including documentation related to the interactive process.

iii. State that the employee has the right to respond orally or in writing within eight calendar days regarding the separation.

- b. **Notice of Separation.** After the employee's response or eight calendar days have passed, the employee shall be notified of the decision. If it has been determined that separation is appropriate, the employee shall be given advance written notice of the separation date and notice of the right to appeal.
- c. **Effective Date.** The effective date of separation will be at least 10 calendar days from the date of issuance of notice of separation or 18 calendar days from the date of issuance of the notice of intention to separate, whichever is later.

## 5. Special Re-Employment Procedures

- a. **Re-Employment.** For a period of one year following the date of a medical separation, a former employee may be selected for a position without the requirement that the position be publicized. See [RPM §2.01\(C\)\(3\)\(a\)](#) (*Recruitment*). However, if the former employee receives disability benefits from a retirement system to which the University contributes, the period will be three years from the date on which the benefits commenced.
- b. **Service Credit on Re-Employment.** If an employee is reappointed or re-employed within the allowed period, a break in service does not occur.

## F. DISMISSAL

See [RPM 2.05\(C\)](#) (*Corrective Action and Dismissal*).

## G. SECURITY TERMINATIONS

Employees who are terminated for security reasons at the request of DOE may be given, with the approval of DOE, payment for up to 20 working days in lieu of advance written notice of such termination.

## H. TERMINATION BY DEATH

The date of an employee's death is also the effective date of termination from Laboratory service. Payment of salary or wages and vacation credit due a deceased employee is made to the employee's estate or the heirs-at-law, in accordance with California state law. Determination of whether to pay the amount due to the estate or the heir(s) is based on the nature and value of the estate and the amount due. When the amount due is less than \$3,000, direct payment to the heir(s) is often permissible. Processing is handled by the Human Resources Department. See [RPM §2.23\(B\)](#) (*University Death*

*Benefits for Employees*) for other information pertaining to an employee's death.

## **I. TERMINAL PAY**

Terminal pay for employees includes payment for salary and wages due for work performed through the effective time and date of termination and payment for vacation credit, up to the maximum possible credit for the employee's job classification and length of service.

## **J. TERMINATION PROCEDURE**

Termination procedures and forms may be found on the [Human Resources Forms Web page](#).

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## §2.22 Severance Payments

[Responsible Manager](#)

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### A. POLICY

Career employees (excluding University of California faculty, trainees, apprentices, and term appointees) who are eligible for vacation and sick-leave credits and are laid off from employment for an indefinite period due to lack of work or lack of funds are eligible for severance payments in accordance with the following provisions.

🚩 Career employees who are on temporary work deferment leave, temporary reduction in time, or permanently reduced in time are not eligible for severance payments. 🚩

### B. DEFINITIONS

The following definitions apply for purposes of severance payments:

#### 1. Continuous Service

Service is continuous if an employee is on pay status each month without a break in service. A break in service occurs when there is a separation from Laboratory employment status.

- a. Periods on an approved leave without pay for military service, illness, injury compensable by workers' compensation, assignment to another research organization at the direction of the

Laboratory, or an approved leave without pay for any period of 30 calendar days or less are counted as periods of continuous service for the purposes of severance pay, as are periods on pay status before and after any other approved leave without pay.

- b. Periods of employment before a break in service are not counted as periods of continuous service for purposes of severance pay.
- c. Periods of employment as a student assistant, graduate student research assistant (GSRA), or other trainee positions are not counted as periods of continuous service for purposes of severance pay.
- d. Periods of employment on variable time (once called indeterminate time) are not counted as periods of continuous service for purposes of severance pay.
- e. Time spent as a postdoctoral fellow is counted toward calculating severance payment if the postdoctoral fellow continued their employment in a career appointment without a break in service.
- f. When a limited appointment has been designated as a career appointment after attaining 1,000 hours of qualifying service in any 12 consecutive months without a break in service of at least 120 consecutive calendar days, these hours on pay status will be counted for purposes of severance pay. Qualifying service includes all time on pay status in one or more limited appointments at the University. However, only those hours worked at the Laboratory will be counted toward calculation of the severance payment.
- g. Continuous service is re-established when an employee is rehired from recall or preferential rehire status from the Laboratory.

## 2. Equivalent Job

An equivalent job is any career position with the Laboratory or the University at a beginning salary at least equal to the salary paid the employee in the job from which that employee was laid off, regardless of salary range.

## 3. One Week's Pay

One week's pay for nonexempt hourly rated employees is defined as the basic hourly rate (excluding shift differential and overtime) times 40 hours or the specifically approved work week. One week's pay for full-time exempt employees is defined as the hourly equivalent of the monthly rate times 40 hours (or, for part-time exempt employees, times the percentage time equivalent).

## C. SEVERANCE PAYMENT CALCULATIONS AND METHOD OF PAYMENT

## 1. Calculation

The severance payment will be made in an amount equal to one week's pay for each year of continuous full-time-equivalent Laboratory service (including service at Lawrence Livermore National Laboratory and Los Alamos National Laboratory while these labs were managed by the University of California).

A fractional year of full-time service of six months or more is counted as one year of service. The severance payment is not to exceed a total of 26 weeks' pay.

## 2. Method of Payment

Severance will be paid in a lump sum at the time of termination.

## D. LIMITATIONS

### 1. Layoff

Severance payments will not extend the period of employment beyond the date of termination due to layoff.

### 2. Previous Service Payment

Severance payments made to an employee will not include payment for any period of service for which the employee has previously received such payment.

### 3. Exceptions

Severance payments will not be made to any employee who terminates for any reason other than layoff, with the following exceptions:

- a. An employee who resigns after receiving formal notification of layoff but before the effective date of layoff may be provided severance payments with the approval of the Chief Operating Officer (COO) or designee.
- b. An employee who resigns in lieu of another employee who would have been laid off may be provided severance payments with the approval of the COO or designee. Normally, such approval will be given only if the resignation will not have a detrimental effect on work in progress and if the employee concerned had not announced plans to resign or retire before the announcement of a layoff within the employee's division.

### 4. Transfer

Severance payments will not be provided to an employee who has received a formal notification of layoff and who transfers to another Laboratory position or University career position without a break in service or to an employee who refuses a transfer to an equivalent job with the Laboratory or the University.

## E. RE-EMPLOYMENT

If an individual who has received severance payments is rehired at the Laboratory before expiration of the number of weeks for which the employee has received severance payments, the amount of the balance will be repaid to the Laboratory. 

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## §2.23 Miscellaneous

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### A. REPORTING AN EMPLOYEE'S DEATH

All supervisors are requested to notify the Human Resources Department (Foreign Visitors Unit for foreign nationals) immediately of the death of an employee. This notification will ensure the initiation of benefit payments and other possible assistance to eligible dependents or a designated beneficiary.

## **B. UNIVERSITY DEATH BENEFITS FOR EMPLOYEES**

On the death of an eligible University employee, a sum equal to the regular salary of the deceased for one month will be paid to (1) the surviving spouse, (2) the deceased's eligible dependents if there is no surviving spouse, or (3) the beneficiary designated in the deceased's University-paid life insurance policy if there is neither a surviving spouse nor eligible dependents. An eligible employee is one who was in pay status 50% time or more for at least six continuous months immediately before death. Months before and after an approved leave without pay are counted as continuous months. An eligible dependent is one receiving the majority of his or her support from the deceased employee in accordance with Internal Revenue Service Standards §152. This payment is in addition to any other payment due the employee.

## **C. SUBSTANCE ABUSE IN WORKPLACE**

### **1. Laboratory Policy**

The University of California and the Laboratory recognize dependency on alcohol and other drugs as a treatable condition and offer programs and services for Laboratory employees, including University of California student employees, with substance dependency problems. Employees (including student employees) and students are encouraged to seek assistance, as appropriate, from employee support programs, health centers, and counseling or psychological services available through the Laboratory's Employee Assistance Program, which is provided by the University of California Health Center (the Tang Center) on the Berkeley campus. Information obtained regarding an employee or student during participation in such programs or services will be treated as confidential, in accordance with federal and state laws.

The Laboratory strives to maintain a work site free from the illegal use, possession, or distribution of alcohol or of controlled substances as defined in Schedules I–V of the Controlled Substances Act (21 United States Code §812) and 21 Code of Federal Regulations 1308. Unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol or of controlled substances by employees in the workplace, on Laboratory premises, at official Laboratory functions, or on Laboratory business is prohibited. Unauthorized possession, use, consumption, or being under the influence of alcohol on Laboratory premises is prohibited. In addition, employees may not use illegal substances or abuse legal substances, including alcohol, in a manner that impairs work performance, scholarly activities, or student life.

The Laboratory strongly supports and is committed to making a good-faith effort to maintain a workplace free of substance abuse through implementation of 10 Code of Federal Regulations 707.5(a) (1)–(5) (Workplace Substance Abuse Programs at Department of Energy Sites). Use, possession, sale, distribution, or manufacture of illegal drugs at sites owned or controlled by DOE is prohibited.

Employees found to be in violation of this policy, including student employees if circumstances warrant, may be subject to corrective action (up to and including dismissal) under applicable Laboratory policies and labor contracts or may be required, at the discretion of the Laboratory, to participate satisfactorily

in an Employee Support Program.

## 2. Special Requirements for Employees Engaged on Federal Contracts and Grants

The Federal Drug-Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D) and the State Drug-Free Workplace Act of 1990 require that University employees directly engaged in the performance of work on a federal or state contract or grant must abide by this policy as a condition of employment.

Employees working on federal contracts and grants must provide written notification to the Laboratory through their immediate supervisor within five calendar days if they are convicted of any criminal drug statute violation occurring in the workplace or while on Laboratory business. This requirement also applies to all indirect charge employees (i.e., an employee who performs support or overhead functions related to the federal contract or grant and for which the federal government pays its share of expenses) unless the employee's impact or involvement is insignificant to the performance of the contract or grant. The Laboratory is required to notify the federal contracting or granting agency within 10 calendar days after receiving notice of such conviction and to take appropriate corrective action or to require the employee to participate satisfactorily in available counseling, treatment, and approved substance-abuse assistance or rehabilitation programs within 30 calendar days after receiving notice of such conviction.

Questions regarding Laboratory policy on substance abuse in the workplace may be directed to the Labor/Employee Relations Office or the Employee Assistance Coordinator. See [RPM §2.05\(G\)](#) (*Employee Assistance Program*).

## 3. Definitions

- a. **Employees.** In the context of the University Policy, "employees" refers to all Laboratory employees.
- b. **Students.** In the context of the University Policy, "students" refers to students of University of California campuses. For the Laboratory, student employees are covered by Laboratory employee policies.
- c. **Employee Support Programs.** For the Laboratory, this refers to the Employee Assistance Program and the Vocational Rehabilitation Program. Student employees of University of California campuses (GSRAs and student assistants) have student counseling and health services available at their campus. Employees are encouraged to self-refer for substance abuse problems and to seek confidential assistance from the Employee Assistance Counselor.
- d. **Special Requirements for Employees Engaged on Federal Contracts and Grants.** This section of the University Policy applies to all Laboratory employees. Laboratory employees who are convicted of any drug statute violation occurring in the workplace or while on Laboratory business must notify their immediate supervisor and the Office of Employee Relations within five calendar days of the conviction.

- e. **Conviction.** A conviction is a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence, or both, by any judicial body charged with responsibility to determine violations of any criminal drug statutes.

#### 4. Department of Transportation (DOT) Rule

The Laboratory endorses the Department of Transportation's (DOT) antidrug policy and regulations. A drug and alcohol testing program is an integral part of this policy for classifications covered by the DOT rule. Compliance with this policy and the DOT rule is a condition of continued employment. Noncompliance may result in disciplinary action up to and including suspension or dismissal.

The Laboratory's policies and procedures to implement the DOT drug and alcohol testing program have been balanced with a recognition of employees' legal rights, the preservation of employees' reasonable expectation of privacy, and a commitment to assuring due process.

The DOT rule covers employees and contract labor personnel whose Laboratory job duties are such that federal regulations require them to hold a Commercial Driver's License (CDL) in order to drive a commercial motor vehicle (CMV) on public highways, and who, during the course of the workday, operate or are expected to be ready to operate a vehicle with a gross combination or gross vehicle weight of at least 26,001 pounds inclusive of a towed unit with a gross vehicle rating of more than 10,000 pounds; a vehicle originally or currently designed to transport 16 or more passengers including the driver; or a vehicle of any size used to transport hazardous materials found in the Hazardous Materials Transportation Act and that require the motor vehicle to be placarded under the Hazardous Materials Regulations.

Employees and contract labor personnel covered by the DOT rule are subject to the following drug and alcohol tests:

- Pre-employment
- Post-accident
- Reasonable suspicion
- Random
- Return to duty and follow-up

The text of the full policy and implementation guidelines for the DOT rule is distributed to covered employees and contract labor personnel and is available in the Human Resources Department.

## D. FLEXIBLE WORK OPTIONS

### 1. General

Flexible work options are tools managers and supervisors can use to help meet the work/life balance needs of their employees while simultaneously ensuring that the work unit's operational needs are met. While the Lab supports the use of flexible work options whenever possible, they do not change the basic terms and conditions of Laboratory employment and are not entitlements. Granting or denial of a

request for a flexible work option is at the sole discretion of management. Neither denial of a request for a flexible work option, nor rescission of an approved flexible work option is subject to the Complaint Resolution procedure ([RPM 2.05 \(D\)](#)).

The Laboratory currently has two flexible work options that may be considered: Flex Time and Telecommuting Agreements. Approval of both options must be within the provisions of RPM [§2.23 \(D\)\(2\)\(b\)](#), [§3.01\(B\)](#), and [§3.01\(C\)](#).

## 2. Flex Time

- a. It is the intent, except as noted below, to make flexible working hours available to all employees by allowing employees to redistribute their daily work hours within a framework defined by division management and that is within the provisions of RPM [§2.23\(D\)\(2\)\(b\)](#), [§3.01\(B\)](#), and [§3.01\(C\)](#). The goal is to allow employees some flexibility regarding their daily work schedule, compatible with effective job accomplishment and work unit operational needs.

Division/department management may determine that there are specific scientific and/or operational necessity reasons during which a regular flex time schedule cannot be implemented. If scientific or operational requirements make formal flex time practices infeasible, arrangements can be made between the supervisor and employee on an *ad hoc* basis.

### b. Flextime Operating Guidelines

Supervisors should consider the following guidelines when reviewing a request for flextime. However, the final flextime arrangement approved, if any, is at the sole discretion of the supervisor.

- **Core Hours:** The time when employees are normally expected to be at work: 9:30 a.m. through 11:30 a.m. and 1:30 p.m. through 3:30 p.m.
- **Work Hours:** The amount of time an employee is expected to be on the job during a given time period. See [§§3.01\(B\)](#) and [3.01\(C\)](#).
- **Minimum Service Coverage:** The staffing required to ensure that the normal services and functions of a work unit will be available during the standard workday.
- **Communication of Schedule Changes:** It is the responsibility of employees working flextime and supervisors to communicate changes of personal or job schedule to those whom the changes may affect.

### c. Responsibility

- Division directors are responsible for implementation of this policy, will determine whether flextime is appropriate within the division and will approve employees' flextime schedules.

- Supervisors are responsible for ensuring that employees in their work units understand and meet work-unit operating guidelines and that the work unit operates effectively. This means identification of essential tasks, operations, and functions that must be accomplished at certain times during the workday and the development of coverage requirements.
- Each employee is responsible for organizing and managing his or her work time. Employees are also responsible for accurately reporting their time worked.

### 3. Telecommuting

#### a. General

- Telecommuting is a work option in which employees fulfill their job responsibilities at home or another approved location. The arrangement may cover all or part of the employees' scheduled hours and may be on an intermittent, occasional basis or on a regular schedule.
- Telecommuting arrangements must be consistent with Laboratory policy and do not change the basic terms and conditions of Laboratory employment.
- An employee's performance while telecommuting is measured using the same standards that apply when the work is performed at the Laboratory and will be documented in the annual performance review.
- Approval of an employee's request to telecommute is based on the operational needs of the work unit. Telecommuting is voluntary and is not an entitlement.
- When considering approval of a telecommuting request, the following factors should be considered.
  - Job duties should be characterized by clearly defined tasks or work products.
  - The employee's past performance has been at a high level and the employee has demonstrated the ability to perform his or her work with minimum supervision.
  - When the employee requesting to telecommute on a regular basis is a supervisor, the agreement will be approved only when adequate supervision of the work unit can be assured.

#### b. Agreements

There are two types of telecommuting arrangements:

- Telecommuting can be on an intermittent or occasional basis or on a regular part- or full-time schedule. Occasional or intermittent telecommuting requires supervisor approval.

If, in the opinion of the supervisor, an intermittent telecommuting arrangement begins to

occur frequently while still not on a regular schedule, the supervisor may require a written agreement.

- A regular telecommuting schedule requires a written agreement, not to exceed 12 months, between the supervisor and employee that must be approved by the Division Director or Department Head. Agreements expire automatically on the stated end date unless reviewed and renewed prior to that date. Renewal is subject to the work unit's operational needs and the supervisor's assessment of the employee's performance. Changes in the terms of a telecommuting agreement within the 12-month period, e.g., change in off-site work location or telecommuting schedule, are to be documented as they occur. The agreement may be found [here](#).
  - Telecommuting agreements involving nonexempt employees require concurrence of the Manager, Labor and Employee Relations.
- Telecommuting agreements must include at least the following elements.
  - Designated working hours/days.
  - That the employee will be at the regular work site for meetings even if they occur on scheduled telecommute days (when appropriate, conference call arrangements may be allowed).
  - How the employee will communicate with the supervisor, including the method for transmitting the work product to the Laboratory.
  - Ergonomics self-assessment and assurance.
  - The appropriate documentation of the property's location must be filed with Property Management.
- Telecommuting agreements may be terminated by either the employee or the supervisor upon 10 business days prior notice.
- Copies of the agreement are to be retained by the employee, supervisor, and the employee's file in the division's Human Resources Center.

## E. EMPLOYEE REST PERIODS

A formal rest period not to exceed 15 minutes once during each work period of 3 hours or more may be granted employees. The time may not be taken at the beginning or end of the work period, and time not used for rest periods may not be accumulated to be used at a later date. Such periods are a privilege that may be withdrawn by the division director or department head and should be withdrawn if abused.

## F. CONFLICTS OF INTEREST

### 1. Self-Disqualification

California's Political Reform Act of 1974, embodied in the University of California Conflict of Interest Code, requires that all state employees and officials must disqualify themselves from making or participating in certain decisions when a financial conflict of interest is present. As University employees, all Berkeley Lab employees are covered by the provisions of the Act.

## **2. Designated Official Positions**

Under California law and University policy, certain designated Laboratory officials are required to file financial interest statements when they assume a designated official position, annually while they hold such a position, and when they leave it. These employees are notified directly of the applicable requirements for their specific designated official positions. A list of designated official positions for the Laboratory is available from the [Conflict of Interest page](#) on the UCOP Web site.

Note that more information about the Laboratory's conflict-of-interest policies are available in [RPM Chapter 10 \(Conflict of Interest\)](#).

## **G. ACCEPTANCE OF GIFTS OR FAVORS**

Employees are not permitted to accept gifts, gratuities, or favors from any source that might affect or appear to affect their judgment in discharging their duties. Such acceptance may be construed as a conflict of interest. This restriction does not apply to:

- Acceptance of food and refreshments of nominal value on infrequent occasions in the ordinary course of a luncheon, dinner, or other meeting; or
- Acceptance of modest entertainment, such as a meal or refreshments in connection with attendance at widely attended gatherings sponsored by industrial, technical, or professional associations or at public ceremonies in an official capacity.

An employee who misuses privileged or official information may be subject to discipline by the Laboratory and prosecution under state and federal law.

## **H. CONTACTS WITH STATE AND FEDERAL OFFICIALS**

Employees may not act or give the appearance of acting on behalf of the Laboratory or the University when communicating with state or federal officials unless they are authorized to do so. To act or give the appearance of acting on behalf of the Laboratory or the University in such instances without authorization may be construed as a conflict of interest.

When corresponding with state and federal officials, a writer may use Laboratory letterhead only when authorized to represent the Laboratory or the University. Letters expressing personal views must be written on personal stationery. If Laboratory letterhead is used for corresponding with principal state and federal officials, including executive branch appointees, members of Congress, the state legislature, and their staffs, copies of the correspondence must be sent to the appropriate division director and to the Head of the Public Affairs Department.

When employees give opinions as independent professionals, they must state clearly that they are speaking for themselves and not on behalf of the Laboratory or the University of California.

## **I. PRIVILEGED INFORMATION**

The use of privileged or official information for personal financial gain is a type of conflict of interest and is prohibited. Privileged or official information is information that is known to an individual because of his or her connection with the Laboratory but is not available to the public. In this connection, the term "privileged information" includes but is not limited to:

### **1. Unpublished Information Relating to Technological and Scientific Developments**

The Report Coordination Office and Technology Transfer and Intellectual Property Management review all technical and scientific papers and related materials for oral or other presentation before publication. See [RPM §5.02](#) (*Policy for Scientific and Technical Publications*), [§5.03](#) (*Patents*).

### **2. Medical, Personnel, Patent, Salary, or Security Clearance Records of Individuals**

Individual employees have a right to access their own records except as limited by law. See [RPM §2.17](#) (*Employee Records*), [§5.03](#) (*Patents*). Access to the records of other employees is normally limited to legitimate need-to-know situations except as specifically noted in the RPM sections cited and in applicable laws.

### **3. Anticipated Materials Requirements or Pricing Actions; Knowledge of Selected Contractors or Subcontractors Before Official Announcements**

In certain situations, an employee, by virtue of his or her position, may have access to information concerning anticipated materials requirements or pricing actions. Examples include Laboratory construction projects and system acquisitions. Improper dissemination of such information could produce unfair competitive advantage for vendors as well as constitute a conflict of interest for the employee.

### **4. Possible New Sites for University of California or DOE Program Operations**

The prohibitions surrounding this area are the same as those concerning [Paragraph \(I\)\(3\)](#), above.

An employee who misuses privileged or official information may be subject to discipline by the Laboratory and prosecution under state and federal law. Laboratory employees are required to notify the Laboratory whenever they are notified that they are the target of an investigation by a federal or state agency that has as its subject the improper use of information obtained or actions taken for personal use by the employee in the course of his or her employment.

## **J. NONSMOKING POLICY**

### **1. Policy**

It is the Laboratory's objective to create and maintain an environment as close to smoke-free as practicably possible. In addition, the Laboratory is located in an environment that poses severe hazards from wildland fires and is obliged to ensure that outdoor smoking is restricted to safe areas.

This policy applies to all employees, contractors, guests, and visitors. Accordingly, the Laboratory, in keeping with these obligations and in compliance with state law, has determined that smoking is not permitted:

- In any Laboratory building
- In any Laboratory vehicle
- Within 20 feet of entrances and exits, operable windows, and air intakes
- On decks or stairs
- In areas with vegetation
- In any area posted as "No Smoking"

Smoking is permitted only in outdoor areas that are paved with asphalt, brick, or concrete.

All individuals are responsible for ensuring:

- That their smoke does not enter buildings.
- The safe disposal of their smoking materials.

If the preferences of smokers and nonsmokers conflict, the preference of nonsmokers will prevail.

Violations of this policy should be reported to a supervisor, who, if necessary, will consult with Labor/Employee Relations before taking action in accordance with appropriate personnel policies or labor agreements.

## **2. Further Information**

Instructions on how to obtain outdoor ash cans, request an EH&S review of smoking areas, and other information relating to this policy will soon be appearing in the [Environment, Health, and Safety Manual](#) (LBNL/PUB 3000).

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## §2.26 Catastrophic Leave Sharing

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### A. Policy

This policy enables employees to donate vacation time on an hour-for-hour basis, regardless of differing pay scales, to another employee who has exhausted sick and vacation leave due to a serious medical condition affecting the employee or an eligible person, as defined below. Participation is entirely voluntary and applies only to the donation of vacation credit. Once given, the vacation-credit donation is irrevocable. Donations are anonymous unless the donor chooses to self-identify. This policy is not subject to the complaint resolution procedure policy. See [RPM §2.05\(D\)](#).

### B. Definitions and Eligibility

#### 1. Serious Medical Condition

Serious medical condition is as defined by the [Family and Medical Leave Act](#).

#### 2. Applicable Situations

The receiving employee's absence from work must be due to:

- a. the employee's own serious medical condition, as defined by [the Family and Medical Leave Act](#);
- b. the serious medical condition of the employee's spouse, parent, child, sibling, grandparent, or grandchild (or in-law or step-relative in one of these relationships); or
- c. the serious medical condition of any other person residing in the employee's household for whom there is a personal obligation.

The serious medical condition must be verified, consistent with the provisions provided [here](#), concerning

verification of a serious medical condition for the family care and medical leave policy. In addition, verification of a family member or other eligible person will be required consistent with University and Laboratory policy (see RPM [§2.13\(D\)\(2\)](#)).

### **3. Receiving-Employee Conditions**

The receiving employee must:

- a. be in a position that accrues vacation leave;
- b. have exhausted all sick and vacation leave, even when doing so results in exceeding the 30-day limit imposed on the use of sick leave for family illness;
- c. have exhausted all workers' compensation benefits and disability benefits (when applicable); however, an employee who has exhausted all sick and vacation leave and has not concluded the waiting period for disability may use catastrophic leave sharing benefits until the waiting period has ended; and
- d. have passed the waiting period to use vacation, if a waiting period is required by the applicable personnel policy or collective bargaining agreement.

### **4. Donating-Employee Conditions**

A donating employee must:

- a. be in a position that accrues vacation leave;
- b. have sufficient vacation leave to cover the donation (leave may not be donated prior to its accrual); and
- c. have passed the waiting period to use vacation, if a waiting period is required by the applicable personnel policy or collective bargaining agreement.

### **5. Minimum Donation**

The minimum donation of vacation leave under this policy is 8 hours. Donations above this amount must be made in whole-hour increments.

### **6. Maximum Credit**

A recipient employee will not be credited with vacation credits that exceed the amount needed to ensure continuance of the employee's regular salary during the period of the approved catastrophic leave.

## **C. Procedure**

The [procedure](#) for donating vacation credit under the catastrophic leave sharing policy is on the Web. Once transferred and credited, donations are irrevocable.

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## §2.27 Upper Laboratory Management

[\*Responsible Manager\*](#)

Links updated 09/08

- A. [UC-Managed DOE National Laboratories Policy on At-Will Upper Management Personnel](#)
  - 1. [General](#)
  - 2. [Notice](#)
  - 3. [Termination Assistance](#)
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  - 6. [Authority](#)
- B. [UC-Managed DOE National Laboratories Resolution of Concerns for At-Will Upper Management Personnel](#)
  - 1. [General](#)
  - 2. [Applicability of Other Laboratory Policies](#)

### A. UC-Managed DOE National Laboratories Policy on At-Will Upper Management Personnel

#### 1. General

Laboratory managers in positions that have been designated as Upper Management serve at the discretion of the Laboratory Director. [\[1\]](#) Personnel so designated will be informed in writing of this classification. Employees in these positions may be terminated from their appointment, up to and including termination from employment, at any time with or without cause or notice. The at-will status of employees appointed to these positions cannot be altered except by amendment of this policy.

Additional employment policies for positions included in the University Senior Management Group may be found in [Personnel Policy for Staff Members, Appendix II](#).

Positions designated as Upper Laboratory Management are found on the [Lawrence Berkeley National Laboratory Management Positions list](#).

#### 2. Notice

An employee who is terminated from employment under this policy may receive, at the sole discretion of the Laboratory Director, [\[1\]](#) up to 60 calendar days' advance written notice of

termination or pay in lieu thereof.

### 3. Termination Assistance

An employee whose employment is to be terminated under this policy may receive, at the sole discretion of the Laboratory Director, [\[1\]](#) assistance that may include one or more of the following:

a. Assignment to another position, if such a position is available, the employee is qualified to perform the work, and the new assignment is in the University's best interests.

In the event of such a reassignment, the employee's salary may not exceed the maximum of the salary range for the new position unless an exception to this policy is requested by the Laboratory Director and approved by the Associate Vice President—Human Resources and Benefits, Office of the President. When required by DOE Contracts or UC policy, approval of the salary must also be obtained from the DOE/Office of Science, DOE/NNSA, and/or The Regents.

If the new position has no established salary range or salary range maximum, the employee's new compensation rate will be established based on an analysis supervised by the Laboratory's Human Resources Director of the proposed job duties and responsibilities. The new salary may not exceed that of the highest-paid employee performing a similar mix of responsibilities, unless an exception to this policy is requested by the Laboratory Director and approved by the Associate Vice President—Human Resources and Benefits, Office of the President.

b. Career counseling or outplacement services.

c. Reasonable time off with pay to interview for other jobs.

### 4. Severance Pay

Except in the case of termination for misconduct, an employee whose employment is to be terminated under this policy, and who is not reassigned to another position pursuant to [Paragraph \(A\)\(3\)\(a\)](#), will receive a severance payment equal to four months' salary.

a. In the event that the University's contract to manage a DOE Laboratory expires or is terminated, an employee who is offered employment with a successor contractor shall not be eligible for severance pay under this policy, if, in the University's judgment, the salary offered is comparable. Since continuing employment is being offered, the employee will be considered to have voluntarily terminated whether or not he/she decides to accept the position with the successor contractor.

b. Repayment: An employee who has received severance pay under this policy and who returns to work in a career position with the University or a successor contractor at the same or higher salary and at the same percentage of time as of the date of termination

shall repay to the University any portion of severance pay received that is in excess of the time the employee was separated from the University.

## 5. Resolution of Concerns

Concerns about conditions and actions affecting an appointee's employment pursuant to this policy may be addressed under the [Resolution of Concerns for At-Will Upper Management Personnel policy](#), below.

## 6. Authority

The Laboratory Director retains authority to terminate the appointment, up to and including termination from employment, of an employee covered by this policy. [\[1\]](#) Any exceptions to the provisions of this policy must be approved by the President.

# B. UC-Managed DOE National Laboratories Resolution of Concerns for At-Will Upper Management Personnel

## 1. General

Appointees covered by the Policy on At-Will Upper Management Personnel serve at the pleasure of the Laboratory Director. [\[2\]](#) Concerns about conditions and actions affecting an appointee's employment are expected to be discussed with the individual's immediate supervisor. If the concerns cannot be resolved through such discussions, those concerns may be submitted in writing to the Laboratory Director or, as appropriate, to the President, Vice President—Laboratory Management, Regents Officer, or designee for review. The Laboratory Director, President, Vice President—Laboratory Management, Regents Officer, or designee shall take such action as deemed appropriate.

## 2. Applicability of Other Laboratory Policies

Each Laboratory's local human resources policies indicate whether or not other Laboratory policies, including but not limited to, policies and procedures relating to complaints of discrimination on the basis of a protected category (for example, race or whistleblower status), sexual harassment, or other complaints procedures or policies are applicable to Upper Management positions. However, neither those policies, procedures or practices, nor any other written or verbal communication is intended to create a contract or policy of employment that in any way alters or modifies the terms of the Policy on At-Will Upper Management Personnel. ([See \(RPM 2.01\(D\)\(3\) \(Laboratory Management\)\)](#)).

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Notes:

[1] When an Upper Management position is the joint appointment of a laboratory and a

systemwide (University or Regents) officer, termination shall be subject to the concurrence of such officer. When appropriate, the Laboratory Director will coordinate with the Vice President—Laboratory Management.

[2] When an Upper Management position is the joint appointment of a laboratory and a systemwide (University or Regents) officer, appointees serve at the pleasure of both officers. Concerns raised under this policy should be addressed to both appointment authorities.

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## §2.29 Work Deferment Policy

*Responsible Manager*

**New 8/08**

- A. [General](#)
- B. [Policy](#)
- C. [Benefits and Service Credit](#)
- D. [Applicability of Laboratory Policies](#)

### **A. GENERAL**

When a reduction in force is being considered or when there is a temporary lack of funding or a temporary lack of work, a division or department may also consider strategies such as temporary work deferment or temporary reduction in hours as alternatives to indefinite layoffs of Career Appointment employees or early release of Term Appointment employees. Such arrangements, when consistent with the needs of the division or department and the Laboratory, can retain the valuable skills of existing employees while responding to short-term critical budget or work shortage issues.

### **B. POLICY**

A Career or Term Appointment employee (including Career-Track employee) shall be given written notice of the effective date and the ending date of a temporary work deferment or temporary reduction in time. Notice shall be provided at least 15 calendar days before the effective date or pay in lieu of notice. A temporary work deferment or temporary reduction in time shall not exceed four calendar months. Divisional Fellow, Senior Scientist/Engineer and Distinguished Scientist/Engineer positions are excluded from involuntary work deferment. This policy is not applicable to all other employee classifications: Faculty, Postdoctoral Fellows, Visiting Researchers, Limited, Rehired Retiree, Graduate Student Research Assistants (GSRAs), and Student Assistants.

An employee on a temporary work deferment or reduction in time is ineligible for the right to recall, preference for reemployment, and severance pay.

Accrued sick leave shall not be used during a temporary work deferment or temporary reduction in time.

Accrued vacation leave may be used, at the discretion of the division director or operation department head (or designee), to postpone the effective date of the temporary work deferment. Accrued vacation leave shall not be used during a temporary work deferment.

If an indefinite layoff or indefinite reduction in time for career employees should occur during a

temporary work deferment or temporary reduction in time, the procedures for indefinite layoff or indefinite reduction in time shall apply. (See [RPM 2.21\(B\) \(Terminations/Reduction in Force\)](#).)

Term appointment employees may be terminated early for lack of funds, lack of work, or changes in operational/business needs. If an early termination for term appointments should occur during a work deferment or reduction in time, the procedures for release of term appointment employees shall apply. (See [RPM 2.21\(D\) \(Release of Employees in Term Appointments\)](#).)

### **C. BENEFITS AND SERVICE CREDIT**

1. During a temporary work deferment or temporary reduction in time, the employee's current level of health and welfare benefits will be maintained or suspended according to the regulations specified in the Temporary Layoff Benefits Checklist. This document is available at [UCOP's At Your Service Web site](#) and [here](#).
  - a. The Temporary Layoff Benefits Checklist does not apply to those employees in the Senior Management Group.
2. During a temporary work deferment, the employee will temporarily stop earning service credit. During a temporary reduction in time, the employee will temporarily earn service credit on a prorated basis.

### **D. APPLICABILITY OF LABORATORY POLICIES**

1. While an employee is on temporary work deferment or on temporary reduction in time, all Laboratory policies, including conflict of interest policies, remain in effect and employees should continue to abide by these policies.

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# Chapter 3

## Pay and Time Reporting

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  - §3.05 Pay Periods, Computations, and Deductions (Moved to [RPM §11.06](#))
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## §3.01 Definitions

[Responsible Manager](#)

Links updated 09/08

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  - 1. [Full Time](#)
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- D. [Overtime](#)
  - 1. [Emergency Overtime](#)
  - 2. [Extended Work Weeks](#)
- E. [Shift Differential](#)
- F. [Leave](#)
  - 1. [Leave with Pay](#)
  - 2. [Leave without Pay](#)

### A. EMPLOYEE CLASSIFICATIONS

Qualifications, duties, and pay provisions of employee job classifications are described in [Appendix A to the DOE/LBNL Contract](#). These classifications are divided into two basic categories, as defined by the Fair Labor Standards Act (FLSA), with the following differences in work and pay policy. Questions regarding exempt/nonexempt status should be directed to the Human Resources Department.

#### 1. Exempt Employees

Employees in administrative, executive, and professional classifications are normally not paid for overtime. They may be paid for overtime, however, when approved for extended work weeks, as described in [Paragraph \(D\)](#), below.

#### 2. Nonexempt Employees

Employees other than those in administrative, executive, and professional classifications are normally

scheduled for a specific number of hours per week and are paid extra for work required in addition to their normal schedule.

## B. WORK PERIODS

### 1. Workday

The standard workday for full-time employees is 8 hours per day, 8 a.m. to 5 p.m. Exceptions are necessary in certain operating situations such as:

- Laboratory protection
- Accelerator and computer operations
- Scientific experiments in which experimental needs determine coverage requirements

Additional exceptions may be allowed as defined in [RPM §2.23\(D\)](#) (*Flexible Work Options*).

### 2. Work Week

Normally, a work week consists of the five consecutive workdays, Monday through Friday, within a calendar week. A calendar week is defined as Saturday midnight to the next following Saturday midnight. Exceptions are allowable under the same circumstances noted in [Paragraph \(B\)\(1\)](#), above.

## C. WORK SCHEDULE

Employees should be aware that, under University policy, no portion of time due the Laboratory may be devoted to private purposes and no outside employment may interfere with the performance of Laboratory duties. These requirements apply regardless of the percentage of time worked. Abuses may be grounds for disciplinary or corrective action. See [RPM §10.02](#) (*Outside Employment and Employee Business Activities*).

Use of Laboratory telephones for brief calls within the local commuting area is permitted, however, when required by changes in work plans, emergencies, or coordination of work activities with family members or others who can be reached only during working hours. If an employee finds it necessary to use a Laboratory telephone for a call outside the local commuting area, the employee must reimburse the Laboratory for the call or charge the call to his or her home telephone number or personal calling card. See [RPM §9.02\(A\)\(2\)](#) (*Communications and Networking Systems/ICS Voice Telephone System*).

### 1. Full Time

A schedule involving complete work weeks or work months.

### 2. Part Time

A schedule involving a specified percentage of each work week or work month.

### 3. Variable Time

An unspecified number of hours per work period.

## D. OVERTIME

Overtime in most cases is time worked over 8 hours per day or 40 hours per week. For some classifications, however, other provisions determine overtime; the specific provision and applicable pay basis for each classification are shown in [Appendix A to the DOE/LBNL Contract](#). There are two categories of overtime:

### 1. Emergency Overtime

When nonexempt employees are required to work overtime on short notice or when scheduled for overtime for short periods not exceeding four consecutive weeks, the work is classed as emergency overtime. Exempt employees are not eligible for emergency overtime.

### 2. Extended Work Weeks

Overtime work required of employees for more than four consecutive weeks is classed as extended work weeks. See [RPM §3.03](#) (*Overtime*).

## E. SHIFT DIFFERENTIAL

Shift differential is extra pay in addition to base pay for night-shift work by certain classifications of employees, as specified in [Appendix A to the DOE/LBNL Contract](#). See [RPM §3.04](#) (*Special Pay Provisions*).

## F. LEAVE

### 1. Leave with Pay

Absence from work with pay is described in [RPM §2.08](#) (*Vacation Leave*), [§2.09](#) (*Sick Leave*), [§2.10](#) (*Holidays*), and [§2.11](#) (*Miscellaneous Leave with Pay*).

### 2. Leave without Pay

Absence from work without pay may be granted formally or informally depending on the length of leave. See [RPM §2.12](#) (*Leave of Absence without Pay*).

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## §3.03 Overtime

[Responsible Manager](#)

Links updated 09/08

- A. [Overtime Assignment](#)
- B. [Requests and Approval for Overtime Work](#)
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  - 5. [Payment for Overtime Meals](#)
- C. [Reporting of Overtime](#)
  - 1. [Nonexempt Employees](#)
  - 2. [Exempt Employees](#)
- D. [Compensatory Time](#)

### A. OVERTIME ASSIGNMENT

The division director, department head, or supervisor must notify the employee that overtime must be worked as soon as possible after the need for overtime is determined. The employee is expected to work assigned overtime. In assigning overtime, the division director or department head will take into account employee preference for overtime assignments.

### B. REQUESTS AND APPROVAL FOR OVERTIME WORK

#### 1. Requests

The initial request for overtime should be made to the division or department whose personnel are needed for the overtime. This division or department will then request approval, as necessary, to schedule its personnel for the required overtime. Whenever possible, overtime requests should be submitted in time to obtain prior approval.

#### 2. Emergency Overtime

Overtime required for short periods to cover emergencies or to meet job schedules is called "Emergency Overtime." Nonexempt employees may work up to four overtime hours on any day or sixteen overtime hours in any calendar week with the approval of the employee's division administrator. Exempt employees usually do not receive pay for emergency overtime when their duties require them to work

extra hours. When unusual situations in a work program require them to work extra hours over an extended period, however, they may be formally scheduled to work, and be paid for, extended work weeks.

### 3. Extended Work-Week Overtime

An extended work week is overtime that must have a planned schedule exceeding the normal 40-hour work week for more than four consecutive weeks at a regular Laboratory site or a temporary assignment at locations away from regular Laboratory sites. Exempt or nonexempt employees may qualify.

Requests for extended work weeks must be made in writing to the Associate Laboratory Director for Operations (ALDO) or designee and must include the following information:

- Reasons for overtime
- Description of work involved
- Name, employee number, job classification, and payroll account number of each person involved
- Amount of overtime and period of time involved for each person
- How the overtime work is to be supervised

Approval of such requests applies only to the individual(s) named and is not transferable to others.

### 4. Approvals

In addition to the approval stated under [Paragraph \(B\)\(2\)](#), above, emergency overtime exceeding four hours per day requires the approval of the ALDO or designee.

Extended work weeks and hours of emergency overtime exceeding 16 hours per week require the approval of the ALDO or designee.

### 5. Payment for Overtime Meals

Operating expenses may be used to pay for overtime meals if all the conditions set forth in [RPM §11.01](#) (*Laboratory-Hosted (Funded) Meetings*) concerning payment for food services are met and one of the following conditions applies:

- The work situation requiring the overtime is such that the employee is held over or called in early, without prior notice, so that the combined regular shift and overtime assignment totals a minimum of two hours over the regular work shift; or
- The work situation requiring the overtime is such that the employee is called in, without prior notice, on a day off, holiday, or call-back basis for a minimum of five hours.

## C. REPORTING OF OVERTIME

### 1. Nonexempt Employees

All overtime worked by nonexempt employees must be reported and will be paid for in accordance with the provisions of [Appendix A to the DOE/LBNL Contract](#) for the job classification involved.

Compensatory time off with pay in lieu of overtime pay is not allowed.

When computing premium pay for time over the normal 40-hour work week (see specific classifications in [Appendix A to the DOE/LBNL Contract](#) for exceptions to normal 40-hour work week), paid holiday leave is considered to be time worked. Sick leave, vacation, military leave, court leave, and any other leave with pay are not normally considered to be time worked. See specific classifications in [Appendix A](#) for exceptions to types of leave considered to be time worked.

### 2. Exempt Employees

Exempt employees are paid for extended work weeks on the basis of the formally approved schedule on file in the Office of the Chief Financial Officer/Payroll for each week the extended schedule is shown on their timecards, as follows:

#### a. Monthly Timecards

The approved extended work week schedule of hours (e.g., 48, 54) will be shown in the Saturday date box of monthly timecards for each week that a monthly reporting, exempt employee is entitled to be paid for overtime. These hours will also be distributed to the proper cost account to the nearest half day.

#### b. Weekly Timecards

The actual overtime hours and the approved extended schedule of hours will be shown as a fraction (e.g., 8/48) in the overtime total box of weekly timecards for each week that a weekly reporting, exempt employee is entitled to be paid for overtime. The actual overtime worked will be distributed to the proper cost account to the nearest hour. When an employee is not entitled to such pay for one or more weeks during an extended work-week period, the schedule of hours should not be shown.

## D. COMPENSATORY TIME

The Laboratory prohibits granting compensatory time off. Nonexempt employees must be paid for overtime work. Compensatory time off with pay, as such, is not granted an exempt employee for previous extra effort performed above his or her basic work schedule. Division directors or department heads may, however, grant or recommend authorized leave with pay (see [RPM §2.11\(C\)](#) (*Authorized Leave with Pay*)) in recognition of unusual extra effort by an exempt employee. Authorized leave may not be used to balance extra work above an employee's basic schedule on an hour-for-hour basis or to extend vacation time.

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## §3.04 Special Pay Provisions

[Responsible Manager](#)

Rev. 04/00

Links updated 09/08

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1. [General](#)
2. [Shift Codes](#)
3. [Overtime](#)
4. [Temporary Assignments](#)
5. [Paid Leave](#)
6. [Terminal Vacation Pay](#)

### B. [Pay for Travel Time](#)

### C. [Call-In Pay](#)

## A. NIGHT-SHIFT PAY DIFFERENTIAL

### 1. General

An employee in a classification shown in [Appendix A to the DOE/LBNL Contract](#) as eligible for shift differential is paid this differential when required to work on an assigned swing shift or owl shift. For purposes of computing shift pay, a swing shift consists of the hours from 4 p.m. to 12 midnight and an owl shift from 12 midnight to 8 a.m. To qualify for payment of shift differential, a minimum of four hours must be scheduled during the above periods. When four hours are worked on each of two shifts, pay will be based on the shift assignment of the division or department.

### 2. Shift Codes

When an employee is eligible for shift differential, the night shifts worked are reported by showing Code 2 for swing-shift and Code 3 for owl-shift work in the proper day's box on the time card. Day shift is indicated by omitting any code.

### 3. Overtime

Overtime pay for employees who receive shift differential is based on the shift rate to which they are entitled for the work period to which the overtime is added.

### 4. Temporary Assignments

Employees who usually work a second or third shift continue to receive the shift differential when assigned temporarily by their supervisor to a day shift for four days or less. A change in shift assignment initiated by the employee is not covered by this provision.

#### **5. Paid Leave**

Shift differential is included for all types of paid leave based on the shift an employee would have worked.

#### **6. Terminal Vacation Pay**

Terminal vacation is paid at the appropriate shift differential rate when an employee has been permanently assigned to nightshift work or when a temporary nightshift assignment has extended over 90 days.

### **B. PAY FOR TRAVEL TIME**

Nonexempt employees who are engaged in official travel outside their regular work schedule will be paid for such travel time. Time reporting for such payment will normally be based on the date and hour at which the traveler leaves his or her residence or office and the date and hour at which the traveler returns to his or her residence or office, assuming there are no interruptions for personal reasons. This policy does not apply to employees who are compensated on a union-related, prevailing-rate basis.

### **C. CALL-IN PAY**

Employees with nonexempt classifications who are called in for short jobs outside their regular weekly schedule will be paid for a minimum of four hours or the hours worked, whichever is greater. Such pay will include shift differential and overtime premium, if appropriate. This policy does not apply to employees who are compensated on a union-related, prevailing-rate basis.

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# Chapter 4

## Relocation

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## §4.01 Relocation Policy

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### A. GENERAL

1. This policy is in accordance with Federal Acquisition Regulation (FAR) 31.205-35 and Contract 31, Section J, Appendix A. Relocation reimbursement beyond the limits of this policy may be considered to be unallowable and therefore cannot be billed to the federal government as direct or indirect expenses.
2. At the discretion of Lawrence Berkeley National Laboratory (LBNL) management, LBNL may reimburse new or current employees for reasonable and actual permanent change-of-station (PCS) relocation expenses. Permanent change-of-station relocation is for a period of 12 months or longer.
  - a. With the approval of the Laboratory Director, or designee, Laboratory employees may be assigned to temporary duty at other locations on a change of station basis that exceeds six months. Payment of actual and reasonable costs associated with the temporary change of station may be made.
3. The maximum dollar amount LBNL will reimburse for relocation expenses will be determined by the division director or operations department head (or designee) and will be within specified guidelines.
4. New or transferred employees (a.k.a. change of station employees) must sign a repayment agreement which states that if the employees voluntarily terminate employment prior to completing one (1) year of credited service from the start of employment for new hires or date of transfer for transferred staff, they must refund LBNL the full amount of their relocation reimbursements.
5. Claims for reimbursement should be submitted to LBNL as soon as possible after the transactions have occurred. Relocation benefits are valid for 12 months from the employee's effective start-

of-employment date or change-of-station date.

6. Written requests for exceptions to the relocation policy require advanced approval by the Chief Human Resources Officer (CHRO) and the Chief Operating Officer (COO).

## B. DEFINITIONS

1. Permanent change-of-station (PCS): Permanent change-of-station relocation reimbursement may be offered to a new or current employee who accepts a permanent assignment of 12 months or longer at an LBNL work site.
2. Temporary change of station (TCS): Temporary change of station relocation reimbursement may be offered to an employee who accepts a temporary assignment that exceeds 6 months at an LBNL work site.
3. Exception to policy: Action that exceeds what is allowable under current policy or that is not expressly provided for under this policy. Any such action must be treated as an exception.

## C. RESOURCES

1. [Relocation Guidelines](#)
2. [Relocation Expenses Planning Worksheet](#)
3. Point-of-Contact: [Relocation Coordinator](#)

## D. SOURCE DOCUMENTS

1. Federal Acquisition Regulation (FAR) 31.205-35, Relocation Costs
2. Federal Acquisition Regulation (FAR) 31.205-46, Travel Costs
3. Contract 31, Section J, Appendix A (J)(KV)(i)(2), Dislocation Allowance

## E. GUIDANCE DOCUMENTS

1. Federal Travel Regulations (FTR) 302 Relocation Allowances
2. Federal Travel Regulations (FTR) 301 Temporary Duty (TDY) Travel Allowances

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# Chapter 5

## Public Information, Publications, and Patents

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# §5.01

## Public Information and External Relations

*Responsible Manager*

Rev. 09/08

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### A. PUBLIC INFORMATION AND MEDIA RELATIONS

It is the policy of Lawrence Berkeley National Laboratory that its scientific achievements and associated events and accomplishments are an important source of news for communicating the value, identity, and visibility of the Laboratory. This information is made available to the media and to internal and external audiences, including the general public, through the Communications Department (CD). Public information documents prepared for general audiences about or on behalf of the Laboratory should be developed in consultation with CD to maintain accuracy and coherence in representing the Laboratory.

Laboratory divisions and employees who identify items of potential public interest should contact CD to discuss their prospective use for news or promotional purposes. CD will propose appropriate vehicles for dissemination and prepare the information materials accordingly. CD disseminates news about the Laboratory to external audiences through press releases, the annual report, other brochures/leaflets, and the [World Wide Web](#). Information to employees is furnished online through the [Berkeley Lab News Center](#) and [Today at Berkeley Lab](#). A specified clearance procedure is followed for press releases to ensure accuracy and validity, including final approval by division directors and the Laboratory Director.

Laboratory contacts with outside news media should be coordinated through CD, which handles most requests for information and interviews from the media, arranges special media events (i.e., press conferences, and photographic, TV, and radio coverage), and originates or coordinates media-related contacts for Laboratory activities. CD may arrange for media representatives to interview Laboratory staff directly, in which case a communications specialist may be present or may participate.

Laboratory staff who are independently approached by reporters should advise CD before the interview. Questions regarding the appropriateness or content of an interview, or requests to set up such an interview, should be forwarded to the Head of Communications. When employees give opinions as independent professionals, they must state clearly that they are speaking for themselves and not on behalf of the Laboratory or the University of California. Official statements to the media on behalf of the Laboratory as a whole should be developed in coordination with CD. The Head for Communications serves as the Laboratory spokesperson or coordinator for official public announcements.

Specialists from CD are also available to assist in preparation and training for news interviews, to assist with visual materials for public interest and Speakers Bureau presentations, and to review the design of general-interest publications.

## **B. USE OF LABORATORY NAME IN ADVERTISING**

Commercial firms serving the Laboratory often request permission to use the name of the Laboratory in promoting their products through, e.g., advertisements, brochures, and motion pictures. The Laboratory follows University and Department of Energy policies and California state law, which restrict such use. All such requests should be referred to the Associate Laboratory Director for Operations.

Companies that have licensed Laboratory intellectual property such as patented inventions, software, or biological materials sometimes make similar requests. Laboratory license agreements contain specific provisions governing a licensee's use of the Laboratory name. All such requests should be referred to the Head of Technology Transfer and Intellectual Property Management.

## **C. USE OF PHOTOGRAPHS IN LABORATORY'S IMAGE LIBRARY WEB SITE**

The photographs in the Laboratory's Image Library Web site may be downloaded for use by the news media or for educational or scientific purposes. For example, the Laboratory will provide prints or high-resolution digital versions of images to qualified publishers, such as textbook publishers. In all cases, published credit must be given to Lawrence Berkeley National Laboratory.

These images may not be used for commercial purposes, except as referenced above. The Laboratory will consider and respond to written requests for specific usage. Queries regarding prints, permission, and acceptable usage of these images should be directed to CD. An on-line [request form](#) is available.

## **D. LABORATORY TOURS AND VISITS**

Visits on Laboratory official business are arranged by the host departments or divisions. The Reception Center must be informed of all guests.

### **1. [General Public and Organization Tours](#)**

The Laboratory hosts unofficial visits from educational, scientific, and technical groups. These may be arranged by individual departments or divisions. The Community Relations Office also arranges visits and tours for the general public, when requested. These visits must be scheduled and conducted in such

a way that they do not interrupt Laboratory work.

## 2. University and High School Tours

Tours by colleges, universities, and other schools are scheduled through the Center for Science and Engineering Education and are conducted to minimize interference with Laboratory work. School groups are normally limited to junior and senior high school biology, chemistry, physics, and mathematics classes, when arranged by the teacher or another school official.

## 3. Distinguished Guests

Arrangements to show distinguished guests through the Laboratory are usually made by the Community Relations Office or by senior staff members. CD should be informed before the visits so it can plan for internal or external publicity, if appropriate.

## 4. Employees' Guests

Employees are permitted to guide small groups of relatives or friends (preferably not more than five) through the Laboratory as long as their visit will not interfere with employees' or Laboratory work. These visits should be scheduled on a weekend or holiday to minimize disturbance of Laboratory operations. It is preferable that children not be brought to the Laboratory. When this is not avoidable, however, the children must be kept with the party and under strict control.

## 5. Community Relations

- a. **Public Participation.** Berkeley Lab encourages open and honest public participation and an informed public to foster public trust, develop credibility, and ensure public involvement in its decision-making process. Public participation is enhanced through open communication and participation in state, national, and international activities.
- b. **Speakers Bureau.** The Laboratory has an active program that is organized through the Community Relations Office. Employees are encouraged to volunteer as speakers in the program. If a division or employee is contacted by an outside group to arrange a speaking engagement, the Community Relations Office should be informed. The Community Relations Office can also provide visual aids and brochures to enhance the quality of a presentation.
- c. **Community Involvement.** The Laboratory supports and encourages its employees to be involved independently in community and civic activities. Employees wishing to explore opportunities should contact the Community Relations Office.

## 6. Contacts with State and Federal Officials

Employees may not act or give the appearance of acting on behalf of the Laboratory or the University when communicating with state or federal officials unless they are authorized to do so.

When corresponding with state and federal officials, Laboratory employees may use Laboratory letterhead only when the writer is authorized to represent the Laboratory or the University of California. Letters expressing personal views must be written on personal stationery using non-Laboratory resources. If Laboratory letterhead is used for corresponding with principal state and federal officials (including Executive Branch appointees, members of Congress, the state legislature, and their staffs), copies of the correspondence must be sent to the appropriate division director and the Head of Public Affairs.

When employees give opinions as independent professionals, they must state clearly that they are speaking for themselves and not on behalf of the Laboratory or the University of California. See also [Paragraph \(A\)](#), above.

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## §5.02 Scientific and Technical Publications

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- A. [General](#)
- B. [Definition of Scientific and Technical Information](#)
- C. [Publication Requirements](#)
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- D. [Report Processing](#)
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- F. [Patent and Copyright Review](#)
- G. [Negotiations with External Publishers](#)
- H. [Page Charges and Reprint Ordering](#)

### A. GENERAL

This policy applies to all scientific and technical publications prepared at the Laboratory.

### B. DEFINITION OF SCIENTIFIC AND TECHNICAL INFORMATION

Scientific and technical publications include journal and conference submissions (whether refereed or not and whether actually accepted for publication or rejected by the organization to which they were submitted), proceedings, books and book chapters, theses and dissertations, formal programmatic progress and completion reports, the Institutional Plan, division annual reports, and facility newsletters.

Three types of scientific and technical publications are produced at the Laboratory: Laboratory reports (e.g., abstracts, journal preprints, conference papers, theses, and standard distribution reports); LBNL/PUB reports, which are not technical and scientific in the strict sense (e.g., brochures, informational reports, newsletters, user manuals, proposals, and conceptual design reports); and LBID reports (e.g., reports of a sensitive nature, preliminary reports, and informal reports).

The following two categories of publications produced at the Laboratory are not covered by this policy:

- **Public information documents** (e.g., press releases, [Berkeley Lab News Center](#), [Today at Berkeley Lab](#), and the [Laboratory Research Review](#)) prepared by the Public Affairs Department for distribution to the general public.

- **Internal information documents** (e.g., manuals, handbooks, similar publications, and Laboratory Administrative Memos), which are intended for internal distribution only.

## C. PUBLICATION REQUIREMENTS

DOE programs funding the creation of scientific and technical information must follow life-cycle information-management practices to ensure that the information is planned for, budgeted, produced, processed, disseminated, and stored in cost-effective ways to ensure its maximum use by all customer segments, including United States industry and the general public. Formal scientific and technical information performance assessments are conducted as part of program reviews sponsored by DOE programs.

### 1. Credit Line

All Laboratory scientific and technical publications must carry a standard credit line on the title page showing the funding source, the DOE/Laboratory contract number, and any applicable Laboratory non-DOE contract number. When the funding source is DOE, the credit line must include two levels of organization within DOE, as in the following examples:

This work was supported by the Director, Office of Science, Office of Basic Energy Sciences, of the U.S. Department of Energy under Contract No. DE-AC02-05CH11231.

This work was supported by the Assistant Secretary for Energy Efficiency and Renewable Energy, Office of Building Technology, State, and Community Programs, of the U.S. Department of Energy under Contract No. DE-AC02-05CH11231.

All open literature publications (e.g., journal articles and conference papers) must carry this same credit line somewhere in the body of the paper, preferably in an acknowledgments section. Conference papers must also carry this credit line on a title page for submission to DOE.

All Laboratory Directed Research and Development (LDRD)-supported research must carry a standard credit line showing the following with the DOE/Laboratory contract number. Only one level of organization is required.

This work was supported by the Director, Office of Science, of the U.S. Department of Energy under Contract No. DE-AC02-05CH11231.

In Laboratory publications reporting work supported by more than one DOE organization or supported in part by a non-DOE organization (e.g., federal or state agency, private institute, or commercial firm), acknowledgment of this support (including the contract number) is required. When work has been carried out in collaboration with other DOE contractors, all contractors must be identified with contract numbers.

For abstracts, where space is limited, it is acceptable to use an abbreviated credit line, as in the following example:

Supported by the U.S. Department of Energy under Contract No.  
DE-AC02-05CH11231.

## 2. Author Affiliations

The affiliation(s) of the author(s) must be shown on the title page of all Laboratory documents. For Laboratory authors, this information must include the complete Laboratory address:

Lawrence Berkeley National Laboratory  
Berkeley, CA 94720

The Laboratory division (or division-level organization) may also be included. The inclusion of Laboratory organizations such as the Center for Advanced Materials, National Center for Electron Microscopy, and Center for X-Ray Optics is allowed with the approval of the cognizant division director. For authors who have joint affiliation with the University of California, Berkeley, and Berkeley Lab, the affiliation should include both the campus department and the Berkeley Lab divisional information, as in the following example:

Name of Author  
Department of Physics  
University of California, Berkeley  
and  
Physics Division  
Lawrence Berkeley National Laboratory  
Berkeley, CA 94720

If additional affiliations of Laboratory authors are listed, they must be shown separately.

## 3. Legal Disclaimers

The following disclaimer must appear on the inside front cover of each report

### DISCLAIMER

This document was prepared as an account of work sponsored by the United States Government. While this document is believed to contain correct information, neither the United States Government nor any agency thereof, nor The Regents of the University of California, nor any of their employees, makes any warranty, express or implied, or assumes any legal responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately owned rights. Reference herein to any specific commercial product, process, or service by its trade name, trademark, manufacturer, or otherwise, does not necessarily constitute or imply its endorsement, recommendation, or favoring by the United States Government or any agency thereof, or The Regents of the University of California. The views and opinions of authors expressed herein do not necessarily state or reflect those of

the United States Government or any agency thereof or The Regents of the University of California.

## **D. REPORT PROCESSING**

All scientific and technical publications must be processed through the Report Coordinator, reporting to the Scientific and Technical Information Manager, in the Library. This office assigns an appropriate report number, assures contractual information requirements, coordinates the receipt of printed archive copy, and makes the required DOE/Laboratory distribution.

## **E. REVIEW OF SCIENTIFIC AND TECHNICAL PUBLICATIONS**

LBNL values the role of peer review in ensuring the integrity of scientific research. Researchers are expected to seek ongoing internal review of their work before publication. It is expected that employees will adhere to the highest ethical standards in their publishing, including those detailed in the University's Statement of Ethical Values, especially as regards to the integrity and originality of work, and the recognition of the contributions of colleagues. Researchers must ensure that any information of a nonpublishable nature (such as that protected by human subjects protocol or a nondisclosure agreement) is excluded from publication. Per [Section 5.03](#) of the RPM, researchers must identify potentially patentable discoveries to the Technology Transfer and Intellectual Property Management prior to any form of publication.

All publications must be reviewed within a division before receiving an LBNL/PUB or LBID number. Each division will ensure that (1) a reasonable scientific process has been followed, (2) the publication requirements in [Paragraph \(C\)](#) above have been met, and (3) any other requirements indicated by their Division Director have been met. Divisional procedures must ensure that the review is fair and unbiased, and that freedom of scientific inquiry is not unfairly constrained.

## **F. PATENT AND COPYRIGHT REVIEW**

Copyrighted material may not be reproduced without the specific permission of the copyright holder. Laboratory employees must comply fully with federal copyright laws. Questions regarding proper procedures for obtaining permission to reproduce copyrighted material should be addressed to the RCO. All transfer of copyrights must include the Technology Transfer and Intellectual Property Management–approved statement available from the RCO. The Regents of the University of California, acting through the Laboratory, are the owner of the copyright on all scientific and technical writings prepared at the Laboratory. An author may transfer copyright for purposes of publication subject to the other requirements of this RPM §5.02.

## **G. NEGOTIATIONS WITH EXTERNAL PUBLISHERS**

The selection of an external publisher for the proceedings of a Laboratory-hosted conference or for a book is governed by Laboratory Procurement Policy. See [RPM §11.38](#) (*Obtaining Goods and Services*).

Before starting any writing project on a Laboratory-related subject for which payment is expected, Laboratory authors must check with the Technology Transfer Department to ensure compliance with DOE and Laboratory policies regarding the distribution of advances and royalties. See also [RPM §5.03 \(Patents\)](#) and [RPM §5.05 \(Licensing Income Distribution\)](#).

## **H. PAGE CHARGES AND REPRINT ORDERING**

Publishing charges, including submission fees, page-related charges, article reprints, and preprints, are handled solely by your division's local administrative support. Please contact your local administrative support for more information about procurement, payments, and tracking of these expenses.

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## §5.03 Patents

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Revised 03/08

Links updated 09/08

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D. [Additional Patent Policies](#)

### A. EMPLOYEE OBLIGATIONS

1. [The DOE/LBNL Contract](#) provides the United States government with certain rights in inventions made by Laboratory employees or guests at the Laboratory, or by anyone using Laboratory facilities or Lab resources. The Contract also provides the University the right to elect title to (i.e., to take full ownership of) the invention.
2. To protect the government interest, the contract requires that Berkeley Lab report all inventions made under the contract to DOE patent counsel and that all information produced at the Laboratory be cleared for possible inventions before publication.
3. Employees and guests are obligated to provide assistance to Technology Transfer and Intellectual Property Management (Technology Transfer) in evaluation and transfer of the technologies (typically inventions or software) that they have developed.

### B. PROCEDURES

#### 1. Invention Recording and Reporting

- a. It is the inventor's responsibility to report all inventions promptly to Berkeley Lab [Technology Transfer and Intellectual Property Management](#) within six months of conception or first actual reduction to practice, whichever occurs first. The form to be used to report inventions, the Record of Invention (ROI) form, is available at <http://www.lbl.gov/Tech-Transfer/researchers/forms.html>.

This obligation is stated in the Intellectual Property Acknowledgment, which is signed by all employees and guests when they begin working at Berkeley Lab.

- b. The protocols for experiments, results of experiments, and/or other data that document inventions referred to in (a), above, must be kept in a permanently bound, ledger-type notebook with numbered pages. The specific procedure recommended for recording data describing original research and development work that leads to invention is on the Web at [http://www.lbl.gov/Tech-Transfer/researchers/lab\\_note.html](http://www.lbl.gov/Tech-Transfer/researchers/lab_note.html).
- c. All notebooks and equivalent records of Berkeley Lab research are the property of the United States government. Researchers may make copies for their own personal records. These records may be maintained in the appropriate group as long as necessary and then forwarded to Archives and Records for storage.
- d. Technology Transfer and Intellectual Property Management will report the invention to DOE and any others to whom there is an obligation to report, and will evaluate the invention for commercialization potential.

## 2. Publication Clearances

- a. All publications, whether print or electronic, describing work by Laboratory employees and guests or done with Berkeley Lab facilities must be reviewed and cleared by Technology Transfer before they can be sent outside the Laboratory, except for restricted disclosure to certain government and University of California personnel, or if covered by a confidentiality agreement signed by Technology Transfer (see RPM [§5.07](#) or [§10.10](#)).
- b. Publications that must be reviewed for patent clearance (to determine whether any patentable inventions are described) include not only Laboratory written reports, but also the following, whether made public in written, oral, visual, or electronic form:
  - i. Articles to be submitted to scientific or professional journals
  - ii. Oral and written conference presentations (e.g., slides or viewgraphs) or posters
  - iii. Abstracts
  - iv. PhD theses
  - v. Any other material that could contain invention information
- c. The purpose of patent review is to ensure that all inventions have been reported and if appropriate, protected for future commercialization. Possible inventions should be reported to Technology Transfer on an ROI form (see [Paragraph \(B\)\(1\)\(a\)](#) above) before the material is ready for publication so that patent rights will not be inadvertently lost. The review process is described at <http://www.lbl.gov/Workplace/patent/patpubreview.html>.

## C. PUBLICATION-RELATED ISSUES

## 1. Impact on Patent Rights of Prior Electronic Publication

A prior electronic publication will bar an inventor from receiving a patent outside the United States just as a print publication will. Nothing can be done to recover that patent opportunity. Inside the United States, a patent application can still be filed if it is done within one year after the publication date. After this one-year period expires, no patent may be filed for that invention.

## 2. E-mail Messages as Publications

If an e-mail message is a confidential exchange between two individuals, the message is not considered to be a publication. The status of the message is less certain, however, if the communication is to a group or to an individual who forwards the message to a group. As sharing or forwarding e-mail is so easy, it is not advisable to convey information regarding an invention via e-mail without checking with a patent practitioner in Technology Transfer. If necessary, Technology Transfer can provide a confidentiality agreement (also known as a non-disclosure agreement) to allow sharing the information without it becoming a publication.

## D. ADDITIONAL PATENT POLICIES

The patent policy described above applies to research by, and writings of, Laboratory employees. The following paragraphs contain additional patent review requirements:

- [RPM §1.06\(A\)\(3\)\(b\)](#) (*Policy for All Participating Guests*). Requires participating visitors to sign a Laboratory Visitor Intellectual Property Acknowledgment.
- [RPM §2.01\(C\)\(7\)\(d\)](#) (*Patent Policy*). States University patent policy applying to Laboratory employees.
- [RPM §10.02\(H\)](#) (*Patent Agreements*). Describes patent policy applying to Laboratory employees serving as consultants to other organizations.
- [RPM §11.04\(C\)\(11\)](#) (*Patents, Data, and Copyrights*). Discusses patent policies applying to consultants to the Laboratory.

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## §5.04 Printing

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- A. [General](#)
- B. [Commercial Procurement](#)
- C. [Multicolor Printing](#)

### A. GENERAL

The Laboratory requires that procurement of printed matter be done in compliance with DOE Order 1340.1. The Printing Section of the Creative Services Office (CSO) is responsible for providing printing-related services for the Laboratory. These services include in-house duplicating production or outside procurement through the Government Printing Office (GPO). Printing of scientific and technical publications is routed through the Berkeley Lab Report Coordination Office and requires completion of a Document Submission Form. Other printing requirements are submitted directly to the Printing Section on a CSO Printing Services form.

### B. COMMERCIAL PROCUREMENT

DOE and the Laboratory require that all commercial procurement of printed matter must be made by CSO Printing Services.

### C. MULTICOLOR PRINTING

The Head of Public Affairs has authority for approving color printing. Color printing in any Laboratory publication (or printed matter) requires a written request describing why added color is necessary. This request goes to the CSO Manager (MS 46R0125), designated by the Head of Public Affairs to review and approve all color printing requests. Signature approval from the CSO Manager is required before work is submitted to Report Coordination or the CSO Printing Section.

Multicolor printing is any printing that uses more than one color of ink in a single document. Color photographs, illustrations, and graphics reproduced on color copiers do not require prior approval.

Color printing is acceptable in a Laboratory publication only when its use is necessary to ensure safety, security, or technical clarity, or if the publication will be used for recruiting purposes.

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## **§5.05**

### **Licensing Income Distribution**

*Responsible Manager*

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- A. General**
- B. Distribution of Royalties to Inventors**
- C. Allocation and Uses of Laboratory Licensing Income**
  - 1. General**
  - 2. Allocation to Research Divisions**
  - 3. Central Research Pool**

#### **A. GENERAL**

[University of California Patent Policy](#) governs the distribution of licensing income from patentable inventions between Berkeley Lab and Laboratory inventors. Any conflict between this Regulations and Procedures Manual policy and UC Patent Policy must be resolved by reference to then-current UC Patent Policy.

Generally, inventions and other intellectual property disclosed to Berkeley Lab on or after October 1, 1997, are governed by the October 1, 1997, UC Patent Policy. Those disclosed before that date are governed by the November 18, 1985, UC Patent Policy. (The University of California rescinded the policy of April 16, 1990.) Inventors who were hired by Berkeley Lab prior to October 1, 1997, and who have not had a break in service since that date, however, are afforded a one-time opportunity (prior to their first distribution under the October 1, 1997, UC Patent Policy) to elect whether all their current and future inventions and other intellectual property shall be governed by the October 1, 1997, or the November 18, 1985, policy.

UC Patent Policy does not address intellectual property other than patentable inventions. Through this Regulations and Procedures Manual policy, however, Berkeley Lab applies the tenets of UC Patent Policy to the distribution of income from intellectual property other than patentable inventions. This type of intellectual property includes, but is not limited to, (1) copyrighted software and other copyrighted works such as books and engineering drawings, (2) mask works, and (3) bailed biological material and other tangible research products.

Berkeley Lab's Technology Transfer Department administers UC Patent Policy at the Laboratory and directs the Office of the Chief Financial Officer to make the payments described in Paragraphs (B)–(C), below, to inventors and resource adjustments for research divisions.

#### **B. DISTRIBUTION OF ROYALTIES TO INVENTORS**

Berkeley Lab annually distributes to Berkeley Lab inventors a portion of income received by the Laboratory in the preceding fiscal year from the licensing of Laboratory intellectual property. The term "Berkeley Lab inventors" includes both Laboratory employees and others who have assigned to the University of California their rights to inventions managed by Berkeley Lab (e.g., participating guests, who are required to sign the Patent Acknowledgment). UC Patent Policy requires all UC/DOE Laboratories to complete this distribution by the February following the end of the fiscal year.

The following distribution rules apply, subject to amendment of UC Patent Policy:

- For intellectual property disclosed after September 30, 1997, the inventors' share is 35% of cumulative net royalties per invention.
- For intellectual property disclosed before October 1, 1997, the inventors' share is 50% of cumulative net royalties per invention, with net royalties calculated after a 15% administrative charge.
- For qualifying inventors who elected to be governed under the November 18, 1985, UC Patent Policy, the inventors' share is 50% of cumulative net royalties per invention, with net royalties calculated after a 15% administrative charge, regardless of date of disclosure of the relevant intellectual property.

UC Patent Policy generally defines "net royalties" as gross royalties and fees received after deducting amounts payable to non-University inventors, less patent and licensing costs for the invention.

If the invention was created by more than one Berkeley Lab inventor, the Laboratory distributes to each inventor an equal share of royalties, unless all affected inventors have previously agreed in writing to a different distribution of those inventors' share of royalties.

## **C. ALLOCATION AND USES OF LABORATORY LICENSING INCOME**

### **1. General**

"Laboratory share" is that portion of licensing income from its intellectual property available to the Laboratory after deducting amounts under UC Patent Policy for payment of costs and distributing income to inventors. The Laboratory share is allocated annually after the distribution to inventors.

### **2. Allocation to Research Divisions**

Effective in fiscal year 2000, Berkeley Lab allocates 15% of net royalties from each invention to the research division in which the invention arose. The research division must use that Laboratory share for research and development activities within the Laboratory's mission. Work must be performed so as to avoid interference with or adverse effects on ongoing DOE projects and programs.

Expenditures may include operating costs (e.g., for personnel, supplies, recharges, or travel) or equipment in support of that research. If the inventors belong to different divisions, the Laboratory share for each division is split proportionally by the total number of inventors by division.

### 3. Central Research Pool

Effective in fiscal year 2000, the remaining Laboratory share is pooled in an account for use at Berkeley Lab for scientific research and development, technology transfer, and/or education. (This remaining Laboratory share is 35% of the total net royalties for technologies disclosed before October 1, 1997, and 50% for technologies disclosed thereafter.) This central pool is allocated at the direction of the Laboratory Director. Work must be performed so as to avoid interference with or adverse effects on ongoing DOE projects and programs.

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## **§5.06**

### **Proprietary Information from External Sources**

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  - 2. [Implied Conditions of Confidentiality](#)
- D. [Maintenance of Proprietary Information](#)
- E. [Internal Information Sharing](#)
- F. [Disclosure Outside the Laboratory](#)
- G. [Return to Originator](#)
- H. [Consequence of Failure to Safeguard Information](#)

#### **A. GENERAL**

Laboratory staff must observe the following procedures when the Laboratory needs to obtain proprietary information to meet programmatic research objectives. These procedures enable the Laboratory to comply with its obligation to protect proprietary information or proprietary material that it receives from an external source and to avoid the possibility of liability for disclosure or misuse of such information or material. The procedures also protect Laboratory investigators from inappropriately restrictive terms on publications or inventions of their own creation.

Laboratory employees in administrative positions or elsewhere who routinely receive proprietary information in the course of their employment (e.g., purchasing agents, human resources specialists) must follow departmental guidelines for the management of proprietary information. Those guidelines generally incorporate the procedures of [Paragraphs \(D\)–\(G\)](#), below. See also [RPM §2.23\(I\)](#) (*Privileged Information*).

#### **B. DEFINITIONS**

##### **1. Proprietary Information**

Proprietary information is any information or material (including, but not restricted to, ideas, concepts, proposals, inventions, instruments, chemical samples, cost estimates, data, and computer programs)

that (a) originates outside the Laboratory, (b) is disclosed to the Laboratory on expressed or implied conditions that limit the Laboratory's right to use or disclose the information, (c) is specifically identified by the originator as proprietary, and (d) is not generally known to workers in the relevant field. This includes the documents or computer tapes that contain such information. On information originating at the Laboratory, see [RPM §5.07](#) (*Disclosure of Laboratory Proprietary Information*).

## **2. Originator**

The originator is an individual or organization that has provided proprietary information to the Laboratory or to a government agency that has in turn passed it on to the Laboratory on conditions that restrict its disclosure or use.

## **C. ACCEPTANCE**

### **1. Written Nondisclosure Agreement**

If the originator provides a written nondisclosure agreement (also often called a confidentiality agreement, a proprietary information agreement, or (in the case of materials) a material transfer agreement), the Laboratory employee must have that agreement approved by Technology Transfer and Intellectual Property Management. For quicker approval, the researcher may fax the proposed agreement to Technology Transfer and Intellectual Property Management (ext. 6457) for review and send the original for signature. In urgent cases, Technology Transfer and Intellectual Property Management may authorize the researcher to sign the agreement on behalf of the Laboratory, after approval of the agreement on content. If the agreement from the originator contains unacceptable terms, Technology Transfer and Intellectual Property Management will contact the originator to modify the agreement appropriately.

All obligations to keep confidential information from an originator that is a for-profit company must be memorialized in a written agreement. If a for-profit company orally requests confidentiality, the Laboratory researcher must contact Technology Transfer and Intellectual Property Management to obtain a written agreement.

### **2. Implied Conditions of Confidentiality**

If a Laboratory employee receives proprietary information from a nonprofit (including university) or government originator under implied conditions of confidentiality (i.e., without a written agreement), he or she must take steps to protect the information set forth in [Paragraphs \(D\)–\(G\)](#), below. The Laboratory does not accept implied obligations of confidentiality or restrictions on use for proprietary information from private entities. The Laboratory employee must have an approved agreement to obtain proprietary information from a for-profit entity. See [Paragraph \(C\)\(1\)](#), above.

## **D. MAINTENANCE OF PROPRIETARY INFORMATION**

The Laboratory recipient of proprietary information is responsible for physically securing the proprietary

information at the Laboratory or associated campus facilities. The proprietary information must be kept under lock, must not be left where inadvertent disclosure may occur, and must not be removed from the Laboratory or associated campus facilities. Such information may not be photocopied or duplicated in any manner. It must be clearly marked as confidential and proprietary data. Computer source codes containing proprietary information must not be stored in permanent files or open tape libraries. Object codes containing proprietary information must not be stored in permanent files unless access to such files is controlled by the person responsible for the information.

## **E. INTERNAL INFORMATION SHARING**

As necessary for the conduct of the project and only on a need-to-know basis, proprietary information may be shared with other Laboratory staff and appropriate University employees. No approvals are required for this, but the Laboratory researcher must exercise his or her best judgment to minimize the exposure of such information. Copies must not be made for internal information sharing.

## **F. DISCLOSURE OUTSIDE THE LABORATORY**

If disclosure of proprietary information to any individual other than Laboratory staff and appropriate University employees appears necessary, the Laboratory employee who wishes to disclose the information must obtain prior written approval from the originator who supplied the proprietary information. That approval must be signed by an authorized representative of the originator and clearly specify what proprietary information may be disclosed and to whom it may be disclosed. Unless the originator's approval letter otherwise specifies, the disclosure of the information will be made only on site. No copies of the proprietary information may be made. Contact Technology Transfer and Intellectual Property Management to obtain assistance in securing appropriate approval from the originator.

If the Laboratory independently develops, derives, or obtains information similar to proprietary property, the Laboratory may use or divulge that proprietary information without restriction. The Laboratory must, however, have documentary evidence (e.g., properly witnessed laboratory notebooks or publications) to prove the independence of the source.

## **G. RETURN TO ORIGINATOR**

When proprietary information or material is no longer needed, it must be returned promptly to its originator by registered mail or a recognized courier service such as Federal Express or DHL, or otherwise disposed of (e.g., destroyed) as required in any written agreement. Copies of the proprietary information must not be retained.

## **H. CONSEQUENCE OF FAILURE TO SAFEGUARD INFORMATION**

Failure to reasonably safeguard proprietary information and/or to follow the procedures listed above may constitute a serious violation of professional ethics that can result in disciplinary action, including termination. Violation of trade secret laws can also result in legal action against the violator.

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## §5.07

### Disclosure of Laboratory Proprietary Information

[Responsible Manager](#)

Links updated 09/08

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#### A. GENERAL

At times, the Laboratory needs to, or finds it useful to, disclose unpublished information relating to technological and scientific developments or to transfer tangible research material. Examples of tangible research material include cell lines, chemical compounds, and source codes for software. Appropriate uses of such disclosures or transfers are to enable the recipient to evaluate the information/material's potential commercial utility or the recipient's interest in obtaining a commercial license from Berkeley Lab; replicate, reproduce, evaluate, or confirm Berkeley Lab's research effort; or do research furthering Berkeley Lab's programmatic goals. Disclosure of Laboratory proprietary information for personal gain is prohibited. See [RPM §2.23\(I\)](#) (*Privileged Information*).

Laboratory staff must observe the following procedures when the Laboratory transfers proprietary information or tangible research material to third parties (other than appropriate University of California staff or DOE). These procedures are established to enable the Laboratory to comply with its obligation under the [DOE/LBNL Contract](#) to maintain the patentability of inventions, foster appropriate technology transfer, and avoid liability for others' use or misuse of Laboratory information or material.

#### B. PROCEDURE

##### 1. Written Agreement

A Laboratory researcher wishing to transfer proprietary information or material must contact Technology Transfer and Intellectual Property Management to prepare a nondisclosure agreement or material transfer agreement, as appropriate. Technology Transfer and Intellectual Property Management may also prepare agreements for mutual disclosure of proprietary information or transfer of material. The researcher may not transfer the Laboratory proprietary information or material before

such an agreement is signed by both the Laboratory and the recipient.

## **2. Disclosure of Information or Transfer of Material**

At a minimum, any information the Laboratory discloses under agreement must be prominently marked as "proprietary" or "confidential." If the Laboratory researcher wishing to transfer proprietary information or material (the discloser) wishes to disclose the information orally, he or she must first inform his or her audience that the forthcoming information is confidential. Some nondisclosure agreements also require that confidential oral presentations be summarized, marked as confidential, and transmitted to the receiver within 15 to 30 days. The researcher must comply with any additional requirements contained in the nondisclosure agreement.

## **3. Transfer Labeling**

Any tangible research material that a Laboratory researcher transfers must be appropriately labeled and include instructions for handling as necessary for safe use.

## **C. TRANSFER OF PROPRIETARY INFORMATION OR MATERIAL TO SUBCONTRACTORS**

Under certain subcontracts, the University's full rights to intellectual property may be impaired if proprietary information or material is transferred to a subcontractor under the subcontract without appropriate restrictive markings. If a Laboratory researcher anticipates transferring Laboratory proprietary information or material to a Laboratory subcontractor, the researcher must inform Procurement about this intention and take steps necessary under the subcontract to mark the information or material.

## **D. CONSEQUENCE OF FAILURE TO SAFEGUARD BERKELEY LAB INFORMATION**

Failure to reasonably safeguard Laboratory proprietary information and/or follow the procedures listed above may constitute a serious violation of professional responsibility that may result in disciplinary action, including termination.

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# Chapter 7

## Health and Safety

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# §7.01

## Environment, Safety, and Health (ES&H)

[Responsible Manager](#)

Rev. 9/08

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### A. Policy

It is the policy of Lawrence Berkeley National Laboratory (LBNL) to perform all work safely with full regard to the well-being of workers, guests, the public, and the environment.

Keys to implementing this policy are the following core safety values:

- The institution demonstrates a strong commitment to safety by integrating safety into all facets of our work.
- Managers and supervisors are actively involved and demonstrate leadership in performing work safely.
- Individuals take ownership for safety and continuously strive to improve.
- Individuals demonstrate an awareness and concern for the safety of others.

### B. Implementing Elements

To fulfill this vision, LBNL implements the regulatory requirements of the Work Smart Standard Set (WSS Set) through a hierarchy of policies, procedures, and performance objectives in this document, the LBNL Integrated Environment, Health, and Safety Management Plan (ISMS, PUB-3140), the LBNL Health and Safety Manual (PUB-3000), and the following ES&H technically based major Implementation Plans:

- Worker Health and Safety Plan
- Chemical Hygiene and Safety Plan
- Biological Safety Program Manual
- Radiation Protection Plan
- Environmental Management System
- Waste Management Plans

#### 1. Line Management Responsibilities

The first principle of Integrated Safety Management states that “Line management is directly responsible for the protection of the workers, the public, and the environment.” The second principle, in stating that “clear lines of authority and responsibility for ensuring safety shall be established and maintained at all organizational levels,” dictates that this responsibility cannot be delegated outside of the direct line of management personnel responsible for an organization’s direction, operations, performance, and effectiveness. Therefore, the Laboratory Director has the ultimate responsibility for safety at the Laboratory and, in particular, for the establishment and administration of environment, health, and safety policies that meet the safety challenges of Laboratory operations and activities as well as the requirements of DOE Contract 31 and the Work Smart Standard Set.

The Laboratory Director has delegated to all levels of management the authority to implement the environment, health, safety, and emergency-preparedness policies of the Laboratory:

Division directors and heads of independent departments are responsible for ensuring that the Laboratory’s environment, health, safety, and emergency-preparedness policies are being observed within their divisions.

Each LBNL manager or supervisor is responsible for ensuring that employees (including matrixed employees—see below), participating guests, contractors, students, and visitors under his or her supervision are properly trained in emergency and safety procedures, the concepts of the integrated safety management system, and the adherence to the five core functions. In addition, managers and supervisors have responsibilities, listed in [Chapter 1 \(General Policy and Responsibilities\)](#) of the *Health and Safety Manual* (PUB-3000), designed to provide a safe and healthful working environment, free from undue hazards, and to protect the environment. Included is the responsibility to ensure that all materials and equipment, regardless of origin, applied in performance of the work of the Laboratory are used, maintained, and serviced in a manner that ensures the protection of environment, property, and health. In exercising these responsibilities, managers may delegate authority and assign safety responsibility for a particular operation, activity, area, or group of workers to a work lead, but they retain accountability for worker, activity, and workplace safety. Prevention of injury, illness, safety violations and deficiencies, environmental pollution, or damage to property within managers’ jurisdictions is their responsibility.

The importance of identifying accountability in cases of delegated authority is applicable to employees from one division (home division) matrixed to another division (host division) to provide special technical expertise. The matrix employee’s individual safety (including fundamental safety training, safe use of equipment and instrumentation, and acknowledgment of the importance of safety) is the responsibility of the home supervisor. Identification and management of workplace hazards and their control in maintaining safety in the workplace or area are the responsibility of the host manager or supervisor. It is possible that the matrix employee may be assigned and authorized by the host facility manager as a work lead or safety line manager to operate and maintain a safe facility and/or activity and oversee worker safety of one or more staff of the host division; for example, to provide on-the-job training and direction to division staff in the safe use of equipment and instrumentation. The matrixed employee assigned as safety work lead is responsible for the safety of the staff assigned and authorized to operate equipment in the area, and for the safe operation and maintenance of the area. On the

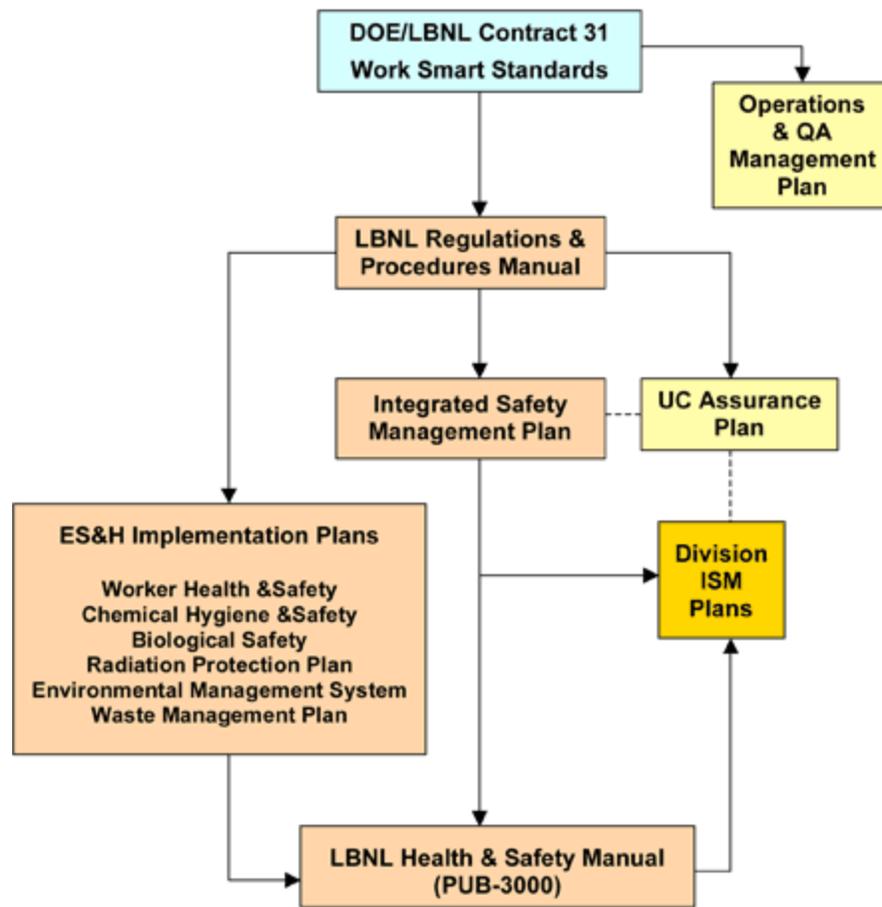
other hand, the host manager or supervisor of the facility is accountable for facility safety. The policy and implementation guidance for matrixed employees is covered in detail in [PUB-3000, Chapter 1, Section 1.3.2.7](#) recommends developing a memorandum of understanding to alleviate concerns, and to clarify lines of authority in these situations.

## **2. The Environment, Health, and Safety (EHS) Division**

The primary responsibility of the Environment, Health, and Safety (EHS) Division is to protect workers, the public, and our environment by providing professional and technical expertise and services as well as an integrated ES&H policy for the Laboratory's research and support programs. The EHS Division supports and acts as a partner with line management as it meets direct responsibilities to ensure that protection of workers, the public, and the environment is integrated into the primary research and support functions of each division or unit. Of equal importance, the EHS Division supports and provides expertise directly to each Laboratory worker who seeks ES&H advice and help, or who voices a concern. The Charter of the EHS Division, broadly based on the key core safety values in the opening statement and the responsibilities listed here, is published as [Chapter 2 of PUB-3000](#).

## **3. The LBNL Integrated Environment, Health, and Safety Management (ISMS) Plan**

The LBNL Integrated Environment, Health, and Safety Management (ISMS) Management Plan provides guidance and performance expectations both to operational and programmatic divisions to develop ISMS Plans specific to their work, activities, facilities, operations, and staffing patterns. This arrangement provides an effective and efficient means for each division to develop and tailor an ISMS Plan to address their specific safety challenges. The LBNL ISMS Plan and the divisional plans are updated at least annually to address safety challenges derived from changes in programs or activities, and to reflect improvements based on self-assessments and lessons learned. These relationships and interfaces are depicted in the figure below, and described in detail in the [LBNL ISMS Plan \(PUB-3140\)](#).



**Figure.** LBNL Document Hierarchy: Functional relationship between the DOE contract and WSS and the LBNL ES&H policy and implementing elements

The LBNL ISMS Plan sets performance expectations based on the seven principles and five core functions of ISM at three levels: institutional, activity, and individual. Institutional expectations are specified in the Contract 31 Performance Evaluation and Measurement Plan. Activity and operational expectations are described in [Section 8.01 \(Quality Assurance\)](#) of the RPM, and details on the assessment of performance at this level are published in LBNL ES&H-Assessment Program (PUB-5344). Individual expectations are based on the safety-related roles and responsibilities of supervisors and work leads as well as of each staff member, including guests, subcontractors, and vendors as defined in [Chapter 1 \(General Policy and Responsibilities\)](#) of the Health and Safety Manual (PUB-3000). Annual performance reviews of staff include safety expectations as part of the process (see the HR form [Institutional Requirements](#)). Division ISMS Plans are required, and measured as part of the annual self-assessment process, to reflect the hierarchy of expectations for activities/operations and individuals. The goal is to provide specific, clear, and current safety expectations that evaluate performance vertically and horizontally across the organization to guide continuous improvement.

#### 4. Implementation Plans

The Implementation Plans were developed in direct response to regulatory requirements; for example, 10 CFR 835 (Occupational Radiation Protection) calls for a *Radiological Protection Plan*, and 10 CFR 851 (Worker Health and Safety Program) led to the [Worker Health and Safety Plan \(PUB-3851\)](#). In

addition, all are derived from the recognition by the Laboratory of the need; based on potential hazards to the worker, the public, and the environment; for a more rigorous approach to work planning, hazard identification and control, and performance of work. Therefore, a component common to these plans is formal work authorizations. Work authorizations applicable to operations and programs are covered in detail in PUB-3000. Examples of formal work authorizations include research-related authorizations such as Activity Hazard Documents for laser use, and Radiation Work Authorizations for the use of radioactive material and radiation-producing machines. Examples of operational authorizations include those for using forklifts, cranes, and hoists. Some of the authorizations in these plans are applicable to specific facilities and the institution as a whole. Examples of these are Safety Analysis Documents (SADs) and Accelerator Safety Envelopes (ASEs) that establish the safe operating limits for accelerators, and environmental and waste management permits from regulatory agencies. The Implementation Plans are for the purpose of translating regulations and standards in the WSS Set into technical programs. PUB-3000 translates the Plans into more functional forms for integration and implementation of safety into work and activities throughout the Laboratory.

To achieve their technical goals, the Implementation Plans include policies and procedures internal to the group responsible for each plan to implement the technical aspects of the program (e.g., environmental monitoring, chemical exposure monitoring, dosimetry); to update technical expertise, instrumentation, and standards; and to drive continuous improvement.

## **5. The LBNL Health and Safety Manual (PUB-3000)**

The *LBNL Health and Safety Manual* (PUB-3000) consolidates ES&H policies, specific responsibilities, and guidance for implementation into a convenient online package. This comprehensive manual is based on the seven guiding principles of ISM, and is designed to implement the five core functions of ISM. The goal is to ensure that all work will be performed with full regard to the safety of workers, guests, the public, and the environment. LBNL performs work to meet the requirements of PUB-3000, which are based on the Work Smart Standards (WSS) set. PUB-3000 addresses all the standards in the WSS in a manner designed to provide individual safety, a safe workplace, and to protect the environment. The manual is reviewed and revised on an ongoing basis to comply with new applicable standards and requirements, and to meet the challenges of new research and development activities, operations, and facilities.

Chapters in PUB-3000 provide technical information and guidance derived from the Work Smart Standards and the Implementation Plans. This information provides LBNL staff with policies, guidance, and sufficient technical information to develop work authorizations that mandate working safely in a safe workplace with minimal adverse impact on the environment. The impact of the OSHA-related plans (i.e., Worker Health and Safety Plan, Chemical Hygiene and Safety Plan) is broadly expressed across PUB-3000. Other plans are more specific and individually comprehensive but have ramifications for information in other chapters. Hence, each chapter in PUB-3000 provides cross-references to other chapters containing related or pertinent information. The more direct relationships are shown below:

- Worker Health and Safety Plan — Chapters 1–5, 7–10, 12–19, 25
- Chemical Hygiene and Safety Plan — Chapters 3–5, 7, 12–13, 19

- Biological Safety Program Manual — Chapter 26
- Radiation Protection Plan — Chapter 21
- Environmental Management System — Chapter 11
- Waste Management Plans — Chapter 20

In addition, [Chapter 6](#) and [Chapter 32](#) of PUB-3000 guide managers, supervisors, and work leads in understanding the need for work authorizations, and through the processes of hazard analysis and determining appropriate work authorizations. A successful formal work authorization process depends upon line management recognizing the need for rigorous work planning and authorization, and then committing to working and training staff to work within the authorized safety envelope. Success also depends upon each individual taking responsibility for his or her own safety and the safety of co-workers. These expectations are detailed in [Chapters 6](#) and [1](#) of PUB-3000. Some chapters of PUB-3000 are applicable to all technical areas: for example, [Chapter 14 \(Lessons Learned\)](#), [Chapter 24 \(EH&S Training\)](#), and [Chapter 15 \(Occurrence Reporting\)](#).

## C. Oversight and Programmatic Interrelationships

### 1. Safety Review Committee (SRC)

The Safety Review Committee (SRC) interfaces between the research and operation programs of LBNL and the ES&H technical programs, mainly in the EH&S Division, and assurance and assessment activities of the Office of Contract Assurance (see RPM [Section 8.01 \(Quality Assurance\)](#)). SRC membership includes a representative from every Laboratory division, and members are appointed by the Laboratory Director. To effectively execute its role, the SRC has direct access to the Laboratory Director and the Senior Management Team.

The SRC performs research for and makes recommendations to the Laboratory Director on the development and implementation of Environment, Safety, and Health (ES&H) policy, guidelines, codes, and regulatory interpretation. It conducts reviews of special safety problems and provides recommendations for possible solutions to the Laboratory Director or the EH&S Division. The SRC also provides advice and counsel to the Associate Laboratory Director for Operations by reviewing appeals from a Laboratory division whose interpretation of criteria, rules, or procedures differs from that of the EH&S Division. Such advice and counsel may include options for a resolution. The SRC has established five permanent subcommittees (Electrical, Laser, Mechanical, Traffic, and Division Safety Coordinators) to assist in reviewing ES&H issues and concerns, and in developing recommendations for institutional implementation. These subcommittees report to the SRC.

In order for SRC to properly execute its responsibilities under its charter, the SRC Chair may set up additional subcommittees to address specific health and safety matters. Such subcommittees may become permanent expert subcommittees, or they may be temporary, depending on technical support requirements.

In addition, the SRC Chair, in cooperation with the Office of Contract Assurance, is responsible for scheduling and implementing Management of Environment, Safety, & Health (MESH) reviews. These

self-assessment reviews are designed to ensure management systems are consistent with Integrated Safety Management (ISM) throughout all Laboratory divisions, and that these systems are leading to effective implementation of the Laboratory's ES&H program, including opportunities for improvement.

## **2. Radiation Safety Committee (RSC)**

The Berkeley Lab Radiation Safety Committee (RSC) is the interface between the Radiation Protection Program and the scientific programs using radioactivity, radioactive sources, and/or machines producing ionizing radiation. The Committee is appointed by and reports to the Laboratory Director, and is responsible for advising LBNL Management on all matters related to occupational and environmental radiation safety. The Radiation Safety Committee reviews and recommends approval of radiation safety policies, and guides the EH&S Division and radiation user Divisions in carrying out these programs. The scope of its actions will generally include issues of broad institutional concern and impact, or areas of potential high consequence either in terms of safety or institutional needs. To this end, the RSC provides a forum to ensure that important radiation safety issues receive appropriate, balanced, and expert review before being acted upon.

The RSC is composed of members whose knowledge of the principles and practices of radiation hazards control, and experience and management in the use of radioisotopes or radiation-producing machines, are the basis of their appointment by the Laboratory Director. The membership shall reflect the diversity of scientific disciplines using radiation at LBNL. The LBNL Radiological Control Manager (RCM) serves as a full member of the RSC, and acts as the RSC liaison with other Berkeley Lab programs. In addition, the LBNL Safety Review Committee will provide at least one liaison to the RSC and ensure integration with larger institutional safety issues.

The RSC reviews Radiation Protection Program policies, and recommends approval or modification of them to Laboratory management. The scope of policy review is provided in the ISMS Management Plan and on the Radiation Protection Group Web site.

The RSC provides oversight to the radiation safety compliance inspections carried out by the Radiation Protection Program. If performance of radiation users or the EH&S Division is found to be unsatisfactory, the RSC may recommend appropriate remedies to the Laboratory Director, the EHS Division, or the appropriate division director.

The RSC shall also provide oversight to the Radiation Protection Program (RPP). The RSC evaluates RPP performance reports and implementation of procedures, obtains feedback from radiation users regarding RPP functions, and makes recommendations for improvement to the Laboratory Director, the EHS Division Director, or the RCM.

Radiation Work Authorizations (RWAs), Radiation Work Permits (RWPs), and Sealed Source Authorizations (SSAs) shall be reviewed and approved by the RSC. The RSC, in conjunction with the RCM, may at any time prohibit any controlled radiation activities that it deems to be unduly hazardous, or contrary to regulations or good practice. In such cases, the RSC shall inform the appropriate division director.

Throughout the year, meeting minutes and other reports shall be transmitted to the Laboratory Director in a timely fashion. The Committee shall meet with the Laboratory Director at least annually to discuss issues and review the Committee's activities. An annual activity report shall be prepared for the Director. The highlights of this activity report may be presented at a division director's meeting.

### **3. Office of Contract Assurance (OCA)**

The Office of Contract Assurance (OCA) is responsible for the LBNL Issues Management Program (IMP). The IMP encompasses the continuous monitoring of work programs, performance, and safety to promptly identify issues to determine their risk and significance, their causes, and to identify and effectively implement corrective actions to ensure successful resolution and prevent the same or similar problems from occurring.

Issues that are governed by this program include program and performance deficiencies or nonconformances that may be identified through employee discovery, internal or external oversight assessments, process improvement suggestions, and associated actions that require formal corrective action. Issues may also be identified or may result in Root Cause Analysis (RCA) reports, Price Anderson Amendment Act (PAAA) reports, Occurrence Reporting and Processing System (ORPS) reports, Accident Investigation reports, assessment reports, and External Oversight reports.

Analysis of issues, individually and collectively, is performed in order to identify programmatic or system issues, and to identify recurrence of issues, generic issues, trends, and vulnerabilities at a lower level before significant problems result.

Lessons Learned and Best Practices, based on LBNL's and other facilities' operating experiences, are developed to ensure ongoing improvement of safety and reliability, prevent the recurrence of significant adverse events, and determine implementation strategies that will help LBNL successfully meet the missions and goals set forth by the Department of Energy (DOE).

Many of the issues and concerns of the IMP are safety-related. Therefore, OCA interfaces with the EHS Division in managing, coordinating, and supporting ES&H assurance activities; in particular, the Division Self-Assessment Program, the Management of Environment, Safety, and Health (MESH) Reviews, the ES&H Technical Assurance Program, and independent audits of technical programs as needed. OCA also provides technical support to the EHS Division Director for developing ES&H performance objectives and criteria for division self-assessments, ES&H technical assurance, and DOE Contract 31, Appendix B self-assessments (see [RPM §8.01](#)).

## **D. Summary**

The Laboratory's ES&H program is derived from a hierarchy of governing documents, beginning with the DOE/LBNL contract and the WSS Set, flowing down to the LBNL ISMS Management Plan, EH&S technical Implementation Plans, and the Health and Safety Manual (PUB-3000). The Laboratory expects individuals and line management to follow the requirements of these documents. The Laboratory also recognizes that there is always room for improvement, and expects line managers, supervisors, work leads, and other Laboratory staff to apply lessons learned and the self-assessment processes (as

described in [RPM §8.01 \(Quality Assurance\)](#) to improve workplace safety.

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# Chapter 8

## Quality Assurance

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# §8.01

## Quality Assurance

[Responsible Manager](#)

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### A. POLICY

It is the policy of Lawrence Berkeley National Laboratory to conduct activities that contribute to its scientific and operational objectives in accordance with sound quality assurance and conduct of operations principles. These principles, as described in the Laboratory's [Operating and Quality Management Plan](#) (OQMP) (PUB-3111), are the basis for the Laboratory's standards for organization, process management, and performance assessments.

Application of OQMP principles is based on a graded approach, with consideration given to the unit's mission; its programmatic or operational significance; and its commitment to environment, safety, and health consequences for personnel and the general public.

### B. RESPONSIBILITIES

The Laboratory Director is responsible for providing the institutional authority for the OQMP. The Director ensures the full cooperation of divisions in implementing the requirements of the plan.

The Associate Laboratory Director for Operations (ALDO) is responsible for (1) communicating the OQMP to all Laboratory divisions and other appropriate organizations and (2) ensuring its full implementation.

The Office of Institutional Assurance is responsible for (1) developing and maintaining the OQMP and (2) assessing implementation of the plan by divisions and other appropriate organizations.

Division directors and department heads are responsible for ensuring that OQMP requirements are communicated and implemented in their responsible areas.

Berkeley Lab employees are individually responsible for compliance with these requirements and for the quality of their work.

## C. IMPLEMENTING ELEMENTS AND GUIDELINES

### 1. Organization

#### a. Organizational Elements

An appropriate management structure, a proficient staff, and a systematic approach in planning work functions are key elements in sustaining a satisfactory level of quality performance.

Berkeley Lab organizations must:

- Describe in writing their organizational structure.
- Plan their work functions and activities.
- Hire and retain staff proficient to perform their work.

### 2. Process Management

A process is defined as a combination of people, materials, equipment, and actions interacting to produce a product or service. The process is managed by the application of system controls to assure the quality of the product or service.

Berkeley Lab organizations must manage their work processes by:

- Communicating to affected staff the goals, objectives, and procedures of the work processes.
- Identifying and mitigating the hazards and risks of the work processes.
- Instituting process controls to enhance performance and quality.
- Establishing document and records control measures to ensure the availability and use of accurate information.

#### a. Operating Documents

Organizing the responsibilities, procedures, and controls for the organization's functions requires the development and maintenance of documents that establish the organization's method of operation. The operating documents must be able to direct and inform affected personnel on how to perform their functions in an efficient and safe manner. All hazards related to the functions and the corresponding mitigation measures must also be identified and communicated to the affected personnel. Operating documents include, but are not limited to, manuals, notebooks, standard operating procedures, desk references, instructions, and drawings.

#### b. Process Control

Process control is intended to reduce the variation in work process, thereby improving performance and quality. Line managers responsible for programs and operations must review their core functions to ensure that appropriate controls are in place. The controls include, but are not limited to, the following:

- Proper management review and approval of processes

- Use of safety standards and requirements necessary and sufficient to mitigate the hazards of the work processes
- Assurance that only qualified and trained personnel are assigned to perform the work
- Assurance that only the appropriate equipment and material are being used and maintained
- Assurance that only up-to-date written procedures to direct the work are being used
- Acceptance criteria for final review of the end product or service

### c. Document and Records Management

Document control and records management are intended to ensure the availability of accurate information for Berkeley Lab work processes and other activities. Documents and records are managed to provide for retention, preservation, assurances of currency, and retrievability:

- Document control provisions ensure that only approved and up-to-date information pertaining to policy, prescribing work, specifying requirements, or establishing design criteria are available to users when needed. The ALDO and division directors are responsible for identifying which Laboratory documents require this formal and rigorous control. Controlled documents are made available to users by either print or electronic means.
- Effective records management ensures that records of completed activities are generated, maintained, and readily retrievable. Information and data that authenticate the organization's research, operational, or administrative activities are retained as evidence of completed work and adherence to standards and procedures. Berkeley Lab organizations must follow the policies and requirements of records management described in [RPM §1.17](#) (*Archives and Records Management*).

## 3. Performance Assessments and Improvements

Berkeley Lab organizations must routinely (at least annually) evaluate their work performance to identify, correct, and prevent problems that may hinder the organization in achieving its scientific and operational objectives. Some of these assessments are required under the terms of the [DOE/LBNL Contract](#) between the University and DOE. Assessments can also affirm that objectives and goals are being met in accordance with LBNL/PUB-5520, *UC Assurance Plan for LBNL*.

### a. Management Assessments

Line managers and division administrators must periodically evaluate the performance of their work activities and take an active role in improving performance and seeking excellence. These assessments can be readiness reviews, design reviews, quality control inspections, program reviews, and any other evaluations to ensure that performance is at a satisfactory level.

### b. Independent Assessments

Independent assessments are internal reviews performed routinely by the Environment, Health & Safety Division (EH&S); Internal Audit Services; the Office of Institutional Assurance (OIA); and

the Safety Review Committee. These reviews are performed by technically and programmatically knowledgeable personnel within the Laboratory who do not have direct responsibility in the areas they assess. Each assessment organization has established protocols for conducting the reviews.

c. **Peer Reviews**

Peer reviews, which are a form of independent assessment, are evaluations of scientific and operational programs and projects conducted by peers in that particular field. Reviewers cannot have direct responsibility in the areas being reviewed.

d. **ES&H Self-Assessment Program**

This program directs divisions and other Berkeley Lab organizations to self-evaluate their operations to ensure that environment, safety, and health and quality assurance concerns are routinely addressed to promote continuous improvement and excellence in these topical areas. The self-assessment program provides a structured process to perform routine inspections; identify issues; develop and track corrective actions; conduct root cause analysis, and data monitoring and analysis; and institute lessons learned. The program elements and requirements are described in the LBNL ES&H Self-Assessment Program (PUB-5344) and the LBNL Self-Assessment Manual (PUB-3105).

e. **Corrective Actions**

Corrective actions are developed for issues (findings, concerns, and deficiencies) identified in an assessment, and are managed and tracked through resolution. Corrective actions that cannot be completed immediately must be tracked through the LBNL Corrective Action Tracking System (CATS). The program elements and requirements are described in the LBNL Issues Management Program (PUB-5519 (1)).

Line management, with assistance from EH&S and OIA, also perform root cause analyses and develop lessons learned to prevent problems from recurring. Such activity is commensurate with the risk, significance, and consequence of the problem.

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# Chapter 9

## Computing and Networking

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# §9.01

## Computing and Communications

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### A. INTRODUCTION

Computing and Communications technologies form key parts of the conduct of LBNL's science and support for science and the Laboratory's use of IT resources should always reflect the intelligence, quality, integrity, and competence of the Laboratory and the University. LBNL's computing and information policies support the responsible and secure stewardship of these assets, in order to maximize their contribution to the mission of the Laboratory, the University, and the Department of Energy.

This section describes the basic computing and communications policies of LBNL. These requirements apply to all LBNL computing resources, including those used off-site. Requirements related to Laboratory information apply wherever that information resides, including on non-Laboratory owned equipment.

Additional policy and procedure supporting this section may be found on the CIO Policy Website <http://www.lbl.gov/CIO/Policy/>.

Information on IT services is available from the IT Division: <http://www.lbl.gov/IT/> or by dialing Extension HELP, or by e-mail to [help@lbl.gov](mailto:help@lbl.gov).

## **B. OPEN RESEARCH ENVIRONMENT**

LBNL is an unclassified, open research environment. The Laboratory's work is such that it can be freely communicated to the scientific and technical community. The Laboratory's computing environment supports research work intended for publication. Additional steps must be taken to secure information not intended for publication when it resides on Laboratory systems.

Classified and DOE sensitive material, including Unclassified Controlled Nuclear Information (UCNI) and Naval Nuclear Propulsion Information (NNPI) as well as National Security Information, are prohibited on Laboratory systems and networks. The Laboratory discourages the presence of any information or research activities which would require a change to the security stance of the institution and such activities may only be approved when the risk is acceptably mitigated.

## **C. RESPONSIBLE AND SECURE STEWARDSHIP**

LBNL information technology assets will be treated in a responsible manner throughout their lifecycle. This includes appropriate planning, implementation, maintenance, and disposal of computing and information assets. All members of the LBNL community are accountable for providing appropriate stewardship of the computing and information assets they utilize and manage. This includes appropriate information and computer security, information management, continuity and lifecycle planning, and asset management.

## **D. CONSENT TO MONITORING**

All use of LBNL computing and communications resources by all users, including employees, guests, collaborators, and casual users, is subject to monitoring. No user of LBNL systems has any expectation of privacy in their use of these systems, subject to applicable State, Federal, Department of Energy, and University law and policy. Laboratory employees have a responsibility to monitor systems under their control in a limited manner to ensure the security and performance of these systems. However, broad authority to monitor content and transactions for security or acceptable use is limited to those granted such authority by the CIO, Laboratory Director, or Deputy Chief Operating Officer. In all cases, Laboratory employees engaged in monitoring are expected to access the minimum amount of information necessary to accomplish the task they have been assigned, and to treat such information in a confidential manner as appropriate. In addition, special restrictions apply to the monitoring or recording of telephone conversations, which are typically illegal without the consent of all parties.

All systems, per DOE policy, must display the [DOE Warning Banner](#) to provide notice of this policy to users. Login to or use of a system displaying the banner functions as written consent to the

requirements and policies of the DOE Warning Banner and LBNL policy, for that system and all other DOE systems.

## **E. INFORMATION AND COMPUTER SECURITY RESPONSIBILITIES**

The Laboratory's computer systems and all information contained in these systems must be appropriately protected from unauthorized use, alteration, manipulation, and disclosure. In keeping with the principals of Integrated Safeguards and Security Management (ISSM), security is the responsibility of the user and his or her line management. Users, data owners, and system owners must take appropriate precautions to secure the confidentiality, integrity, and availability of systems and data, and line management must provide adequate oversight to assure these precautions are appropriate and maintained.

The CIO has designated responsibility to the [Computer Protection Program Manager \(CPPM\)](#) for developing Minimum Security Standards and Security Policies for computing and communications at LBNL. It is the responsibility of each user, system manager, and line manager to ensure that these standards are adhered to, and that additional safeguards are put in place if judged necessary.

### **1. Security Policy**

The Laboratory has extensive security policies which govern the operation and minimum configuration of systems and services on LBNL networks. All systems and users connecting to LBNL networks must follow these policies and take additional precautions to secure data when appropriate. These guidelines may be found in [RPM §9.02](#) and on [the Computer Protection Website located at http://www.lbl.gov/cyber](http://www.lbl.gov/cyber)

Ultimate authority to remove a service, system, or user deemed a security threat to the institution has been delegated to the CPPM.

Ultimate responsibility for the safe and secure operation of resources and the safe and secure storage, transmittal, and disposal of data rests with the user, data owner, system manager, and their respective line management. Additional delineation of responsibilities may be found in the Computer Security Program Plan.

### **2. Privacy and Information Security**

LBNL is required to provide additional protection to certain categories of private information. This includes information such as social security, driver's license, and financial account numbers, as well as certain personal health information. Only the institutional business systems of the Laboratory are accredited for the ongoing storage of this kind of information. Email, local workstations, and network storage are not acceptable for the ongoing storage of collections of this information unless they have been specifically approved by the user's line management and concurred on by the Computer Protection Program Manager. Unintended releases of private information or suspected releases of private information must be immediately reported to the CPPM. Additional support for managing private

information may be found [here](#).

In addition, certain services and types of information are judged sufficiently important to require additional oversight by the Computer Protection Program. Systems designated as requiring additional protection are required to develop system security plans and adopt additional management, operational, and technical controls.

### **3. Training**

All users of LBNL computing systems must adhere to training requirements appropriate to their responsibilities. Minimum training requirements are established by the CPPM and include annual user awareness training.

## **F. ACCEPTABLE USE**

### **1. Business Use (Official Use)**

All Laboratory computing and communications services are provided to further the mission of the Laboratory. Use related to the individual's position at LBNL includes, but is not limited to, research and administrative functions, approved professional development and educational activities related to the user's position, laboratory approved community relations and support activities, and support of internal and external committees, task forces, and organizations related to employee's position.

### **2. Incidental Use**

The Laboratory recognizes that incidental personal use of information resources also occurs. Incidental use is generally understood to be transient, that is, incidental use should not create a lasting association between the use and the Laboratory. Such use is acceptable provided it does not constitute unacceptable use as defined below, and meets the following requirements:

- It does not directly or indirectly interfere with Laboratory operation of the resource.
- It does not burden the Laboratory with noticeable incremental cost.
- It does not interfere with the user's employment or other obligations to the Laboratory.
- It does not portray the Laboratory or its employees in an inappropriate or unbecoming manner.

When such use does not meet these criteria, it becomes unacceptable use. Users who elect to engage in incidental use do so with no expectation of personal privacy concerning their actions.

Incidental use is a privilege provided to members of the Laboratory community and may be revoked.

Where incidental incremental costs are incurred and the Laboratory has a system by which the Regents can be reimbursed for these costs, employees must follow the procedures and reimburse the institution.

### **3. Unacceptable Use**

Activities that constitute “unacceptable use” of Laboratory resources include, but are not limited to, the following:

- Use of Laboratory resources for personal gain, lobbying, or unlawful activities
- Use of Laboratory resources for harassment, retaliation, or unlawful discrimination, or in an inflammatory manner.
- Use of Laboratory resources for gaining, attempting to gain, or appearing to attempt to gain unauthorized access to computers, networks, and other information resources
- Use of Laboratory resources for unauthorized manipulation, creation, or removal of information
- Use of Laboratory resources in a manner likely to cause harm to systems or networks
- Use of Laboratory resources to access, store, copy, create, or transmit sexually explicit materials, or to gamble.
- Use of Laboratory resources in violation of copyright, patent, or trademark laws
- Use of Laboratory resources to engage in unauthorized or unlawful monitoring or recording of voice or data communications
- Use of Laboratory resources to circumvent security controls on Laboratory or other external systems
- Use of Laboratory resources to engage in activities prohibited by Laboratory policy, including fabrication, falsification, and plagiarism in research, or unauthorized disclosure of Laboratory proprietary or privacy information
- Use of Laboratory resources to store any information prohibited at LBNL
- Use of Laboratory resources in any manner that violates applicable Federal, State, or University laws or regulations
- Use of Laboratory resources outside the scope of the Laboratory’s normal business that can reasonably be expected to offend members of the community, embarrass the Laboratory, or otherwise result in a loss of public trust

## **G. Authorized Use**

All use of LBNL systems must be authorized by a responsible employee who takes security responsibility for the use and/or user and ensures that LBNL IT policies are communicated to the user and followed in the course of granting access. Use must be reviewed by the granting employee on a schedule appropriate to the risks presented by the service or system.

## **H. Central Services**

For reasons of both security and efficiency, the CIO has designated selected services as Institutional Services. These services may only be provided by the designated responsible office or by permission of the responsible office or its designees. Operating, maintaining, or modifying such services without the express consent of the responsible office is a violation of this policy. The current list of such services may be found [here](#).

## **I. Additional Policy, Procedure, and Governance**

Additional policy, procedure, and governance information for Computing and Communications Policy are found on the [CIO Policy Website](#). Notwithstanding this section, users of LBNL information and systems are subject to all applicable University of California and Department of Energy regulations, and applicable state, federal, and international laws.

## **J. Sanctions**

Violation of this policy may result in restriction of access to resources, disciplinary action up to and including dismissal, loss of site access privileges, and/or referral to federal or state law enforcement authorities for criminal or civil prosecution.

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## §9.02

### Operational Procedures for Computing and Communications

*[Responsible Manager](#)*

Revised 09/08

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## A. COMMUNICATIONS AND NETWORKING SYSTEMS

### 1. Communications and Networking Management

Laboratory voice telephone, cellular telephone, data-switching, networking, and teleconferencing systems (except for public address and radio communications systems; see [Paragraphs \(8\)](#) and [\(11\)](#), below) are managed by the [IT Infrastructure Department](#) of the Information Technology (IT) Division. Laboratory communications systems include the Integrated Communications System (ICS), which is based on a large distributed voice/data digital switching system and [LBLnet](#), a Laboratory-wide high-speed local area network. These systems also include extensive underground and intrabuilding copper-wire and optical-fiber cable plants and microwave links. Inquiries or suggestions concerning the operation or development of Laboratory communications and networking resources should be directed to the IT Infrastructure Department.

All requests for communications and networking resources, services, or expenditures must be processed through the appropriate office of the IT Infrastructure Department, as described below.

Procedures governing communications, networking systems, and computing may be found on the [Berkeley Lab IT Policy Web site](#).

### 2. [ICS Voice Telephone System](#)

- a. **Requesting Services.** The Telephone Service Center handles requests for all types of ICS services, including information about voice and cellular telephone services. To ensure compliance with DOE and Laboratory policies, voice services or equipment may be ordered only through the Telephone Service Center. Unauthorized equipment may not be attached to the ICS system or its related equipment. Violations causing damage may result in the cost of repair being charged to the responsible party.
- b. **Repairs.** [Requests for ICS repairs](#) should be made to the [Telephone Service Center](#).

- c. **Planning New or Changed Services.** Planning for and design of new or modified ICS services are accomplished through the Telephone Service Center to ensure compatibility with existing systems and the most cost-effective use of Laboratory funds. See Telephone Service Center in the Organizations and Services section of the Telephone Directory ([Directory Services](#) on the Web) for the appropriate extension.
- d. **Long-Distance Services.** It is the Laboratory's policy to use the least-cost routing for long-distance calling. ICS automatically selects the least-cost facility for long-distance service.
- e. **Personal Calls.** Laboratory desktop and cellular telephones are for official business, and the Laboratory pays for each official call. Use of Laboratory telephones for brief personal calls is permitted when required by changes in work plans, emergencies, or coordination of work activities with family members or others who can be reached only during working hours. These calls are also treated as official calls and are paid for by the Laboratory.
  - i. **Desktop Telephones.** If an employee finds it necessary to use a Laboratory desktop telephone for a personal call not treated as an official call (see above), the employee is responsible for the cost of the call. Pay telephones are located throughout the Laboratory for the convenience of employees. See the General Information/Pay Telephone Locations on the [Telephone Services Center](#) Web site for specific locations.

Laboratory telephone use is subject to audit by random sampling. Employees may be required to validate an itemized telephone bill and reimburse the Laboratory for personal calls not treated as official calls.

- ii. **Cellular Personal Calls.** Laboratory cellular telephones are intended for official business use. Issuance of a cellular phone must be approved by the employee's division management.

Employees must acknowledge receipt of the [cellular procedures](#) governing the use of Laboratory cell phones by returning a signed copy to Telephone Services MS 50E0101 prior to receiving a Laboratory cell phone.

If an employee does not adhere to the cellular procedures, his/her Laboratory cell phone may be disconnected, and further disciplinary action may be taken.

- iii. **Personal Usage Criteria.** Personal usage must also satisfy the following criteria:
  1. It does not impact or interfere with the employee's legitimate job performance.
  2. It does not impact or interfere with the work of any other employee or the correct functioning of any Berkeley Lab information service.
  3. It does not support running a business or paid consulting.
  4. It does not involve illegal activities or violate Berkeley Lab policy.
  5. It does not involve any activity that could potentially embarrass Berkeley Lab, DOE, or UC, or result in a loss of public trust.

- f. **Calling Cards.** The [Telephone Services Center](#) handles all requests for [calling cards](#). Requests for calling cards must have the approval of the requester's division director or division administrator.
- g. **Laboratory Telephone Directory, Operator Information, and Other Telephone Directories.** The Telephone Services Center maintains the word-processing and database systems used to publish the Telephone Directory. The information in these systems is also used to provide operator information services. Electronic versions of the directory are available through the World Wide Web and other servers. All requests for changes to published information or inquiries about electronic access to personnel data should be directed to the Telephone Service Center.

### 3. [ICS Data-Switching System](#)

- a. **Requesting Services.** The Telephone Service Center handles requests for all types of ICS switched-data services. These services primarily provide asynchronous switched connections between terminals, personal computers, Laboratory computer systems, and incoming or outgoing connections over external communications networks.

Unauthorized equipment may not be attached to the ICS or its related equipment. Connection of RS-232 asynchronous devices to ICS data sets may be done by users as long as the equipment is authorized. If in doubt, check with the Data Communications Support Group. See Communications & Networking Facilities in the Organizations and Services section of the Telephone Directory (or in [Directory Services](#) on the Web) for the appropriate extension. Violations causing damage may result in the cost of repair being charged to the responsible party.

- b. **Repairs.** [Requests for ICS repairs](#) should be made to the [Telephone Service Center](#).
- c. **Technical Questions and Planning.** Users needing to discuss technical issues or plan significant data-switching applications should contact Communications & Networking Facilities of the IT Infrastructure Department. See Communications & Networking Facilities in the Organizations and Services section of the Telephone Directory (or in [Directory Services](#) on the Web) for the appropriate extension.

### 4. [LBLnet](#)

- a. **Requesting Services, Technical Questions, and Planning.** LBLnet is a Laboratory-wide high-speed local area network managed by the IT Infrastructure Department of the IT Division.

LBLnet also provides Wireless LAN installation and coordination services (WLAN) to the Laboratory as part of its standard networking technology and service offerings. To ensure interoperability and appropriate cyber security and to prevent radio frequency interference, only the IT Infrastructure Department will provide WLAN services that are integrated with LBLnet. The authority of the IT Infrastructure Department for WLAN services extends to remote Berkeley Lab sites, and all deployment of WLAN must follow the Berkeley Lab policy for Radio Frequency

Management specified in [RPM §9.02\(A\)\(13\)](#) (*Radio Emissions Standards and Spectrum Management*).

Requests for services, information, planning of new installations, or changes to existing installations should be directed to the LBLnet office. See LBLnet in the Organizations and Services section of the Telephone Directory (or in [Directory Services](#) on the Web) for the appropriate extension.

- b. **Repairs.** Requests for repairs to LBLnet should be made through the LBLnet Operations Office. See LBLnet in the Organizations and Services section of the Telephone Directory (or in [Directory Services](#) on the Web) for the appropriate extension.

## 5. [ICS-Dedicated Wiring and Optical-Fiber Systems](#)

All interactions concerning planning for the use of, or information about, these resources should be directed to Communications & Networking Facilities of the IT Infrastructure Department. See Communications & Networking Facilities in the Organizations and Services section of the Telephone Directory (or in [Directory Services](#) on the Web) for the appropriate extension.

ICS wall receptacles include a separate keyed receptacle that can be used to support a wide range of communications services over twisted-pair copper wire between any two points in the Laboratory. Twisted-pair copper-wire and optical-fiber facilities with customized terminations can also be provided. Off-site dedicated twisted-pair wire facilities requiring Pacific Bell or other supplier services must be ordered through Communications and Networking Facilities.

## 6. Public Address System

The Laboratory public address system is designed to give broad coverage in most buildings and general work areas to provide general announcements to Laboratory personnel. It may be used to transmit information during emergencies, but it is not considered an emergency communications system.

Modifications and maintenance of the public address system are under the exclusive control of the Engineering Division Communications Engineering staff. See Communications Engineering in the Organizations and Services section of the Telephone Directory ([Directory Services](#) on the Web) for the appropriate extension. Communications Engineering must be notified in advance if any changes in the public address system are required.

The public address system is tested on the second Wednesday of each month at 2 p.m. The test consists of alert tones (two beeps in quick succession) followed by a voice announcement. To ensure complete coverage, employees should notify Communications Engineering or their building managers if the test announcement is weak or unintelligible.

## 7. Public Address System Announcements

Announcements are normally made by the Fire Department dispatcher or the telephone operators. Use

of the public address system is reserved at all times for emergencies and health and safety matters. See Integrated Communications System Office in the Organizations and Services section of the Telephone Directory ([Directory Services](#) on the Web) for the appropriate extension.

## **8. Radio Communications Systems**

The Engineering Division Communications Engineering Group is responsible for the engineering, installation, maintenance, and adjustment of Laboratory radio communications systems such as portable, mobile, base, and microwave radios. All requests for such equipment require authorization by this group. See Communications Engineering in the Organizations and Services section of the Telephone Directory ([Directory Services](#) on the Web) for the appropriate extension. Each request should include a description of the intended use and the need for the equipment or system desired. Purchased equipment is Laboratory property and should be returned to the Engineering Division when the authorized use or function is completed.

## **9. Radio Paging Systems**

Requests for internal Laboratory-provided and Laboratory-maintained radio pagers should be made through the Engineering Division, Communications Engineering Group. This group is responsible for the engineering design and maintenance of Laboratory radio paging systems. Requests for external vendor-provided radio pagers should be made through the Telephone Service Center.

## **10. Radio Emissions Standards and Spectrum Management**

The Engineering Division Communications Engineering Group is responsible for the Laboratory's spectrum management and radio emissions. All equipment that generates or uses radio frequencies must be certified by this group for initial installation and after any changes or modifications.

## **11. Card Access, Security, Alarms, and Surveillance Systems**

All requests for card access, property protection, area surveillance, and personal assistance alarm devices must be made through the Physical Security and Property Protection group for approval by the Security Manager. Physical Security and Property Protection will coordinate engineering design and installation with the Facilities Division. For security points of contact, see the [Integrated Safeguards and Security Management Web page](#).

The Facilities Division is responsible for the engineering design, installation, and maintenance of security systems. Security maintenance issues should be directed to the Work Request Center.

## **12. [Video, Fiber-Optic, and Other Signal Systems](#)**

The Engineering Division Communications Engineering Group has services available for the design and installation of video, fiber-optic, and other signal systems.

## **13. Video Teleconferencing**

The Information Technology Division has responsibility for Laboratory video teleconferencing systems. Current conference rooms include 50B-4205 and 50F. Point-to-point and multiple-site direct-dialed conferences are possible in Standards Mode and in both VTEL and CLI proprietary modes. For more information, see Berkeley Lab Communications and Networking Resources.

A dedicated full-motion microwave radio video to SLAC is located in Building 71-263.

For information or technical support, contact the Video Data Communications group. This group also handles scheduling for the Video Teleconferencing Room. See Video Conferencing in the Organizations and Services section of the Telephone Directory (or in [Directory Services](#) on the Web) for the appropriate extension.

#### **14. Remote Access Services**

The Information Technology Division is responsible for Laboratory-managed and funded remote access services, including reimbursed services. The IT Infrastructure Department is the Responsible Office for establishing procedures and guidelines for the provision or reimbursement of remote access services, including dialup, DSL, cable, satellite, cellular packet switches, and other data services. The Computer Protection Program is the Responsible Office for establishing baseline security configurations and security policies governing all Laboratory managed and funded remote access services. Available remote access services and procedures may be found on the [IT Infrastructure Department Web site](#).

## **B. ELECTRONIC ACCESS**

### **1. Background**

As a scientific institution, the Laboratory has a responsibility to enhance the ability of its staff to communicate with colleagues around the world. This communication includes correspondence, raw data, preliminary drafts of technical papers, and finished publications. At the same time, as a primarily federally funded institution, the Laboratory has a responsibility to ensure that federal laws and DOE directives regarding authorized access and the protection of information are observed. This operational guideline is concerned primarily with the first of these responsibilities and with questions of access. The protection of information is addressed in [Paragraph \(D\)](#), below.

This guideline is intended to provide a graded approach to electronic access, recognizing that the mechanisms used for granting or restricting access should be appropriate for the breadth of access desired, the sensitivity of the information involved, and the protection mechanisms in use on the systems employed.

All users of electronic media should remember that once information has been committed to the network, the originator loses all control over how it is used, how it is modified, to whom it is distributed, or to whom it is attributed.

### **2. Fundamental Principles and Characteristics**

- a. Whenever appropriate, it should be possible to provide broad access in a convenient fashion to information held at the Laboratory.
- b. Proprietary, regulatory, and licensing constraints should be observed at all times.
- c. Information should not be made generally available before it is ready for publication. This restriction does not imply that incomplete data or unfinished documents may not be shared over the network within the workgroup, but only that such information should have appropriate access controls.
- d. Responsibility for propriety, access, protection, and usage rests with the owner of the data, files, systems, or user identification involved.
- e. The provision of electronic access to information held at Berkeley Lab is a form of publication by the Laboratory, and thus such information is subject to Laboratory publication policies. Any material that is to be made available to the general public should be reviewed by a qualified reviewer before its access restrictions are lifted. Division administrators maintain lists of qualified reviewers for their divisions.
- f. It is impossible to ensure that the recipient will treat information transmitted or posted on electronic media in a manner consistent with the degree of informality intended by the originator.
- g. Electronic correspondence originating at the Laboratory should be composed with the same care as is afforded to traditional correspondence transmitted on Laboratory letterhead.
- h. All electronic correspondence should be considered to be more permanent than its obvious conventional (telephone or paper) analogue.
- i. Electronic correspondence that identifies the author as a Laboratory staff member is often interpreted by some recipients as containing official Laboratory positions. There is no guarantee that any disclaimer inserted or appended by the originator will remain associated with the correspondence when it is forwarded or transcribed.
- j. Laboratory employees are prohibited by [the DOE/LBNL Contract](#) between the University and DOE from engaging in activities that are considered to be lobbying. Lobbying includes attempts to influence the introduction, enactment, or modification of state or federal legislation. If you have questions about a specific activity or need a complete definition, see your division director or division administrator. For more details, see [RPM §2.23\(H\)](#) (*Contacts with State and Federal Officials*).

### 3. Kinds of Access

This guideline covers the kinds of electronic access listed in [RPM Table 9.02\(B\)](#) (*Access Categories*). The categories of access are listed in rough order of increasing risk of damage resulting from improprieties or inadequate access control.

**Table 9.02(B)**  
**Access Categories**

<b>Information content</b>	<b>Breadth of access</b>
1. Read-only access to fully formatted publications that have been adequately reviewed in accordance with Laboratory publication policy. <a href="#">RPM §5.02</a> ( <i>Scientific and Technical Publications</i> ).	Unrestricted world access.
2. Read-only access to raw data files or to draft material intended for publication.	Group only (includes collaborators).
3. Correspondence.	Content-dependent.
4. Read-only access to proprietary data.	Need to know.
5. Read/write access to raw data files or draft material intended for publication.	Owner/designee only.
6. Read/write access to final-form publications.	Author/designee or technical editor only.
7. Read/write access to files containing proprietary data.	Owner/designee only.

Electronic access controls can be exercised at site, system, user, individual data set, or file level. Because of its nature as a scientific institution, the Laboratory places no generic restrictions on access at the site level. Provisions exist to deny access to the Laboratory from sites that tolerate computer network security abuses or to deny on-site access to Laboratory personnel who violate Laboratory computer and network security and propriety policies. It is not expected, however, that it will be necessary to make extensive use of these policies.

With respect to access control at the system, user, or file levels, controls may be applied at any or all levels. For most Laboratory information, access protection at any one level should be sufficient. Thus, except in unusually sensitive cases, either of the following modes should suffice:

- Public-access system: password-protected or encrypted file
- Controlled-access system: world-readable file

In other words, sufficient access control can be obtained by limiting access to the system, the file, or both. Further protection can be provided by limiting the ability of individual users to access specific files, directories, or system commands, and by encrypting particularly sensitive files.

#### 4. Forms of Electronic Publishing

Laboratory information can be promulgated electronically through four general mechanisms: correspondence, file transfer, voice and video, or facsimile. In each case, certain proprieties, procedures, and precautions should be observed:

- Correspondence** (including e-mail, bulletin boards, USEnet News, List Servs, conferencing systems, and the like). The Laboratory correspondent is responsible for limiting his or her participation to topics within the scope of the Laboratory mission and for avoiding comments that could be construed as lobbying or attempting to influence legislation. In some situations it may be necessary to insist that one is acting as an individual expert, but it cannot be ensured that the recipients will differentiate between an individual position and an official Laboratory position. For further information, see [RPM §2.23\(H\)](#) (*Contacts with State and Federal Officials*).
- File Transfer** (whether provided through individual user accounts or through file or data servers, including public access servers). The person posting the file is responsible for ensuring that everyone who has write access to the file is in fact authorized to make changes in the file, and that everyone who has read access to the file is in fact authorized to have access to the information. These conditions are particularly true of proprietary information, but they also apply to information destined for external copyright or that has not been fully reviewed.

Furthermore, if the existence of the file has been mentioned in any public-access bulletin board, List Serv, or conference, it must be assumed that sufficient knowledge to obtain access is available worldwide.

If access to the data should be restricted because of sensitivity, its proprietary nature, or for any other reason, the owner must take appropriate steps to limit access to authorized individuals.

Finally, when using public domain software (e.g., FTP (file transfer protocol) to provide access), the owner is responsible for securing up-to-date (protected) versions of the software. The Laboratory [Computer Protection Program Manager](#) (CPPM) maintains a list of names of staff members knowledgeable in appropriate software. Unexamined versions of either new or familiar programs must not be used on systems that contain valuable information.

- c. **Voice and Video** (including voice mail, voice-only teleconferencing, room-based or studio video teleconferencing, and desktop messaging or teleconferencing). In these cases, the rules of ordinary conduct apply. In general, the more limited the audience, the more informal the interaction may be.
- d. **Facsimile**. Fax traffic should be treated as if the material were being sent through Laboratory or United States mail, except that information subject to the Privacy Act should not be sent to an unattended fax machine.

The foregoing summary does not cover all cases, or even any single case in full detail. Nevertheless, it should provide guidelines sufficient to address most situations. Questions should be addressed to the CPPM.

## C. USE OF INFORMATION SYSTEMS AND SERVICE

### 1. Background

This policy is concerned with publicly accessible electronic media and browsers such as the World Wide Web (Web) front-ended by Netscape. It provides a graded approach to control presentation and content, restriction of access, and scope of responsibility, recognizing that the procedures employed should be appropriate for the breadth of access expected and the sensitivity of the information involved.

All users of electronic media should remember that once information has been committed to the network, the originator loses all control over how it is used, to whom it is distributed, or to whom it is attributed.

These principles and guidelines use the page terminology of the Web, but they should be taken to apply more generally as technology advances. They should also be taken to apply, as appropriate, to older technology such as anonymous FTP and Usenet

### 2. Definitions

- a. **LBL Server**. A network node that provides access to information or services and that is part of or administered on behalf of a Laboratory facility, function, project, or program.
- b. **Page**. A logical information structure, accessible as a unit from, on, or through an information server. A page may contain links to other pages or files located on other servers.

- c. **LBL page (file)**. A page (file) resident on any Laboratory server or accessible directly through any Laboratory server without passing through a server or page belonging to another institution.

### 3. Scope

These guidelines apply to all Laboratory information servers, regardless of location, and to all Laboratory files posted on any information server, whether or not located at the Laboratory, and regardless of the home page(s) or directories with which they are associated.

A server that is administered by the Laboratory for another institution or agency, or located at the Laboratory but administered by another institution or agency, is governed by the policies established by that institution or agency.

### 4. Fundamental Principles

- a. Whenever appropriate, it should be possible to provide broad access in a convenient fashion to information held at the Laboratory.
- b. Proprietary, regulatory, and licensing constraints should be observed at all times.
- c. Information should not be made available to the general public before it is ready for publication. This restriction does not imply that incomplete data or unfinished documents may not be made available through network information services, but only that such information should have appropriate access controls. See [Paragraph \(B\)](#), above. If the desired server does not provide the capability to install appropriate access controls, the information should not be posted.
- d. Responsibility for propriety, access, protection, and usage rests with the owner of the data, files, servers, or pages involved. The page owner is responsible for ensuring that both the content and presentation of information on a page are consistent with Laboratory policies and guidance. Questions concerning the suitability of information for publication should be addressed to the Laboratory Scientific and Technical Information Officer.
- e. The posting of information on any Laboratory page is a form of publication by the Laboratory and subject to Laboratory publication policies. See [RPM §5.02](#) (*Scientific and Technical Publications*).
- f. Any material that is to be made available to the general public should be reviewed by a qualified reviewer *before* its access restrictions are lifted. Division administrators maintain lists of qualified reviewers for their divisions.
- g. The scope of responsibility of a page owner extends to, but not beyond, links that occur on the page (i.e., the owner of a page is responsible for knowing the immediate content of all links on a page, but not for ensuring the propriety of information existing at the end of an arbitrary chain of links).
- h. The default for Laboratory pages is universal *read* access and owner-only *write* access.

### 5. General Page and File Policy

- a. The page (file) owner is responsible for determining the appropriate level of access for the page (file) and for ensuring that appropriate access restrictions are in place.
- b. The page (file) owner is responsible for ensuring that everyone who has write access to the page

(file) is in fact authorized to make changes to the page (file), and that everyone who has read access to the page (file) is in fact authorized to have access to the information. This responsibility applies particularly to proprietary information, but it also applies to information that is destined for external copyright or that has not been fully reviewed.

- c. The Laboratory may establish open pages, analogous to open bulletin boards. The owner of an open page is responsible for verifying that the person making a posting is authorized to post information on a Laboratory page. Every posting on an open page must carry the name of a Laboratory sponsor either directly or on an obvious link. The Laboratory sponsor is responsible for the content of the posting.
- d. The posting of inappropriate information on a Laboratory page or file may be cause for disciplinary action. Information that is proprietary in nature or contrary to Laboratory policy concerning lobbying, the use of Laboratory computers, or the use of open bulletin boards may be considered to be inappropriate. This policy applies to nontextual information as well as to text.
- e. All individuals posting information on any publicly accessible Laboratory page or file are encouraged to review posted material carefully. Everything posted on any network information service reflects on the intelligence, quality, integrity, and competence of the Laboratory as an institution and the page-owner and page-poster as individuals.
- f. Every Laboratory page must contain the following information directly or contain a link to an owner's page that provides it: owner's name, address, e-mail address, and telephone and fax numbers, plus any disclaimers or restrictions that apply to the contents of the page.

## **6. Home Page Policy**

- a. The owner of the Laboratory Home Page is the Head of the Public Affairs Department. He or she is responsible for establishing and enforcing guidelines for the content, presentation, and style of the Home Page and its immediate links.
- b. The Home Page and its immediate links are to be considered as corporate data, which may be changed or deleted only by authorized personnel.

## **7. Server Policy**

- a. The administrator of each Laboratory server is responsible for ensuring that each file on or first-level page accessible through that server has a Laboratory sponsor. The Laboratory sponsor is responsible for ensuring that all applicable page policies are observed. A first-level page is one that is directly accessible without passing through another server or intermediate page.
- b. The administrator of each Laboratory server will maintain records of the owners and Laboratory sponsors of all current first-level pages and will provide this information to the IT Division Network Information Services group in a timely fashion.
- c. The administrator of each Laboratory server is responsible for ensuring an appropriate level of data and access protection for the server and for informing file- and page-owners and Laboratory sponsors of all first-level pages of the protection level maintained.

## **D. COMPUTER AND NETWORK SECURITY**

These guidelines are concerned with minimum acceptable computer and network security practices for general operations. Divisions or groups may apply more stringent policies if warranted by the sensitivity of the data or applications involved.

These guidelines, together with [RPM §9.01](#) (*Computing and Communications*), embody the Laboratory's implementation of DOE Order 1360.2B.

## 1. Basic Principles

- a. Distribution of function and capability entails equal distribution of responsibility. The owners of individual and workgroup systems must assume responsibility for the proper administration and operation of the systems they control. This responsibility extends to individual staff members working at home or on travel.
- b. The Laboratory is a federally funded scientific institution. As such, it has a responsibility to enhance the ability of its staff to communicate with colleagues around the world and to practice appropriate economy in operation. Thus, the level of protection and cost of protective measures should be commensurate with the magnitude of the threat to the institution inherent in the system, breadth of access, and sensitivity of the data and application involved. Threat is a combination of likelihood of compromise and magnitude of potential damage.
- c. Breadth of access should be encouraged within the constraints imposed by provision of adequate protection. System managers are charged with the responsibility of determining and enforcing the level of protection necessary.

## 2. Organization for Computer Security

- a. The primary elements of the Laboratory organization for computer and network security are the Computer Protection Program Manager (CPPM) and the Computer Protection Implementation Committee (CPIC), which is chaired by the CPPM and includes computer security liaisons (CSLs) from each division, office, and center (including the Reception Center), plus assistant CPPMs for the Scientific Computing Facility, the Administrative Computing Facility, distributed workstations, telephone systems, and networks.
- b. The generic distribution of responsibility between the Laboratory CPPM and the divisions (D), centers (C), and offices (O) is given in RPM Table 9.02(D)(2) (*Distribution of Computer Responsibility*). Specific responsibilities are addressed in the next section.

**Table 9.02(D)(2)**  
**Distribution of Computer Responsibility**

<b>Responsibility</b>	<b>Responsible parties</b>
Definition of Laboratory-wide policy	Computer Protection Program Manager (CPPM)
Random file checks	D, O, and C
Implementation of access policies	D, O, and C
Computer and communications security training	CPPM; Computer Security Liaisons (CSLs)
Computer security awareness: program definition	CPPM
Computer security awareness: program implementation	Reception Center; D, O, and C
Incident detection	D, O, and C; CPPM
Incident reporting: internal	D, O, and C
Incident reporting: external	CPPM

### 3. Responsibilities

**Table 9.02(D)(3)**  
**Specific Computer Responsibilities**

Responsible party	Specific responsibilities
Associate Laboratory Director for Operations	Appoints Laboratory Computer Protection Program Manager (CPPM) and Assistant CPPMs. <a href="#">CPPM</a> is listed in the <a href="#">Telephone Directory</a> .
Laboratory Computer Protection Program Manager (CPPM)	Defines and, with assistance of Computer Protection Implementation Committee (CPIC), implements and administers Laboratory's computer security program in accordance with Laboratory policy and applicable DOE directives.
Assistant CPPMs	Assist CPPM as necessary in activities pertaining to their areas of expertise.
Computer Protection Implementation Committee (CPIC)	<p>Meets periodically to:</p> <ul style="list-style-type: none"> <li>● Review computer and communications security awareness and training.</li> <li>● Provide regular (at least every other year) reviews of Laboratory's computer and communications incident history and current security technology.</li> <li>● Make recommendations for revisions to Laboratory's computer security policies as necessary.</li> </ul> <p>Committee reviews and revises electronic access and computer security guidelines as appropriate.</p>
Division, Center Directors, and Heads of Offices	Appoint a representative to the CPIC, for their division, center, or office and ensure that Laboratory computer security policies and procedures are observed within their division, center, or office.
Computer Security Liaisons (CSLs)	Serve as two-way communication channels between Laboratory Computer and Communications Security Program and their division, office, or center.

	Participate in meetings of CCSC, learn and understand Laboratory computer and communications security policy, and assist as necessary in implementation of this policy.
Human Resources Staffing Unit	Ensures that all new employees, visitors, and participating guests receive an appropriate introduction to computer security policy and practice at Laboratory.
Division administrators	Ensure that all user IDs and passwords used by terminating employees and guests are deactivated or continued through a Laboratory sponsor.
Supervisors and managers	Ensure that employees under their supervision maintain a continuing awareness of proper computer security practices. A standard computer security awareness statement (Form CPP 13) is available from CPPM. It may be used to document a computer user's continuing awareness.
System managers	Maintain an appropriate level of security for their systems.  Respond appropriately to detection of a security incident.  Are responsible for all security threats or other improper usage originating from or passing through systems under their control.  Have authority to deny access to their systems to any person observed not using proper computer security practice.
Network managers	Maintain network integrity and a level of security awareness appropriate to their networks.  Know how to isolate their networks from all non-Laboratory connections and respond appropriately to detection of a security incident.  Have authority to deny network access to any system or external connection for security reasons.
Individual users	Know and follow Laboratory computer and network security policies.  Bring any security violations to attention of their system manager, CPPM, or other proper authority.  Are responsible for all actions originating from user IDs under their name or control, whether or not they authorized such use.

University of California Police Department	Maintains 24-hour telephone service to assist users in locating appropriate management or administrative authority to deal with suspected data security incidents.
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#### 4. Host Policies

- a. **Designated Systems Administrators.** All UNIX systems connected to LBLnet must have designated system administrators who have completed UNIX system administration and security education. In addition, system administrators are required to update their UNIX system security education at least annually.
- b. **Minimum Standard Configurations.** All UNIX systems connected to LBLnet will be required to conform to minimum standard configurations set by the UNIX group. These standard configurations include OS versions, patches, and specific utilities as well as general configuration policies. The UNIX group will post these configurations on the Web and update them as necessary.
- c. **LBNL Host Database.** All hosts that are connected to LBLnet must be listed in the LBNL Host database. This database will include the names of the currently designated systems administrators or contacts. The database must be reviewed annually by each division to ensure that host information is current.

#### 5. Procedure for Handling Computer and Network Security Incidents

The computer and network security incident-handling procedure is given here in summary form. A more detailed version can be obtained from the [CPPM](#).

An employee who encounters a suspected computer or network security incident (repeated attempts at unauthorized access or the occurrence of a rogue program, i.e., one that intends to disrupt or subvert the system in some way; viruses and worms are rogue programs) should first try to inform the appropriate people (by telephone rather than e-mail) and then, if necessary, respond to the incident.

To inform the appropriate people, call one of the following and report the system affected and the nature of the problem:

- If using a multiuser system, the system manager. If using a single-user workstation, the appropriate technical support group.
- The CPPM.
- The Division Director of the IT Division.
- The University of California Police Department, which has a telephone tree to locate the appropriate technical and/or administrative authorities. Be sure to specify that the call is to report a data security incident in progress.

The following general rules govern response to the incident:

- In all cases: Log the incident and inform the appropriate personnel.
- In an isolated case of unsuccessful attempt at entry (i.e., a single, unrepeated, unsuccessful

attempt): No further action is necessary unless the attempt is repeated.

- In a case of successful penetration if it appears that the integrity of user data is threatened: Attempt simple close-out, i.e., shut down the known access paths and monitor all attempts to access user IDs that the attacker is known to have used. If necessary, re-authenticate all users. This means to disable all existing user IDs and require some form of personal contact before allowing individual users back on the system. Users should check their files for evidence of tampering and should be prohibited from using the same password.
- In case of discovery of a rogue program: Isolate the system and quarantine all disks and tapes that have been on it since the introduction of the rogue program. Do not connect to any other system or transfer any programs or data from the system to any other system by any means until the system manager has declared the system to be clean.
- In other cases: Confer with division management and/or the CPPM.
- In the absence of other advice or information: Act to protect the data rather than to monitor or trap the attacker.

## 6. Confidentiality of Computer Files

It is Laboratory policy that all computer files be accessible only by the person responsible for those files unless that person has explicitly authorized others to access them. Access will be granted to the person's supervisor or manager if it is necessary for Laboratory purposes. This policy applies regardless of the level of access protection assigned to a particular file.

In the course of their work, certain authorized individuals (e.g., system managers and computer security personnel) are required to inspect users' files. Under no circumstances, except as specified below, are the contents of those files to be revealed and then only to the CPPM, the Director of the Information Technology Division, or such other persons specified by the Associate Laboratory Director for Operations. In these circumstances, only the following information may be divulged:

- Evidence of unauthorized internal or external access
- Evidence of improper use of Laboratory facilities
- Evidence of security-threatening practices

## 7. Computer Security Monitoring

To ensure adequate security of Laboratory computer systems and networks, a program of computer security monitoring will be conducted under the supervision of the CPPM. It will include the following activities, as necessary:

- Random sampling of user files
- Verification of proper control and authentication of new users
- Verification of proper password procedures and use
- Verification of proper physical security
- Monitoring of network traffic
- Monitoring of usage patterns

Any apparent violation of Laboratory policy, attempt at unauthorized access, or any situation that exhibits less than acceptable computer security will be reported to the CPPM for further action. In all cases involving the monitoring of user files and data traffic, Laboratory policy on confidentiality of computer files applies.

## 8. Physical Security

- a. **Desktop and Other Small Systems.** Microcomputer-based personal or desktop computers, notebook and palmtop computers, intelligent terminals, word-processing, and similar systems are commonplace in Laboratory offices and because of their portability are particularly vulnerable to physical attack, including theft. Laboratory employees who possess such equipment are responsible for ensuring the physical safety of that equipment. Contact Electronics Engineering's Installation Shop to obtain information and technical assistance with antitheft lockdown devices and permanent imprinting of the manufacturer's serial numbers on the equipment.
- b. **Proprietary Software and Data.** Proprietary software and data should be secured in a manner commensurate with the threat.

## 9. Network Citizenship Guidelines

Laboratory staff, visitors, guests, and contractors are expected to exhibit good network citizenship in all network interactions by following these rules:

- Do not distribute or encourage the distribution of network junk mail. Be judicious in the use of utilities that generate responses automatically (such as those used to announce that you are on vacation or travel).
- Avoid indiscriminate use of distribution lists. Do your best to ensure that mail is sent only to interested addressees.
- Make appropriate use of automatic-answering facilities to ensure that replies are sent only to people with a genuine interest in the correspondence. It is especially important to know whether the auto-answer facility will send the response to the entire address list of the original message or to only the originator.
- Use the network only for Laboratory-sanctioned activities.
- Do not use proprietary software without an appropriate license.
- Do not distribute software to unauthorized users or make it available to unauthorized users.
- Do not read other people's files or directories without explicit authorization. With the exception of such public files such as stores catalogues, forms repositories, and telephone lists, authorization should not be assumed for any file not on a public access server.

In general, users should not post anything over the network that they would not send on official

Laboratory stationery, should not access any information or software over the network that they would not send or for which they have no authorization, and should not send any e-mail that they do not want recorded.

## 10. Information Security Guidelines

These guidelines are not intended to address every situation that can arise, but to provide a reasonable background so that individuals may make appropriate judgments in those cases that are not covered. Questions should be addressed to your CSL, assistant CPPM, or the [CPPM](#).

### a. Individual Responsibility

- i. Each user is responsible for all activities originating from any of his or her user IDs.
- ii. Each password owner is responsible for all activities resulting from shared use of that password.
- iii. Shared user IDs and passwords are not generally allowed, but such sharing may be appropriate under some circumstances. Users needing to share their user IDs or passwords must request authorization from the system manager. The system manager has the authority to deny such requests.
- iv. Each system owner is responsible for the network citizenship of all users of that system.

### b. System Protection

- i. Access to all Laboratory systems should be available only to Laboratory staff (including participating guests and contractors) or to others through a Laboratory sponsor. If an anonymous ftp or a similar utility is enabled for a system, the system manager becomes a default sponsor for the whole world. The Laboratory sponsor assumes responsibility for all activities of sponsored persons. The use of someone else's user ID or password implies sponsorship by the owner of the user ID or password, whether or not the owner has explicitly granted permission.
- ii. The safeguards that are provided by the operating system in use should be invoked to the maximum extent that does not interfere with the work of the users. Such safeguards include the following:
  - Control over system privileges
  - Protection of the password file
  - User notification of unsuccessful log-in attempts
  - Temporary deactivation of user ID after several successive failure
  - Less-than-universal defaults for file access
- iii. Suitable physical security measures should be employed. In addition to appropriate fire and seismic protection, among the measures to be considered are controlled access to the space, separate locked storage of media, lock-down devices, and physical separation of backups

from primary versions.

### c. **User IDs and Passwords**

Access to all multiuser systems must be protected by standards that conform to the following rules:

i. **User-selected passwords.** Users who select their own passwords must ensure that these passwords are consistent with the security features listed below:

- Passwords must contain at least eight nonblank characters;
- Passwords must contain a combination of letters (preferably a mixture of upper and lowercase letters), numbers, and at least one special character within the first seven positions;
- Passwords must contain a nonnumeric letter or symbol in the first and last positions;
- Passwords may not contain the user ID
- Passwords may not include the user's own or (to the best of his or her knowledge) a close friend's or relative's name, employee number, Social Security number, birthdate, telephone number, or any information about him or her that the user believes could be readily learned or guessed;
- Passwords may not (to the best of the user's knowledge) include common words from an English dictionary or a dictionary of another language with which the user has familiarity;
- Passwords may not (to the best of the user's knowledge) contain commonly used proper names, including the name of any fictional character or place; and
- Passwords may not contain any simple pattern of letters or numbers such as "qwertyxx" or "xyz123xx."

ii. **Password protection.** Individuals may not:

- Share passwords except in emergency circumstances or when there is an overriding operational necessity; or
- Leave clear-text passwords in a location accessible to others or secured in a location for which protection is less than that required for protecting the information that can be accessed using the password.

iii. **Password changing.** Passwords must be changed under any one of the following circumstances:

- At least every six months.
- Immediately after sharing.
- As soon as possible, but at least within one business day after a password has been compromised or after the user suspects that a password has been compromised.
- On direction from management.

iv. **Password administration.** If the capability exists in the information system, application,

or resource, the system must be configured to ensure the following:

- Except in the case of anonymous FTP servers and embedded systems that use only cleartext passwords, any password sent over the network is encrypted through use of secure shell (SSH), secure sockets layer (SSL), or an equivalent protocol;
- Three failed attempts to provide a legitimate password for an access request will result in an access lockout, which is automatically restored following a period predetermined by the system manager;
- The password is rejected when a password specification does not comply with the above requirements and the failure to comply is verifiable by automated means;
- After six months of use, individuals are notified that their passwords have expired and that lockout will occur if their password is not changed within five access requests; and
- If technically feasible, any password file or database used by the information system is protected from access by unauthorized individuals.

#### d. Network Security

##### i. Network Access

- Scripts should not contain network access passwords.
- Use of the default DECnet account is not permitted except in certain public-access situations.
- Proxy access should be used for remote log-ins to VMS systems.
- UNIX .rhosts entries should be aged and expired after 180 days.
- .xhost + should not be used.
- Access lists should be reviewed at least annually.

##### ii. LBLnet Connections

- The network address and/or name of each Laboratory system that is connected to LBLnet, either directly or through a gateway, must be registered with the administrator of network addresses for that network. For example, an Internet-based system (i.e., one using TCP/IP) must be registered with the [IT Infrastructure Department](#). The registration must include the user name and location of the system. The Head of the Communications and Networking Resources Department maintains a list of Laboratory network administrators.
- Only the LBLnet Manager may authorize a new physical connection to the LBLnet, and he or she will document all such connections. The LBLnet Manager is listed in the Telephone Directory ([Directory Services](#) on the Web).

##### iii. Individual Remote Access

Individual users accessing LBLnet remotely (e.g., from home) must observe all LBLnet

security policies.

#### iv. **Physical Security**

Physical access to all LBLnet computers will be limited to authorized personnel.

#### e. **Institutional Information**

Institutional information is any business or management information involved in the support of the Laboratory as a whole or of specific projects or groups within the Laboratory.

- i. Systems that process or store institutional data (as defined above) should be backed up on a regular schedule. The intervals between back-ups should be determined by the criticality and recoverability of the data and the frequency of update. Both software and data need to be backed up.
- ii. Applications that use an electronic signature as a legal signature must obtain concurrence from the Internal Audit Services group that security controls for the application are adequate. When an on-line signature is requested, the following language should be used to indicate that a legal signature is being solicited: "The information requested constitutes a legal signature for the person named. Use of this electronic signature by anyone other than the person named, or his or her designee, is forbidden and may result in disciplinary action, dismissal, or civil or criminal liability."

#### f. **Other Guidelines**

- i. **Specific Applications.** Systems that process environmental, safety, or health data must be protected according to the stricter laws that
  - ii. govern these data, if the requirements go beyond DOE policy.
- iii. **Distribution Lists.** The addressees on mail explorers and automatic distribution lists should be reviewed for proper authorization at least semiannually.

### 11. **Training and Awareness**

- a. The CCSC will develop and administer training curricula for system managers, division administrators, the reception center, and general staff, and will provide material to assist in the determination of application sensitivity.
- b. The CPIC will develop appropriate access and computer and network security guidelines and make them available to all staff as needed.
- c. The CPPM will ensure that all assistant CPPMs and CSLs receive appropriate training.

### 12. **Computer and Network Security Glossary**

FTP	File transfer protocol. The process by which files are copied from one system to another over the
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	Internet. Anonymous FTP is the process that allows such transfers to take place without requiring a log-in to the remote system.
log-in	The process of gaining access to a computer system. It usually consists of providing a user ID and a password.
password	An access code that is associated with a particular user ID. The user ID and password must match for access to be granted. Password protection may be applied to individual files or commands as well as to general system access.
proprietary data	Data that require extra protection because they are the intellectual property of someone (internal or external to LBNL) who has restricted their distribution.
.rhosts; xhost +	Mechanisms for granting and using remote access to a UNIX system.
threat	The product of the probability of compromise or damage and the dollar impact of the average incident: $T = p(C) \times \$$ .
user ID	The name by which an individual user is known to a system. A single user may have multiple user IDs on the same or different systems. In special circumstances, multiple users may use the same user ID.
VMS proxy access	A mechanism for granting access to a remote user of a VMS system.
xhost +	See .rhosts.

## E. COMPUTER SOFTWARE

### 1. Laboratory-Developed Software

In-house software development must be managed in accordance with the Laboratory Software Management Policy. DOE Order 1360.4A and DOE Notice 1360.8 define the procedures to be used for the external distribution of finished software. In particular, if finished software is to be distributed outside the United States to other than programmatically approved collaborators, such distribution must be accomplished through the Energy Science and Technology Software Center (ESTSC) or the

appropriate Specialized Information Analysis Center (SIAC).

## **2. DOE-Developed Software**

DOE policy (DOE Order 1360.4) promotes sharing of DOE-developed software wherever appropriate. This policy is implemented through the ESTSC. The policy requires review of available shared software before a decision to develop new software and submission of Laboratory-developed software to ESTSC when it may have value to other DOE sites. Both review and submission of ESTSC software are accomplished through the Laboratory Library. Questions of policy or appropriateness of software for submission to ESTSC should be addressed to the Office of Information Technology Resources (ITR) Planning.

## **3. Public Domain Software**

Public domain software must be used with great care. Computer viruses or other such mischievous or detrimental modifications to computer software could cause significant loss or damage to the Laboratory. The importer of public domain software into the Laboratory is responsible for ensuring that such software does not contain such harmful modifications.

## **4. Commercial Software**

Laboratory policy is to use commercial software whenever it is functionally appropriate and cost-effective rather than develop software in house. Many users share development, documentation, and maintenance costs of commercial software, and larger knowledgeable communities use the same software, which can be advantageous.

## **5. Licensed Software**

Most commercial and some noncommercial software is made available under a license agreement. Such agreements typically restrict usage to certain CPUs, place restrictions on copying, require labeling of copies, and may contain other terms and conditions of use. Occasionally some terms or conditions contained in software license agreements are unacceptable to the Laboratory. In such cases, an acceptable agreement must be negotiated or the software cannot be used.

License agreements generally follow one of three formats:

- a. Some software suppliers (usually of larger or more expensive software) require an explicit signed agreement before delivery of the software. This type of agreement is managed as part of the official Laboratory purchase order. No staff member, except authorized Purchasing Department staff, may sign such an agreement.
- b. Other software (usually inexpensive or personal/microcomputer software) is purchased without prior agreement but is delivered to the end user with a license agreement included. Such agreements either claim to be in effect if the software is used or request a signature on a postcard-type agreement to be returned to the supplier. Recipients of such software usually want

to sign the agreement and return it because that is the mechanism for obtaining updates.

Generally, staff members may sign such agreements after a careful reading. Any liability assumed by the signing of such an agreement may be personal and not indemnified by the Laboratory. Questions concerning the advisability of signing an agreement or using the software should be referred to the Head of the Office of ITR Planning or the Purchasing Manager.

- c. Software is occasionally made available to the Laboratory under specific agreement, but at no cost. If the software is to be handled as proprietary information, see [RPM §5.06](#) (*Proprietary Information from External Sources*).

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# Chapter 10

## Conflict of Interest

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Denotes a rewritten or new section



Denotes the beginning of changed text within a section



Denotes the end of changed text within a section



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# §10.01

## Conflict of Interest — General

[Responsible Manager](#)

Links updated 09/08

- A. [General](#)
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### A. GENERAL

The Laboratory is bound by a variety of conflict-of-interest policies, some of which emanate from the U.S. Department of Energy (DOE) contractual requirements and some of which are founded on [University policies](#), [State of California law](#), and [Federal regulations](#). These policies pertain to a broad range of employee activities, including [outside employment and business activities \(RPM §10.02\)](#), [hiring procedures \(RPM §2.01\(C\)\(5\)\(b\)\)](#), [sponsored research \(RPM §10.05\)](#), [human subjects research \(RPM §10.09\)](#), [licensing \(RPM §10.11\)](#), and [technology transfer \(RPM §10.08\)](#). An employee who fails to comply with Laboratory conflict-of-interest policies may incur disciplinary action by the Laboratory and prosecution under State law.

### B. LAB REQUIREMENTS

Contract 31 contains [Clause I.66, Organizational Conflicts of Interest](#), whose purpose is to ensure that the Regents (and its employees) are not biased because of financial, contractual, organizational, or other interests that relate to the work under the Contract, and that there is no unfair competitive advantage over other parties due to the performance of the Contract. Employees who obtain access to information (such as DOE financial plans or data) that has not been released to the general public must not use such information for any non-Laboratory purpose.

[Clause I.109, Federally Funded Research and Development Center \(FFRDC\) Sponsoring Agreement](#), contains prohibitions about using privileged information to compete with the private sector. Additionally, for employees who receive information that may be sensitive or proprietary to the Government, care must be taken to ensure LBNL is operated in the public interest with objectivity and independence, free from organizational conflict of interest.

The University has a compendium of Conflict of Interest policies that can be found [here](#). These policies should be adhered to in concert with the specific requirements under Contract 31.

Questions concerning potential conflicts of interest should be addressed with the employee's supervisor, Division Director, Laboratory Counsel, or the [Laboratory Conflict of Interest Coordinator](#).

## C. RELATED LINKS

### Summary of Conflict of Interest Related Links

- [University of California Office of the President \(UCOP\) Conflict of Interest Policy](#)
- [UCOP Policy on Disclosure of Financial Interests Related to Sponsored Projects](#)
- [UC Conflict of Interest Code](#)
- [Conflict of Interest Policy and Compendium of Specialized University Policies, Guidelines, and Regulations Related to Conflict of Interest](#)
- [State of California's Political Reform Act](#)
- [Federal Register on Objectivity in Research](#)
- [List of Non-governmental Entities Exempt From Disclosure Requirement](#)
- [National Institutes of Health Conflict of Interest](#)
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## **§10.02**

### **Outside Employment and Employee Business Activities**

[Responsible Manager](#)

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- E. [Teaching for the University of California](#)
- F. [Policy on Outside Professional Activities for University Officers and Designated Staff](#)
- G. [Ownership or Management Interest in Commercial Entities with Potential Economic or Technology Connections to the Laboratory](#)
- H. [Patent Agreements](#)
- I. [Disclosure and Reporting Requirements](#)

[Appendix I: Table 10.02 \(C\) \(Outside Employment, Consulting, and Scientific Advisory Board/Honorarium Matrix\)](#)

[Appendix II: Table 10.02 \(E\) \(Policy on Teaching for the University of California\)](#)

#### **A. GENERAL POLICY**

Employees may engage in consulting or other employment and business activities outside Laboratory hours and away from the Laboratory as long as such activities do not interfere with performance of their Laboratory duties or create a real or apparent conflict of interest. As set forth in Paragraphs [\(C\)](#) and [\(E\)](#) below, Laboratory management review and approval are required for:

- Work with the potential to interfere with Laboratory employment obligations
- Work of any kind for a scientific or technical organization
- Work paid by federal funds or by a unit of the University of California
- Consulting in a subject area related to the employee's Laboratory work

If the employment is not in one of the categories listed above and is obviously unrelated to the Laboratory's interests, it does not normally need to be reported or approved. Examples include an outside job or business interest in ranching; retail sales; and music, art, or real estate sales.

All outside employment activities must be conducted without the use of Laboratory supplies, equipment, or facilities. See also [RPM §§2.05\(I\) \(Integrity in Research\)](#), [2.23\(I\) \(Privileged Information\)](#), and

[11.39\(A\)\(2\) \(Use of Property and Supplies\)](#). In addition, as stated above, no amount of time due to the Laboratory may be devoted to private purposes, and no outside employment may interfere with the performance of Laboratory duties. The policy in this section is based on federal and State laws and regulations, the DOE/UC Contract for management of LBNL, and University policy.

Policy concerning ownership or management interest in commercial entities with potential economic or technology connections to the Laboratory is covered in [Paragraph \(G\)](#), below.

## B. REVIEW-AND-APPROVAL PRINCIPLES AND TIME LIMITS

The following considerations are made in determining whether a real or apparent conflict of interest exists.

### 1. Principles

- a. **Avoidance of Unfair Competitive Advantage.** Does an employee's consulting or other business activity outside the Laboratory influence decisions made at the Laboratory in such a way as to give unfair competitive advantage to the outside business organizations. See [RPM §2.23\(I\) \(Privileged Information\)](#).
- b. **Separation of Laboratory and Private Interests.** Does an employee's consulting or other outside business activity materially affect the Laboratory's dealings with the outside business organization, or does the employee's consulting or other activity substantially affect the environment of the economic/technological business sector in which the employee or a near relative has a financial interest as defined by the University of California Conflict of Interest Code. See [RPM §2.23\(F\)\(1\) \(Self-Disqualification\)](#) and [§10.01 \(Conflict of Interest — General\)](#).
- c. **Protection of Information Not Yet in Public Domain.** Does an employee, acting as an independent consultant or as an employee of another organization, use information, skills, or knowledge that is material to current or proposed Laboratory research or development work and that is proprietary to the Laboratory and not yet in the public domain. See [RPM §2.23\(I\) \(Privileged Information\)](#).
- d. **Noncompetition with Laboratory Projects.** Is an employee's consulting or outside employment activity in competition with current or proposed Laboratory projects?

Questions concerning potential conflicts of interest should be referred to the Laboratory Conflict of Interest (COI) Coordinator, the employee's supervisor, or the Laboratory Counsel.

### 2. Time Limits

There is no specific time limit for an employee's outside consulting or employment with an outside organization. However, should the scope of work or the employment terms change, the employee must obtain a new approval from the cognizant immediate supervisor and division director or designee to

continue in the outside business activity.

## C. CONSULTING AND OTHER SHORT-TERM EMPLOYMENT

Consulting and other short-term employment are normally permitted with the most organizations, including those doing business in a field in which the Laboratory does or has done research and the results have been reported and made public. Work for another DOE contractor must be handled through a work-for-others agreement. Also, consulting and nonteaching employment with a University of California branch is usually arranged through an intercampus work-for-others contract.

Proposed outside consulting or other temporary employment of a type described in [Paragraph \(A\) \(above\)](#) to be performed by Laboratory employees must be documented, reviewed, and approved by Laboratory management. The information is summarized and transmitted to DOE by the Laboratory COI Coordinator. The Laboratory must obtain concurrence from DOE in cases involving another DOE cost-type contractor or any other organization in the same or related energy field where the proposed work is to be performed by a Laboratory employee and involves, or may involve, any of the following:

- A significant question concerning a possible conflict with the University's policies regarding conduct of employees.
- The University's responsibilities to report fully and promptly all significant research and development information.
- The intellectual property provision of the DOE/UC Contract for management of LBNL.

When University of California faculty are associated with the Laboratory, they should provide Laboratory management with a copy of the annual report they prepare for their campus department, in accordance with the University's Policy on Outside Professional Activities of Faculty Members. This report should be sent to a faculty member's Berkeley Lab division director.

[Appendix I: Table 10.02 \(C\) \(Outside Employment, Consulting, and Scientific Advisory Board/Honorarium Matrix\)](#) describes the requirements for a variety of work categories and situations. The [Request to Engage in Outside Employment form](#) is used to obtain most required approvals. Instructions for completing this form are also available. Approvals are obtained from the cognizant immediate supervisor and division director or designee.

## D. PAYMENTS FROM OUTSIDE ORGANIZATIONS

Employees are permitted to accept fees, gratuities, stipends, or honoraria from outside organizations if advance approval has been obtained as outlined in [Paragraph \(C\), above](#). Employees in positions designated by the University of California Conflict of Interest Code are termed "designated officials/designated employees" and may not accept an honorarium from any source if he or she would be required to report receipt of income or gifts from that source on a statement of economic interests. See [RPM §10.03 \(Self-Disqualification and Conflict of Interest for Designated Officials\)](#). Honorarium

payments for one-time lectures do not require Laboratory approval.

## **E. TEACHING FOR THE UNIVERSITY OF CALIFORNIA**

University policy does not normally allow full-time employees to be paid by the University for dual employment in any additional position. Exceptions for teaching at University of California institutions may be allowed, however, as noted in the following table. For cases in which the teaching activity is part of a work-for-others (non-DOE) sponsored project administered by the Laboratory, no separate University paycheck is required.

[Appendix II: Table 10.02 \(E\) \(Policy on Teaching for the University of California\)](#) describes the various requirements concerning teaching at the University of California.

To obtain the required approvals, use the Request to Teach at University of California form available at the [Human Resources Forms Web site](#). Approval of the division director is required. The division sends a copy of the form to the Human Resources Center, which maintains the appropriate record.

## **F. POLICY ON OUTSIDE PROFESSIONAL ACTIVITIES FOR UNIVERSITY OFFICERS AND DESIGNATED STAFF**

Outside professional activities of staff members at the Laboratory Management level (see [RPM §2.01\(D\)\(3\)](#)) are subject to certain additional special provisions.

Permissible outside professional activities include, but are not limited to, service on state or national commissions, government agencies and boards, committees or advisory groups to other universities, organizations established to further the interests of higher education, not-for-profit organizations, and service on corporate boards of directors.

When it is consistent with DOE and Laboratory objectives and missions, service on behalf of national commissions, government agencies and boards, advisory groups to other universities, and other nonprofit organizations is encouraged. Subject to conditions established in University policy concerning receipt of honoraria and reimbursement for related travel expenses, such service may be undertaken during regular work time. It is particularly important to note that a person who is a "designated employee" under the University of California Conflict of Interest Code may have additional criteria to consider.

In the case of outside professional activities for which compensation is received, a Laboratory employee must use accrued vacation leave when participating during the regular work week, which is consistent with other personnel policy requirements. For Laboratory members of the University Senior Management Group who hold an Academic Senate or other faculty title, outside professional activities are also subject to the time limits established in the University President's Policy on Outside Employment of Faculty. Questions concerning the latter policy should be directed to the campus Academic Personnel Office.

When Berkeley Lab members of the University Senior Management Group are called on to serve in

their official capacity on scientific advisory boards for DOE and DOE cost-type contractors, this service is considered to be part of the employee's regular assignment. Although no honorarium may be received by employees for such service, the Laboratory may be reimbursed for such costs as travel and per diem. If the service involves more than a few days per year, the Chief Financial Officer must be consulted.

The Human Resources Department has complete information concerning the necessary approval and reporting requirements pertaining to this policy.

## **G. OWNERSHIP OR MANAGEMENT INTEREST IN COMMERCIAL ENTITIES WITH POTENTIAL ECONOMIC OR TECHNOLOGY CONNECTIONS TO THE LABORATORY**

Employees who own or have an ownership interest of at least 10% in a commercial entity that has economic or technology connections with or seeks to have such connections with the Laboratory, or who have a management interest such as being a member of the Board of Directors in such a commercial entity, must report the interest to their division director. This requirement also extends to an employee's near relatives and domestic partner. The terms "near relative" and "domestic partner" are defined in University policy as parents, children, spouses, same or opposite sex domestic partners, brothers, or sisters, including in-laws and step-relatives in these relationships.

As a general rule, goods or services are not purchased from any Laboratory/University employee, near relative, or domestic partner because of the basic principles of separation of an employee's Laboratory/University duties and his or her private interests. A second concern is the protection of the Laboratory/University and its employees from charges of favoritism in the acquisition of goods and services. If an employee's Laboratory assignment is such that he or she might influence or take part in negotiations or transactions with an outside business, the employee must disqualify himself or herself from participating in those negotiations or transactions. See [RPM §10.03 \(Self-Disqualification and Conflict of Interest for Designated Officials\)](#).

Exceptions to the general prohibition against economic or technology connections with employee-connected firms may be made if the company is the sole source that can provide the goods or services. Such cases must be approved by the Chief Financial Officer. Additional information regarding the appropriate procedure is available from the Chief Financial Officer.

Business ownership or management interest as defined above must be reported on the Notification of [Outside Business Ownership or Management Interest form](#). Instructions for completing this form are also available. The Office of Institution Programs receives copies of the form from the division and uses them to create an "Employee-Connected Commercial Entity" list, which is used by Procurement to implement the prohibition against doing business with employee-connected firms.

## **H. PATENT AGREEMENTS**

When a consulting or employment agreement containing a claim for invention and patent rights is offered to an employee, the outside organization must be advised, under the terms of the DOE/UC

Contract for management of LBNL, that the agreement must include the following or equivalent language to obtain Laboratory approval:

"It is recognized that (1) Consultant is an employee of the University of California engaged in certain work conducted by the University at the Lawrence Berkeley National Laboratory under Contract \_\_\_\_\_ with the United States Department of Energy (DOE) and (2) the University has rights to patents and other intellectual property arising from Consultant's services for that work. This consulting agreement is subject to those rights notwithstanding any intellectual property obligations to contrary in this agreement. Whenever any invention or discovery is solely or jointly made, conceived, or developed by Consultant under the Consulting Agreement, the Company must promptly furnish the University and DOE with sufficient information to timely determine whether the invention or discovery is within the purview of the patent agreement executed by Consultant with the University."

The text of any proposed consulting or employment agreement must be reviewed and approved by Technology Transfer and Intellectual Property Management before execution of the agreement by the employee. Questions regarding inventions and patent articles in a proposed consulting agreement should also be referred to Technology Transfer and Intellectual Property Management. See also [RPM §5.03 \(Patents\)](#).

## I. DISCLOSURE AND REPORTING REQUIREMENTS

Employees engaged in outside business activity as defined in this chapter are required to disclose certain information to the Laboratory at the time of their request to engage in outside business activity and throughout their outside business association as changes occur. These disclosures are necessary so the outside business activity can be reviewed for continued appropriateness and to satisfy certain contractual requirements. The following information must be disclosed:

- The names of all other Berkeley Lab employees known by the employee to be providing consulting services or to be employed by the outside business, and their Laboratory reporting relationship, if any, to the employee.
- Changes in the employee's relationship or assignment.
- An appreciable change in the number of hours involved.

In addition, Laboratory employees are required to notify their division director and the Laboratory Conflict of Interest Coordinator whenever they are notified that they are the target of an investigation by a federal or state agency that has as its subject the improper use of information obtained or actions taken for personal gain by the employee in the course of his or her employment.

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## §10.03

### Self-Disqualification and Conflict of Interest for Designated Officials

*[Responsible Manager](#)*

**Links updated 09/08**

For information regarding self-disqualification and conflict-of-interest policies related to Designated Officials, refer to [RPM §§2.23\(F\)\(1\)](#) and [2.23\(F\)\(2\)](#), respectively.

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## **§10.04**

### **Employment of Near Relatives and Domestic Partners**

*[Responsible Manager](#)*

**Link updated 09/08**

For conflict-of-interest policy related to employment of near relatives and domestic partners, refer to [RPM §2.01\(C\)\(5\)\(b\)](#).

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## **§10.05**

### **General Research-Related Conflict of Interest**

*[Responsible Manager](#)*

**New 08/06**

- A. [General](#)
- B. [Laboratory Reviewing Official](#)
- C. [Independent Substantive Review Committee](#)

#### **A. GENERAL**

Several specific concerns and policy provisions pertain to all research project investigators involved in proposing, conducting, and/or reporting Laboratory research activities. Their roles can include Principal Investigator, Co-Principal Investigator, Independent Scientist, or Key Personnel, to name a few. When such program researchers participate in a substantive way in the scientific development and/or execution of a project, they must avoid real or apparent conflict-of-interest (COI) situations. A real or apparent COI situation may occur in a research program when there is less than clear and demonstrable separation between the individual researcher's program interests and work efforts and the individual's personal economic or business interests. Generally, such researchers and the Laboratory are guided by seven principles:

1. Traditional conflict-of-interest situations should be avoided. These exist when a researcher may have the opportunity to influence Laboratory business decisions or research results in ways that could lead to personal gain or could advantage personal business interests.
2. The proposed research project should be appropriate to and consistent with the mission of the Laboratory.
3. The research and teaching environment of the Laboratory must be kept open.
4. Freedom to publish and disseminate research results must be preserved.
5. The highest ethical standards of scientific conduct and intellectual honesty must be ensured.
6. Any patent rights issues should be in compliance with DOE and University requirements.

7. Laboratory facilities and resources (supplies, equipment, facilities, staff time) must be appropriately used, with costs charged to the project sponsor.

## **B. LABORATORY REVIEWING OFFICIAL**

When there is convergence of a researcher's private interests with his or her research interests, such that an independent observer might reasonably question whether the researcher's Laboratory actions or decisions are improperly influenced by his or her personal considerations, the conflicts of interest (or perceptions of conflicts) must be addressed. Policy requires a reviewing official to determine from the facts of each COI matter whether any reported personal interest would reasonably appear to be directly and significantly affected by the Laboratory research program and what steps should be taken to manage or eliminate the conflict. For Laboratory research programs, the reviewing official is the Associate Laboratory Director for Operations (ALDO). The ALDO may employ an Independent Substantive Review Committee (ISRC) to assemble and analyze the facts of complex and challenging COI cases and to make recommendations to the ALDO and Laboratory management for managing and mitigating COI issues in such matters. Resulting management steps may include whether or not to accept funding and continue the research program of concern, to implement specific project staff assignments, or to initiate mitigating administrative actions that reduce the risk of or the severity of the conflicts.

## **C. INDEPENDENT SUBSTANTIVE REVIEW COMMITTEE**

The ALDO may appoint and charter an Independent Substantive Review Committee (ISRC) composed of experienced, knowledgeable, independent people appropriate for the case under review. The ISRC's charge is to provide in-depth review of conflict-of-interest situations in which a project researcher discloses a positive financial interest in the sponsor of or in a business related to the subject research program. ISRC members are from scientific or engineering divisions appropriate to each case; and the Laboratory Counsel and the Laboratory Conflict of Interest Coordinator also act as ex officio ISRC members. The ISRC reviews the disclosure statement details and all relevant features of the research program, and recommends to the ALDO whether the project, research contract, science grant, Laboratory gift, or Cooperative Research and Development Agreement should be accepted, and any conditions or modifications that may be needed. Examples of conditions that may be imposed to mitigate COI concerns include public disclosure of private economic interests, independent monitoring and program oversight, research project plan changes, personnel reassignments, divestiture of conflicting financial interests, or severance of any relationships creating the real or apparent conflicts.

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# §10.06

## Federal Financial Disclosure

[\*Responsible Manager\*](#)

Links updated 09/08

- A. [General](#)
- B. [Process](#)
- C. [Work for Others from PHS/NSF Flow-Through Funding](#)
- D. [Forms](#)
- E. [Related Links](#)

### A. GENERAL

#### Federal Regulations

The [National Science Foundation \(NSF\)](#) and the [Public Health Service \(PHS\)](#) published regulations in the [Federal Register](#), effective October 1, 1995, requiring principal investigators and participants who are responsible for the design, conduct, or reporting of the research to disclose project-related financial interests at the time of proposal submission. Other agencies that have also adopted the federal requirement are the American Cancer Society (ACS), American Heart Association (AHA), UC Discovery Grants, and University of California Office of the President (UCOP) Special Programs (which include the California Breast Cancer Research Program and the Tobacco-Related Disease Research Program).

The major [Public Health Service](#) funding components are:

- [National Institutes of Health](#) (NIH), including all divisions of NIH such as the National Cancer Institute (NCI), National Institute of General Medical Sciences (NIGMS), the National Eye Institute (NEI), the National Institute on Aging (NIA), and so forth.
- [Centers for Disease Control and Prevention](#) (CDC)
- [Food and Drug Administration](#) (FDA)

### B. PROCESS

**Principal Investigators and participants (herein called Key Personnel) who are responsible**

**for the design, conduct or reporting of the research must complete financial disclosures for all new, amendment, non-competing continuation, and renewal proposals.**

The Principal Investigator first completes the LBNL Declaration (Form DFI-1) by identifying the Key Personnel in his/her research project. The PI and those listed on Form DFI-1 then each complete the LBNL Disclosure of Financial Interest (Form DFI-2), disclosing whether they have financial interests related to the research project. If there is a positive disclosure, the individual indicating so will need to complete the LBNL Positive Disclosure of Financial Interest (Form DFI-3). Positive disclosures will be reviewed by the Conflict of Interest Coordinator, and a determination will be made by the Associate Laboratory Director for Operations.

For positive disclosures, original forms must be sent to the Laboratory Conflict of Interest Coordinator, with a copy to the Sponsored Projects Office (SPO). For negative disclosures, original forms should be sent to SPO.

If the research involves human subjects, only one set of conflict-of-interest forms need to be completed. The Human Subjects Quality Assurance Committee (HSQAC) and SPO are using the same set of forms for research-related conflict-of-interest disclosures. For negative disclosures, the original forms go to SPO, and a copy should accompany the application to HSQAC. For positive disclosures, the original forms should go to the Conflict of Interest Coordinator, and copies of the disclosure should go to SPO and HSQAC.

### **C. WORK FOR OTHERS FROM PHS/NSF FLOW-THROUGH FUNDING**

Disclosure is required when LBNL is proposing a Work for Others agreement with an entity that is receiving its funding from PHS/NIH (except for Phase I SBIR/ STTR), NSF, or the other agencies mentioned in [Paragraph \(A\) above](#).

When LBNL is proposing a Work for Others agreement with an entity that is receiving its funding from PHS/NIH, NSF, or the other agencies mentioned in [Paragraph \(A\) above](#), federal and State forms are to be completed as in the following examples:

1. LBNL receives funding from Chiron. Chiron receives its funding from NIH. LBNL must collect **both the state disclosure** (Form 700-U) from the PI at LBNL, and the **disclosures of financial interest** (Form DFI-1, DFI-2, and DFI-3, if applicable) from the PI and all the participants. **Chiron is a nongovernmental entity, and is not exempt.**
2. LBNL receives funding from the American Heart Association (AHA), which receives its funding from NIH. LBNL must collect the **disclosures of financial interest** (Form DFI-1, DFI-2, and DFI-3, if applicable). **The AHA is on the State of California exempt list, so the state disclosure** (Form 700-U) **does not need to be completed.**
3. LBNL receives funding from the Parkinson Disease Foundation (PDF). PDF receives its funding from the NIH. **PDF is a nonprofit entity, but is not on the state exempt list. LBNL must**

collect both the state disclosure (Form 700-U) and disclosures of financial interests (Form DFI-1, DFI-2, and DFI-3, if applicable)

## D. FORMS

- [LBNL Declaration—Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest \(Form DFI-1\)](#)
- [LBNL Disclosure of Financial Interest \(Form DFI-2\)\\*](#)
- [LBNL Positive Disclosure of Financial Interest \(Form DFI-3\)\\*](#)

\*If there is a positive [disclosure](#), the original forms should be sent to the Laboratory Conflict of Interest Coordinator.

## E. RELATED LINKS

- [National Institutes of Health Conflict of Interest](#)
- [National Science Foundation Conflict of Interest](#)
- [Conflict of Interest Web Resources](#)

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## §10.07

### State of California Financial Disclosure

[Responsible Manager](#)

Links updated 09/08

- A. [General](#)
- B. [Related Forms](#)
- C. [Related Links](#)

#### A. GENERAL

##### State of California Financial Disclosure

The [Political Reform Act of the State of California of 1974](#) and [UC Policy](#) require the principal investigator of a project funded by a **nongovernmental agency** or funded by a research gift to submit the original Statement of Economic Interests for Principal Investigators (Form 700-U) at the time of proposal submission or receipt of the gift.

When LBNL is proposing a Work for Others agreement with an entity that is receiving its funding from another organization, federal and state forms are to be completed as in the following examples:

1. LBNL receives funding from Chiron. Chiron receives its funding from NIH. LBNL must collect **both the state disclosure** (Form 700-U) from the PI at LBNL, and the **disclosures of financial interest** (Form DFI-1, DFI-2, and DFI-3, if applicable) from the PI and all the participants. **Chiron is a nongovernmental entity, and is not exempt.**
2. LBNL receives funding from the American Heart Association. The AHA receives its funding from NIH. LBNL must collect the **disclosures of financial interest** (Form DFI-1, DFI-2, and DFI-3, if applicable). **The AHA is on the State of California exempt list, so the state disclosure (700-U) does not need to be completed.**
3. LBNL receives funding from The Parkinson Disease Foundation (PDF). PDF receives its funding from the NIH. **PDF is a nonprofit entity, but is not on the state exempt list. LBNL must collect both the state disclosure (700-U) and disclosures of financial interest** (Form DFI-1, DFI-2, and DFI-3, if applicable)

## **FINANCIAL DISCLOSURES ARE REQUIRED FOR ALL NEW, AMENDMENT, NONCOMPETING CONTINUATION AND RENEWAL PROPOSALS.**

When there is a positive disclosure, the original disclosure forms go to the Conflict of Interest Coordinator, with a copy going to the Sponsored Projects Office (SPO). For negative disclosures, the original goes to SPO.

### **B. RELATED FORMS**

- [Conflict of Interest Disclosure Form 700-U\\*](#)
- [Conflict of Interest Addendum \(if there are any positive responses on the 700-U\)\\*](#)

\*If there is a positive disclosure, the original forms should be sent to the Laboratory Conflict of Interest Coordinator.

### **C. RELATED LINKS**

- [UC Conflict of Interest Code](#)
- [University Policy on Disclosure of Financial Interest in Private Sponsors of Research](#)
- [List of Nongovernmental Entities Exempt from Disclosure Requirement](#)

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## §10.08

### Technology Transfer/Cooperative Research and Development Agreement COI

[\*Responsible Manager\*](#)

Links updated 09/08

- A. [General](#)
- B. [Cooperative Research and Development Agreement \(CRADA\)](#)
- C. [Related Forms](#)

#### A. GENERAL

Under the DOE contract, the Laboratory is required to implement procedures to prevent employees from having organizational conflicts of interest, or the appearance of conflicts of interest, in the conduct of its technology transfer activities. The requirements can be found in [DOE Contract Clause I.92\(n\)\(5\)](#).

#### B. COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA)

Each employee who has a substantial role in the preparation, negotiation, or approval of a CRADA (typically the Principal Investigator, Division Director or designee, SPO Manager, SPO Contracts Officer, Licensing Manager, Patent Department reviewer, and Laboratory Director) is required to fill out the [CRADA Conflict of Interest Form](#). In addition, for CRADAs that have funds from the partner (the partner is providing funds to LBNL), the State Political Reform Act also applies. Therefore, the Conflict of Interest Form 700-U must also be completed by the PI. The Laboratory must ensure that none of its employees has a substantial role (including an advisory role) in the preparation, negotiation, or approval of a CRADA if an employee holds any financial interest in the entities related to the CRADA. The exception is when the DOE contracting officer is notified in advance of such an employee and determines that the employee's financial interest will not affect the process of preparing, negotiating, and approving the CRADA.

#### **CRADA CONFLICT-OF-INTEREST DISCLOSURES ARE REQUIRED FOR ALL NEW AND AMENDMENT PROPOSALS.**

When there is a positive disclosure, the disclosure forms go to the Conflict of Interest Coordinator, with a copy going to the Sponsored Projects Office (SPO), and the Human Subjects Quality Assurance Committee (HSQAC), if applicable. For negative disclosures, the original goes to SPO, and a copy to HSQAC, if applicable.

## C. RELATED FORMS

[CRADA Conflict of Interest Form](#)

[Conflict of Interest Addendum](#) (to be completed if there are any positive responses on the CRADA COI Form)\*

[Conflict of Interest Disclosure Form 700-U](#)

\*If there is a positive disclosure, the original forms should be sent to the Laboratory Conflict of Interest Coordinator.

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## §10.09

### Human Subjects Conflict of Interest

[\*Responsible Manager\*](#)

Links updated 09/08

- A. [General](#)
- B. [Human Subjects Research](#)
- C. [Summary of Forms](#)

#### A. GENERAL

In the protection of human subjects, “conflict of interest in research” refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, a researcher’s professional judgment in conducting or reporting research. A conflict of interest depends on the situation, and not on the actions or character of an individual investigator.

The federal Department of Health and Human Services (DHHS), from which Berkeley Lab holds its approval to conduct research involving human subjects, has issued guidance on [Financial Relationships and Interests in Research Involving Human Subjects: Guidance for Human Subjects Protection](#).

#### B. HUMAN SUBJECTS RESEARCH

At Berkeley Lab, all protocols for research involving human subjects must first pass through the LBNL Human Subjects Quality Assurance Committee (HSQAC). Final approval for the conduct of human subjects research is given by the joint Berkeley Lab — University of California at Berkeley Institutional Review Board, the Committee for Protection of Human Subjects (CPHS). All human-subject reviews at Berkeley Lab flow through the HSQAC, which forwards completed applications to CPHS for final review and approval.

**For all applications to the HSQAC/CPHS**, the researcher should:

- Complete the LBNL Declaration—Principal Investigator’s List of Participants Who Must File Disclosures of Financial Interests (Form DFI-1); all persons identified on Form DFI-1 must complete the LBNL Disclosure of Financial Interests (Form DFI-2). The list on Form DFI-1 should correspond with the NIH Key Personnel Form, if applicable. If someone has a positive disclosure on Form DFI-2, that person must complete the LBNL Positive Disclosure of Financial Interests

(Form DFI-3). The HSQAC will forward any positive disclosures to the Conflict of Interest (COI) Coordinator for follow-up and review if needed.

- Respond promptly to requests for additional information from the COI Coordinator, as final approval of human subjects will be delayed, pending their review.

### **Review and Approval of the Disclosure of Financial Interest Form**

When there is a positive disclosure, the HSQAC will forward the research protocol and the original disclosure forms to the Laboratory COI Coordinator, if the original has not already been sent. The COI Coordinator will contact the researcher(s) identified by the form as having a potential conflict and make an initial determination of either:

- No Significant Financial Interest or Related Financial Interest is of concern. In this case, no further COI review will be needed and human subjects review and approval may proceed.
- A Significant Financial Interest or Related Financial Interest may exist. In this case, the COI Coordinator will inform the investigator of the need to file additional documentation, with a copy to the HSQAC's administrative office, the Human and Animal Regulatory Committees office (HARC).

The COI Coordinator will inform the HARC office and the investigator of the outcome of the initial determination. The COI Coordinator will coordinate any further review, and inform the HSQAC of the outcome. Human subjects review and approval may proceed while the COI review is being completed, but final approval of the human subjects protocol will be withheld until COI review and approval has been completed.

## **C. SUMMARY OF FORMS**

- [LBNL Declaration — Principal Investigator's List of Participants Who Must File Disclosures of Financial Interest \(Form DFI-1\)](#)
- [LBNL Disclosure of Financial Interest \(Form DFI-2\)\\*](#)
- [LBNL Positive Disclosure of Financial Interest \(Form DFI-3\)\\*](#)

\*When there is a positive disclosure, the original disclosure forms go to the Conflict of Interest Coordinator, with a copy going to the Human Subjects Quality Assurance Committee (HSQAC). For negative disclosures, the original goes to HSQAC.

# §10.10

## Disclosure of Laboratory Proprietary Information

[\*Responsible Manager\*](#)

New 08/06

### A. [General](#)

### B. [Lab Requirements](#)

1. [Written Agreement](#)
2. [Disclosure of Information or Transfer of Material](#)
3. [Transfer Labeling](#)
4. [Transfer of Proprietary Information or Material to Subcontractors](#)
5. [Consequence of Failure to Safeguard Berkeley Lab Information](#)

### C. [Summary of Forms](#)

## A. GENERAL

At times, the Laboratory needs to, or finds it useful to, disclose unpublished information relating to technological and scientific developments, or to transfer tangible research material. Examples of tangible research material include cell lines, chemical compounds, and source codes for software. Such disclosures or transfers are appropriate when they enable the recipient of the disclosures or transfers to evaluate the information/material's potential commercial utility or the recipient's interest in obtaining a commercial license from Berkeley Lab; to replicate, reproduce, evaluate, or confirm Berkeley Lab's research effort; or to do research furthering Berkeley Lab's programmatic goals. Disclosure of Laboratory proprietary information for personal gain is prohibited. See [RPM §2.23\(I\) \(Privileged Information\)](#).

## B. LAB REQUIREMENTS

Laboratory staff must observe the following procedures when the Laboratory transfers proprietary information or tangible research material to third parties (other than appropriate University of California staff or DOE). These procedures are established to enable the Laboratory to comply with its obligation under the DOE/LBNL Contract to maintain the patentability of inventions, to foster appropriate technology transfer, and to avoid liability for others' use or misuse of Laboratory information or material.

## **1. Written Agreement**

A Laboratory researcher wishing to transfer proprietary information or material must contact the Technology Transfer Department to prepare and sign a nondisclosure agreement or material transfer agreement, as appropriate. The Technology Transfer Department may also prepare agreements for mutual disclosure of proprietary information or transfer of material. The researcher may not transfer the Laboratory proprietary information or material before such an agreement is signed by both the Laboratory and the recipient.

## **2. Disclosure of Information or Transfer of Material**

At a minimum, any information the Laboratory discloses under agreement must be prominently marked as "proprietary" or "confidential." If the Laboratory researcher (i.e., the discloser) wishes to transfer proprietary information or material, and chooses to disclose the information orally, he or she must first inform his or her audience that the forthcoming information is confidential. Some nondisclosure agreements also require that confidential oral presentations be summarized, marked as confidential, and transmitted to the receiver within 15 to 30 days. The researcher must comply with any additional requirements contained in the nondisclosure agreement.

## **3. Transfer Labeling**

Any tangible research material that a Laboratory researcher transfers must be appropriately labeled and must include instructions for handling, as necessary for safe use. All materials must be shipped through the Laboratory's Shipping and Receiving Department to ensure compliance with Export Control and other applicable laws.

## **4. Transfer of Proprietary Information or Material to Subcontractors**

Under certain subcontracts, the University's full rights to intellectual property may be impaired if proprietary information or material is transferred to a subcontractor under the subcontract without appropriate restrictive markings. If a Laboratory researcher anticipates transferring Laboratory proprietary information or material to a Laboratory subcontractor, the researcher must inform Procurement about this intention and take steps necessary under the subcontract to mark the information or material.

## **5. Consequence of Failure to Safeguard Berkeley Lab Information**

Failure to reasonably safeguard Laboratory proprietary information and/or follow the procedures listed above may constitute a serious violation of professional responsibility that may result in disciplinary action, including termination.

## **C. SUMMARY OF FORMS**

Examples of standard form agreements are available for inspection at the [LBNL Technology Transfer](#)

[Web site.](#)

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## §10.11

### Disclosure of Financial Interests Related to Licensing

[\*Responsible Manager\*](#)

New 08/06

- A. [General](#)
- B. [Lab Requirements](#)
- C. [Summary of Forms](#)

#### A. GENERAL

Lawrence Berkeley National Laboratory manages the intellectual property created by its employees in support of its research and technology transfer goals. The transfer of technology can include the licensing of inventions and other intellectual property (e.g., through licenses, options, bailments), and constitutes a business decision on the part of the University. The Laboratory manages conflict of interest and the appearance of conflict of interest in licensing per California law and the Operating Contract for the Lab. The Laboratory reviews many attributes, including conflict of interest, of every license, and hence meets the University requirement for a Licensing Decision Review. Inventors and other creators of intellectual property as well as licensing professionals have certain obligations as described herein. Altogether, the Laboratory inventors and licensing staff must not allow their personal financial interests to influence or appear to influence their or others' University licensing decisions.

#### B. LAB REQUIREMENTS

Licensing decisions for the University are made by licensing professionals within authorized campus and Laboratory licensing offices. At Berkeley Lab, the licensing professionals are members of the Technology Transfer Department. Inventors may be invited by the licensing professional to work with him or her and potential licensees to effectively commercialize University inventions.

Because inventors may have the opportunity to influence University licensing decisions in ways that could lead to personal gain or give advantage to companies in which they have a financial interest, inventors must disclose their financial interest in companies with which the licensing professional is negotiating a license. Underlying policy and guidelines are available under "Information for Inventors" at the [LBNL Technology Transfer Web site](#).

The Lab process to manage potential conflicts of interest in licensing involves economic disclosure,

self-disqualification where there is an interest by a licensing professional, and a multistep independent review of every license. This process is described under "Process for Conflict of Interest Review for Licensing at Berkeley Lab" at the [LBNL Technology Transfer Web site](#).

### **C. SUMMARY OF FORMS**

Inventors or other creators of intellectual property must complete the Conflict of Interest TT 100-LBNL Form, available at the [LBNL Technology Transfer Web site](#).

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# Chapter 11

## Office of the Chief Financial Officer (OCFO) Policies

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Updated 8/21/08

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 Denotes a rewritten or new section

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 Denotes the end of changed text within a section

 Denotes deleted text

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## Laboratory-Hosted and/or Co-Sponsored Conferences

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	January 28, 2008
Revision Date:	0
Revision Number:	0
Scheduled review date/frequency:	January 28, 2009 (every year)
Primary contact:	Manager, Operations

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### Summary

The purpose of this policy is to provide guidelines and procedures to be used when planning a Laboratory-hosted and/or co-sponsored conference which is funded by DOE, or traveling to a conference on behalf of the Laboratory.

### Scope

This policy applies to all [events](#) that qualify as a Laboratory-hosted and/or co-sponsored conference. The terms set forth in this policy are consistent with the [Department of Energy \(DOE\) Order 110.3A](#), DOE Contract 31, and the [DOE Acquisition Regulation Letter, No. AL-2005-12](#). It is the responsibility of each Division to ensure the requirements in this policy have been met.

### Policy

Laboratory-hosted and/or co-sponsored conferences must be accomplished in a reasonable manner that minimizes expenditures while accomplishing program objectives.

A determination must be made for each Laboratory [event](#) as to whether it qualifies as an official Laboratory-hosted or co-sponsored conference or a Laboratory-hosted meeting.

In order to qualify as an official Laboratory-hosted conference, several prerequisites or criteria must be met as outlined in the Laboratory's [Event Approval Database](#) (see [Conference Services](#) website). For conferences with expenditures of \$10,000 or greater, the conference must involve official [domestic or foreign travel](#) of one or more attendees.

If the [event](#) does not meet the established conference criteria, it will be considered a Laboratory-hosted meeting, which involves different prerequisites and criteria (see [Laboratory-Hosted \(Funded\) Meetings](#)).

## **Sponsorship/Co-Sponsorship**

Sponsorship (or co-sponsorship) of a conference is defined as having control over the conduct of the conference (e.g., sufficient to influence costs, venue, program content, or similar aspects) and having some financial responsibility or providing in-kind (non-monetary) services for the conference. Laboratory funds (sponsored or co-sponsored) can only be used for allowable expenses (see [Unallowable Conference Costs](#) below).

If the Laboratory does not directly organize, plan or control a conference but provides funding or in-kind (non-monetary) services, it is considered a form of co-sponsorship.

The following additional guidelines apply to the Laboratory's co-sponsorship of a conference:

- The Laboratory will not be identified as the official sponsor and will not be featured prominently in any conference literature
- The sponsoring Division is responsible for approving any contractual co-sponsorship conference agreements

### ***Conference Planning Support***

Planning support provided by Laboratory employees as part of their management-approved activities is not considered to be part of co-sponsored conference costs. However, if substantial (non-minimal) costs are incurred for employee effort and/or supplies, such costs should be approved and accounted for as co-sponsored conference costs.

## **Exclusions**

If any of the following activities apply to the [event](#), it will not be considered a conference and will be processed as a meeting:

1. DOE employees traveling to sites where work for DOE is being performed to discuss the status of that work
2. DOE technical/business program, project, or peer review
3. Formal, structured training programs (including seminars specifically held for training purposes) that have specific objectives identified to improve certain knowledge, skills, and abilities
4. Contractor activities related to work not funded by DOE
5. Meetings requiring only local travel
6. Federal Advisory Committee meetings

## **Financial Policies and Procedures Manual**

7. Contract pre-proposal, bid opening, and similar activities, including negotiations
8. Public hearings and associated briefings
9. Audits, inspections, and investigations
10. Activities funded through a grant or cooperative agreement, unless one of the purposes of the agreement is to *manage* a DOE conference

### **Approval of Conferences**

All Laboratory-hosted or co-sponsored conferences must have the following approvals 45 days prior to the conference:

- Funding Division Director or designee
- Conference Services

For conference expenditures of \$10,000 or greater, the following additional approvals are required 45 days prior to the conference:

- Laboratory Director, Deputy Director or Associated Laboratory Director
- DOE [Contracting Officer](#) or designee

For additional information and guidance, see the [Conference Services](#) website.

### **Conference Management System (CMS)**

The CMS is the DOE central database used to compile data, generate reports, and view proposed and approved conferences for planning purposes. Upon approval by DOE, estimates of conference activities, such as the final number of attendees, costs and other relevant information are entered into the CMS by DOE.

### **Employees Traveling to a Conference**

DOE requires the Laboratory to record and track information for all employees traveling to conferences for which the total Laboratory cost is \$10,000 or greater.

Employees planning to travel to a conference must contact Conference Services at least 45 days prior to the trip (see the [Conference Services](#) website).

### **Contractual Agreements**

Third party contractual agreements (e.g., hotel, food services, equipment rental, or transportation) held on behalf of the Laboratory for conference arrangements must be approved by Conference Services.

Any third party contract not approved by Conference Services may be considered an unauthorized procurement, subject to personal financial liability and administrative discipline.

### **Roles and Responsibilities**

#### ***Sponsoring Division***

1. Completes the applicable entries, forms and documents in the Laboratory's [Event Approval Database](#), which includes funding and budget information.
2. Maintains appropriate financial records.
3. Plans, organizes, and initiates conference arrangements.
4. Whenever possible, minimizes the number and cost of exhibits/booths by using corporate-type exhibits/booths that can be shared by DOE and DOE contractor organizations.
5. Provides a dedicated Division project ID (account) in which to charge costs associated with the conference.
6. Upon completion of the conference, reviews and verifies conference revenues and expenditures within 120 days after completion of the conference.

#### ***Division Director or Designee***

1. Approves all Laboratory-hosted and/or co-sponsored conferences.
2. Approves requests for travel to a conference where the expenditures are \$10,000 or greater.

#### ***Conference Services***

1. Administers and maintains conference policy and procedures. Provides guidance and training when necessary.
2. Reviews and approves all Laboratory [event](#) information entered into the [Event Approval Database](#). Ensures compliance with Laboratory policy, DOE Contract 31, Federal Acquisition Regulations, and DOE Order 110.3A, Conference Management.

## **Financial Policies and Procedures Manual**

3. Reviews, negotiates, and approves third party contractual agreements for conference arrangements such as facility/hotel contracts, and chartered transportation services (e.g., shuttle or bus).
4. Requests the opening and closing of BZ conference accounts from the Controller's Office (General Accounting).
5. Ensures unallowable costs are tracked separately from allowable costs (i.e., two different BZ accounts).
6. Issues refunds and documents the refund information.
7. Reconciles registration payments to ensure all applicable fees have been paid and all payment information is captured.
8. Manages conference approval process.
9. Manages the conference and registration database, which provides access to automated status reports on the [Conference Services](#) website.

### ***Laboratory Director or Designee***

1. Approves all Laboratory-hosted and/or co-sponsored conferences for which expenditures are \$10,000 or greater.
2. Approves all Lab-wide travel to non-Laboratory-hosted and/or co-sponsored conferences for which cumulative expenses total \$10,000 or greater (Example: Multi-Divisions traveling to the same conference where the total expenses are \$10,000 or greater).

### ***Contracting Officer (DOE Berkeley Site Office)***

Approves all Laboratory sponsored conferences for which expenditures are \$10,000 or greater.

### ***Controller's Office (General Accounting)***

1. Deposits registration fees and/or sponsorship funding and records revenue in the Laboratory's Financial Management System (FMS).
2. Issues payment for conference expenses approved by Conference Services.
3. Reconciles conference accounts.
4. Provides general guidance on conference accounting.

## Financial Policies and Procedures Manual

### Site Selection

The sponsoring Division should select a site that minimizes costs. The use of government-provided facilities is preferred. Resort or recreational sites should be avoided, unless a true cost savings will result. Conferences should be held at facilities that comply with the Americans with Disabilities Act (ADA) and the Hotel and Motel Fire Safety Act of 1990 (P.L. 101-391, as amended).

### Justification

The sponsoring Division must perform a cost comparison of at least three prospective locations, unless there is a specific advantage to the Government, which must be documented in writing. A justification/impact statement must also be provided as to why the selected site provides the best overall value or is necessary in order to achieve the conference objective (see the [Conference Services](#) website).

### Allowable Conference Costs

See the [Conference Services](#) website for examples of allowable costs. For food service (meals and refreshments) provided during a conference, all of the following requirements must be met:

- External participants (non-Laboratory employees) are present (at least 20%)
- Food service is *incidental* to the conference
- Attendance during meals and when refreshments are served is important for the attendee's full participation in the conference
- Work precedes any food service provided, and the food service is provided during a working session
- A detailed agenda is provided (including *events* with food and an attendee list with guest affiliations)
- The meals and refreshments are an *incidental* part of a larger conference program that includes substantial functions occurring separately from when the food is served
- Food service for the conference has been approved in advance by Conference Services

### Unallowable Conference Costs

Laboratory funds **cannot** be used for **unallowable costs** (see DOE Contract 31, [DOE FAR 31.201-2](#), *Determining Allowability*). Private funds, however, may be used for unallowable conference costs. These include, but are not limited to, the following:

## **Financial Policies and Procedures Manual**

- Entertainment (including tickets to sporting events, concerts, and other forms of public amusement)
- Alcoholic beverages (including bartender and corkage fees)
- Gifts, door prizes, or awards
- Decorative items (flowers, balloons, etc.)
- Tours of sites not directly associated with the conference and its content
- Food service associated with social events where no business is conducted
- Meals for guests or spouses

### **Travel**

Costs for traveling to a conference will be reimbursed in accordance with the Laboratory's [Travel Policy](#). If conference accounts have been established by Conference Services, travel costs for speakers and invited guests should be charged to the appropriate conference account.

### **Funding Sources**

Laboratory-hosted and/or co-sponsored conferences may be funded from a number of external and internal sources including registration fees, co-sponsorships, and Laboratory funding. All funds and revenue used to support conferences must be deposited in Laboratory accounts established by the Controller's Office.

### **Registration Fees**

A registration fee may be charged to attendees (including DOE and DOE contractor employees) to finance any or all allowable or unallowable expenses.

The sponsoring Division determines the appropriate registration fee to be charged. The registration fee should be set at an amount that generates sufficient revenue to cover the specified items to be financed through registration fees, but not an amount that would lead to excess revenue.

Payment for registration fees from non-Laboratory employees can be made by check, cash or credit card. Checks should be payable to the "UC Regents."

It is at the discretion of the sponsoring Division to waive or reduce registration fees for speakers, invited guests, students or others.

## **Financial Policies and Procedures Manual**

### **Refunds**

The sponsoring Division may offer refunds to conference sponsors or participants. Conference Services approves and processes all refunds requested by the sponsoring Division.

### **Payment of Conference Expenses**

Conference related invoices and receipts must be reviewed and approved by the sponsoring Division and Conference Services. The sponsoring Division should ensure that all allowable and unallowable expenses are separated and identified on the final invoices/receipts prior to submitting to Conference Services for payment.

### **Records Retention/Maintenance**

Conference Services will maintain conference records in accordance with applicable DOE and Laboratory retention policies. The retention of conference records ranges from three years to permanent, depending upon the significance of the conference, the conference sponsor, and the relationship between the Laboratory and the sponsor (see [DOE Administrative Schedule 16, Administrative Management Records, Item 8 \(d\).](#)).

The following reflects specific records to be maintained by the responsible organization for each conference:

#### ***Conference Services***

- Approved forms and documents from the Laboratory's [Event Approval Database](#)
- Copies of invoices paid by Conference Services for allowable and unallowable conference costs
- Documentation of all refunds requested by the sponsoring Division and processed by Conference Services
- Copies of allowable and/or unallowable payments made by third parties for costs contracted by the Laboratory
- Copies of collected revenue and registration payments (checks, cash receipts, credit card payments, and resource adjustment documentation) if applicable
- Documentation of closing account reconciliation

## Financial Policies and Procedures Manual

### **Sponsoring Division**

- Copies of paid invoices for both allowable and unallowable conference costs
- Approved copy of the Laboratory Sponsored Conference Approval Request Workbook
- Copies of contractual agreements approved by Conference Services

### **Glossary**

- **Conference Management System (CMS):** The DOE central database used to compile data, generate reports, and view proposed and approved conferences \$10,000 or greater.
- **DOE Contracting Officer:** The Laboratory's DOE Contracting Officer is located at the Berkeley DOE Site Office.
- **Event:** Any formal activity that involves the dissemination or exchange of trade, business, professional or technical information with employees or peers.
- **Incidental:** Minor or subordinate in significance or nature; i.e., secondary.
- **Laboratory-Hosted Meeting:** An event or activity conducted at Laboratory expense using federal funds, during which Laboratory employees, supplemental labor employees, and/or visitors hold work-related discussions, exchange or disseminate technical information, or conduct structured training.
- **Official Travel** (per [Travel Policy](#)):
  - **Domestic:** Travel within United States and its possessions, or travel from a foreign country to the United States.
  - **Foreign:** Travel from the United States to a foreign country (including Canada and Mexico) and return, or travel between foreign countries.

### **Authority**

- [Department of Energy \(DOE\) Order 110.3A](#)
- [DOE Acquisition Regulation Letter, No. AL-2005-12](#)
- [DOE Administrative Schedule 16, Administrative Management Records, Item 8 \(d\).](#)
- DOE Contract 31

## Financial Policies and Procedures Manual

### Contacts

- [Conference Services hotline](#)
- Manager, Operations



## Laboratory-Hosted and/or Co-Sponsored Conferences

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	January 28, 2008
Revision Date:	0
Revision Number:	0
Scheduled review date/frequency:	January 28, 2009 (every year)
Primary contact:	Manager, Operations

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### Summary

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## **Exclusions**

If any of the following activities apply to the [event](#), it will not be considered a conference and will be processed as a meeting:

1. DOE employees traveling to sites where work for DOE is being performed to discuss the status of that work
2. DOE technical/business program, project, or peer review
3. Formal, structured training programs (including seminars specifically held for training purposes) that have specific objectives identified to improve certain knowledge, skills, and abilities
4. Contractor activities related to work not funded by DOE
5. Meetings requiring only local travel
6. Federal Advisory Committee meetings

## **Financial Policies and Procedures Manual**

7. Contract pre-proposal, bid opening, and similar activities, including negotiations
8. Public hearings and associated briefings
9. Audits, inspections, and investigations
10. Activities funded through a grant or cooperative agreement, unless one of the purposes of the agreement is to *manage* a DOE conference

### **Approval of Conferences**

All Laboratory-hosted or co-sponsored conferences must have the following approvals 45 days prior to the conference:

- Funding Division Director or designee
- Conference Services

For conference expenditures of \$10,000 or greater, the following additional approvals are required 45 days prior to the conference:

- Laboratory Director, Deputy Director or Associated Laboratory Director
- DOE [Contracting Officer](#) or designee

For additional information and guidance, see the [Conference Services](#) website.

### **Conference Management System (CMS)**

The CMS is the DOE central database used to compile data, generate reports, and view proposed and approved conferences for planning purposes. Upon approval by DOE, estimates of conference activities, such as the final number of attendees, costs and other relevant information are entered into the CMS by DOE.

### **Employees Traveling to a Conference**

DOE requires the Laboratory to record and track information for all employees traveling to conferences for which the total Laboratory cost is \$10,000 or greater.

Employees planning to travel to a conference must contact Conference Services at least 45 days prior to the trip (see the [Conference Services](#) website).

### **Contractual Agreements**

Third party contractual agreements (e.g., hotel, food services, equipment rental, or transportation) held on behalf of the Laboratory for conference arrangements must be approved by Conference Services.

Any third party contract not approved by Conference Services may be considered an unauthorized procurement, subject to personal financial liability and administrative discipline.

### **Roles and Responsibilities**

#### ***Sponsoring Division***

1. Completes the applicable entries, forms and documents in the Laboratory's [Event Approval Database](#), which includes funding and budget information.
2. Maintains appropriate financial records.
3. Plans, organizes, and initiates conference arrangements.
4. Whenever possible, minimizes the number and cost of exhibits/booths by using corporate-type exhibits/booths that can be shared by DOE and DOE contractor organizations.
5. Provides a dedicated Division project ID (account) in which to charge costs associated with the conference.
6. Upon completion of the conference, reviews and verifies conference revenues and expenditures within 120 days after completion of the conference.

#### ***Division Director or Designee***

1. Approves all Laboratory-hosted and/or co-sponsored conferences.
2. Approves requests for travel to a conference where the expenditures are \$10,000 or greater.

#### ***Conference Services***

1. Administers and maintains conference policy and procedures. Provides guidance and training when necessary.
2. Reviews and approves all Laboratory [event](#) information entered into the [Event Approval Database](#). Ensures compliance with Laboratory policy, DOE Contract 31, Federal Acquisition Regulations, and DOE Order 110.3A, Conference Management.

## **Financial Policies and Procedures Manual**

3. Reviews, negotiates, and approves third party contractual agreements for conference arrangements such as facility/hotel contracts, and chartered transportation services (e.g., shuttle or bus).
4. Requests the opening and closing of BZ conference accounts from the Controller's Office (General Accounting).
5. Ensures unallowable costs are tracked separately from allowable costs (i.e., two different BZ accounts).
6. Issues refunds and documents the refund information.
7. Reconciles registration payments to ensure all applicable fees have been paid and all payment information is captured.
8. Manages conference approval process.
9. Manages the conference and registration database, which provides access to automated status reports on the [Conference Services](#) website.

### ***Laboratory Director or Designee***

1. Approves all Laboratory-hosted and/or co-sponsored conferences for which expenditures are \$10,000 or greater.
2. Approves all Lab-wide travel to non-Laboratory-hosted and/or co-sponsored conferences for which cumulative expenses total \$10,000 or greater (Example: Multi-Divisions traveling to the same conference where the total expenses are \$10,000 or greater).

### ***Contracting Officer (DOE Berkeley Site Office)***

Approves all Laboratory sponsored conferences for which expenditures are \$10,000 or greater.

### ***Controller's Office (General Accounting)***

1. Deposits registration fees and/or sponsorship funding and records revenue in the Laboratory's Financial Management System (FMS).
2. Issues payment for conference expenses approved by Conference Services.
3. Reconciles conference accounts.
4. Provides general guidance on conference accounting.

## Financial Policies and Procedures Manual

### Site Selection

The sponsoring Division should select a site that minimizes costs. The use of government-provided facilities is preferred. Resort or recreational sites should be avoided, unless a true cost savings will result. Conferences should be held at facilities that comply with the Americans with Disabilities Act (ADA) and the Hotel and Motel Fire Safety Act of 1990 (P.L. 101-391, as amended).

### Justification

The sponsoring Division must perform a cost comparison of at least three prospective locations, unless there is a specific advantage to the Government, which must be documented in writing. A justification/impact statement must also be provided as to why the selected site provides the best overall value or is necessary in order to achieve the conference objective (see the [Conference Services](#) website).

### Allowable Conference Costs

See the [Conference Services](#) website for examples of allowable costs. For food service (meals and refreshments) provided during a conference, all of the following requirements must be met:

- External participants (non-Laboratory employees) are present (at least 20%)
- Food service is *incidental* to the conference
- Attendance during meals and when refreshments are served is important for the attendee's full participation in the conference
- Work precedes any food service provided, and the food service is provided during a working session
- A detailed agenda is provided (including *events* with food and an attendee list with guest affiliations)
- The meals and refreshments are an *incidental* part of a larger conference program that includes substantial functions occurring separately from when the food is served
- Food service for the conference has been approved in advance by Conference Services

### Unallowable Conference Costs

Laboratory funds **cannot** be used for **unallowable costs** (see DOE Contract 31, [DOE FAR 31.201-2](#), *Determining Allowability*). Private funds, however, may be used for unallowable conference costs. These include, but are not limited to, the following:

## **Financial Policies and Procedures Manual**

- Entertainment (including tickets to sporting events, concerts, and other forms of public amusement)
- Alcoholic beverages (including bartender and corkage fees)
- Gifts, door prizes, or awards
- Decorative items (flowers, balloons, etc.)
- Tours of sites not directly associated with the conference and its content
- Food service associated with social events where no business is conducted
- Meals for guests or spouses

### **Travel**

Costs for traveling to a conference will be reimbursed in accordance with the Laboratory's [Travel Policy](#). If conference accounts have been established by Conference Services, travel costs for speakers and invited guests should be charged to the appropriate conference account.

### **Funding Sources**

Laboratory-hosted and/or co-sponsored conferences may be funded from a number of external and internal sources including registration fees, co-sponsorships, and Laboratory funding. All funds and revenue used to support conferences must be deposited in Laboratory accounts established by the Controller's Office.

### **Registration Fees**

A registration fee may be charged to attendees (including DOE and DOE contractor employees) to finance any or all allowable or unallowable expenses.

The sponsoring Division determines the appropriate registration fee to be charged. The registration fee should be set at an amount that generates sufficient revenue to cover the specified items to be financed through registration fees, but not an amount that would lead to excess revenue.

Payment for registration fees from non-Laboratory employees can be made by check, cash or credit card. Checks should be payable to the "UC Regents."

It is at the discretion of the sponsoring Division to waive or reduce registration fees for speakers, invited guests, students or others.

## **Financial Policies and Procedures Manual**

### **Refunds**

The sponsoring Division may offer refunds to conference sponsors or participants. Conference Services approves and processes all refunds requested by the sponsoring Division.

### **Payment of Conference Expenses**

Conference related invoices and receipts must be reviewed and approved by the sponsoring Division and Conference Services. The sponsoring Division should ensure that all allowable and unallowable expenses are separated and identified on the final invoices/receipts prior to submitting to Conference Services for payment.

### **Records Retention/Maintenance**

Conference Services will maintain conference records in accordance with applicable DOE and Laboratory retention policies. The retention of conference records ranges from three years to permanent, depending upon the significance of the conference, the conference sponsor, and the relationship between the Laboratory and the sponsor (see [DOE Administrative Schedule 16, Administrative Management Records, Item 8 \(d\).](#)).

The following reflects specific records to be maintained by the responsible organization for each conference:

#### ***Conference Services***

- Approved forms and documents from the Laboratory's [Event Approval Database](#)
- Copies of invoices paid by Conference Services for allowable and unallowable conference costs
- Documentation of all refunds requested by the sponsoring Division and processed by Conference Services
- Copies of allowable and/or unallowable payments made by third parties for costs contracted by the Laboratory
- Copies of collected revenue and registration payments (checks, cash receipts, credit card payments, and resource adjustment documentation) if applicable
- Documentation of closing account reconciliation

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### **Sponsoring Division**

- Copies of paid invoices for both allowable and unallowable conference costs
- Approved copy of the Laboratory Sponsored Conference Approval Request Workbook
- Copies of contractual agreements approved by Conference Services

### **Glossary**

- **Conference Management System (CMS):** The DOE central database used to compile data, generate reports, and view proposed and approved conferences \$10,000 or greater.
- **DOE Contracting Officer:** The Laboratory's DOE Contracting Officer is located at the Berkeley DOE Site Office.
- **Event:** Any formal activity that involves the dissemination or exchange of trade, business, professional or technical information with employees or peers.
- **Incidental:** Minor or subordinate in significance or nature; i.e., secondary.
- **Laboratory-Hosted Meeting:** An event or activity conducted at Laboratory expense using federal funds, during which Laboratory employees, supplemental labor employees, and/or visitors hold work-related discussions, exchange or disseminate technical information, or conduct structured training.
- **Official Travel** (per [Travel Policy](#)):
  - **Domestic:** Travel within United States and its possessions, or travel from a foreign country to the United States.
  - **Foreign:** Travel from the United States to a foreign country (including Canada and Mexico) and return, or travel between foreign countries.

### **Authority**

- [Department of Energy \(DOE\) Order 110.3A](#)
- [DOE Acquisition Regulation Letter, No. AL-2005-12](#)
- [DOE Administrative Schedule 16, Administrative Management Records, Item 8 \(d\).](#)
- DOE Contract 31

## Financial Policies and Procedures Manual

### Contacts

- [Conference Services hotline](#)
- Manager, Operations



## Financial Management General Guidelines

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Overview

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Originally issued:	October 1, 2005
Revision Effective Date:	June 1, 2007
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Primary contact:	Controller

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### Summary

For all financial business actions, Lawrence Berkeley National Laboratory (LBNL) must comply with DOE criteria as stipulated in the [DOE/LBNL Contract](#) and adhere to federal Cost Accounting Standards (CAS). Compliance with DOE contractual criteria ensures appropriate accounting practices are consistent throughout all Laboratory organizational units and work activities.

### Policy

#### *Financial Obligations*

- Confirmation of LBNL's receipt of funds and authorization to begin work is required before employees make commitments to hire staff, purchase goods, procure services, or incur other financial obligations. For authorization criteria and the list of authorized approvers, see [Authorized Signatures](#).

#### *Spending Criteria*

- Funding received by LBNL must be spent on the scope of work for which it was authorized and, generally, within the specified time period authorized.
- Costs, such as payroll, procurements, services, or supplies, must be identified by the appropriate project ID that reflects the scope of work for that project.

#### *Changes to Accounting/Financial Practices*

- Proposed changes to accounting or financial practices require review and approval by the DOE Contracting Officers. The Office of the Chief Financial Officer (OCFO) will review all proposals for appropriateness, compliance with CAS, and endorsement of LBNL senior management prior to submitting to DOE for approval.

# **Financial Policies and Procedures Manual**

## *Adjustments or corrections*

- Any subsequent accounting corrections and/or resource adjustments must adhere to the financial policies and procedures for [Resource Adjustments](#) as outlined in the [Financial Policies and Procedures Manual](#).

## **Procedures**

### ***Implementing/Changing Formal OCFO Financial Policies***

#### **Roles and Responsibilities**

##### **Subject Matter Expert (Policy Author)**

- Contacts OCFO Financial Policy and Training Office (FPTO) prior to writing policy
- Drafts policy utilizing [OCFO FPTO Financial Policy Template](#)
- Emails draft to FPTO for editing

##### **FPTO**

- Edits draft policy for clarity, voice and format consistency
- Emails draft policy to OCFO Central Administration Management for 10 day comment and/or question period
- Reviews Management's recommended edits with policy author/s
- Incorporates recommended edits (if appropriate) into the draft policy
- Emails draft policy to the Laboratory financial/business community (utilizing list serves for ResMgmt1, ResMgmt2, and BSIP) and DOE Berkeley Site Office (BSO) for 10 day comment and/or question period
- Reviews and implements any recommended edits received with policy author/s
- Emails policy to OCFO Web Master for posting to OCFO FPTO web page
- When policy is posted, emails announcement to financial/business community and BSO
- Ensures RPM Web Master incorporates policy link and Responsible Manager information into the RPM
- Coordinates policy training, as necessary

#### **Contacts**

- Manager, Financial Policy and Training
- Budget Officer
- Controller

#### **Authority**

- Department of Energy Contract 31

# §11.04

## Consultants to Lawrence Berkeley National Laboratory

[Responsible Manager](#)

Links updated 09/08

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## **D. Procedures for Securing Consulting Services**

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7. [Claim for Consulting Services](#)
8. [Termination and Renewal](#)
9. [Personal Services Agreements](#)
10. [References](#)

## **A. DEFINITIONS**

The following definitions apply for purposes of securing consulting services:

### **1. Consultant**

A consultant is an individual acting on his or her own behalf who provides expert advisory or assistance services of a technical or professional nature on a fee or per diem basis. Current Laboratory employees may *not* be Laboratory consultants.

### **2. Consultant Agreement**

A consultant agreement is an agreement between the Laboratory and a person acting as an independent subcontractor in performing consulting services.

### **3. Personal Services Agreement**

A personal services agreement (PSA) is an agreement between the Laboratory and an established company that makes available by name one or more of its employees as consultants.

### **4. Consultant Services**

Consultant services are the services of an expert who personally renders services to the Laboratory on a short-term or infrequent basis. Consultants provide technical, scientific, engineering, and/or administrative expertise not otherwise available to the Laboratory. Consulting services may consist of information, advice, opinions, alternatives, conclusions, recommendations, or direct assistance, such as studies, analyses, evaluations, and liaison. Consultant services may be provided under a consultant agreement or a PSA. Most architect and engineer services are excluded from the definition of consultant services.

## 5. Technical Contact/Technical Coordinator/Technical Supervisor

A technical contact, coordinator, or supervisor is the Laboratory employee(s) responsible for ensuring that a particular consultant's services are properly authorized, the work performed is acceptable, and the amounts claimed under the agreement are correct.

## B. POLICIES GOVERNING USE OF CONSULTANTS

### 1. General

The Laboratory will engage the services of a consultant when such services are of a short-term or intermittent nature, contribute to the Laboratory's mission, and cannot be performed as effectively by a regular or temporary employee.

Consultant services allow the Laboratory to:

- Benefit from recognized expertise in a specific field
- Provide for the mutual exchange of professional expertise
- Collaborate on projects of mutual interest
- Support and assist other institutions with the development of technological capabilities and transfer of knowledge
- Encourage the use of Laboratory facilities for educational purposes as long as this use is in the Laboratory's interest

Under no circumstances may a consultant be used to specifically aid in influencing or enacting legislation. Consultants may *not* perform work of a policy-making, decision-making, managerial, or supervisory nature nor may they approve or disapprove actions that commit or expend Laboratory funds. Consultants work independently and not under Laboratory supervision. Consultant services may not be obtained for unauthorized purposes, such as to bypass or undermine personnel ceilings or pay limitations.

### 2. Nature of Services

Normally, consulting services are contracted for in connection with specific research, administrative tasks, or problems because there is a need for a person whose

- Specialty is not adequately represented by an employee of the Laboratory;
- Assistance is needed intermittently on a short-term or infrequent basis;
- Services are either unavailable or impractical to secure through employment.

### 3. Time Requirements

Consultant agreements must specify an anticipated number of service days. A consultant may not normally receive fees for more than 90 service days within the agreement year. DOE approval must be obtained in advance for agreements that provide for more than 90 service days per agreement year. When the need is expected to exceed these time requirements, regular part-time employment or contract labor should be considered and, if appropriate, arranged in accordance with existing employment practices.

#### **4. Duration of Agreement**

Agreements for consulting services normally are established for a year or less and cover a period for which there is a foreseeable need for the consultant's services. Agreements are renewed only when there is a verified continuing need. Agreements may be written for a period of up to five years, however, with appropriate justification from the requester.

#### **5. Selection Process**

Consultants are selected on the basis of qualifications, resources, experience, and needs of and costs to the Laboratory, as determined by the division requiring the particular service and as approved by the Procurement Manager. Agency or similar fees are not paid to others for locating a consultant.

#### **6. Conflict of Interest**

Laboratory policy requires that consultants refrain from activities on behalf of the Laboratory and DOE that could be interpreted as creating a conflict of interest for the consultant. Accordingly, the terms of agreements to obtain their services require that consultants or firms furnishing the services of their named employees as consultant:

- Affirm that, to the best of their knowledge, (a) no direct or indirect private interests of the consultant exist that are or may appear to be incompatible with the consultant's work for the Laboratory, and (b) the consultant is not concurrently performing work on a full-time annual employment basis for any other organization under a cost-type contract with DOE.
- Avoid any activities by the consultant influencing decisions on behalf of the Laboratory (including participation in proposal, design, or negotiation phases of Laboratory procurements) that directly or indirectly affect the interests of the Laboratory or DOE when the consultant has a personal interest in the matter that may be incompatible with the interests of the Laboratory or DOE.
- Notify the Laboratory promptly regarding any change in either the consultant's private interest or the work being done by the consultant for the Laboratory that may result, or appear to result, in a conflict of interest.

An [Organizational Conflict of Interest \(OCI\) Preprocurement Fact Sheet](#) must be completed and accompany each consultant agreement request package. This fact sheet is available from the Office of the Chief Financial Officer/Procurement.

If the required work appears to require OCI review (i.e., evaluation services or activities, technical consulting and management support services, professional services, or other contractual situations where there is a reasonable possibility that an OCI may exist or arise), award may not be made until a DOE finding of the OCI has been obtained. This determination can be made from the information provided in the Fact Sheet and in the consultant request package (e.g., employer, background) and obtained from the consultant during fee negotiations (e.g., former employers, clients).

In addition to the foregoing, California law prohibits any University (Laboratory) employee from making or participating in the making of a decision if a financial conflict of interest exists for the employee. This extends to the employee's involvement both in selecting a consultant and in the consultant's subsequent work.

Consultants themselves are subject to the requirements of the University's Conflict of Interest Code, including filing economic interest statements and disqualification requirements when they make final government decisions or operate in a staff capacity and substantially perform the same duties as an individual holding a position specified in the Laboratory's list of designated positions. See University Conflict of Interest Code for additional details.

## **7. Dual Compensation**

University policies and practices govern the compensation that consultants may receive concurrently from multiple University sources. Accordingly, by the terms of agreements executed for that purpose, consultants rendering services to the Laboratory must:

- Inform the Procurement Manager, in detail, before executing the agreement and immediately during its term of any actual or proposed employment or other compensatory arrangement with any other activity of the University.
- Agree that the Laboratory may amend the agreement, including terms governing amounts payable to the consultant or firm under the agreement, to the extent consistent with the University's current and applicable policies and practices.

In addition, DOE regulations prohibit a consultant from being concurrently paid by DOE, whether as an employee of or as a consultant to DOE, while performing work on a full-time employment basis with any other DOE cost-type contractor. The Laboratory may borrow the individual from another DOE cost-type contractor if any payment is a cash payment made under [the DOE/LBNL Contract](#) between the University and DOE or DOE procedures to such other contractor and not to the individual. These limitations do not prohibit other federal agency personnel from rendering consulting services to the Laboratory on their own time to the extent permitted by the particular agency's regulations and as approved by the Procurement Manager.

## **8. Foreign Nationals as Consultants**

University policies, which are based on federal immigration laws applicable to the Laboratory, allow holders of immigrant visas, H-1 visas (persons of distinguished merit), and J-1 visas (exchange visitors)

to be fully compensated when retained by the Laboratory as consultants. Holders of B-1 visas (visitors on business) may not be paid consultant fees, however, although they may be reimbursed for travel and subsistence. Holders of B-2 visas (visitors for pleasure) may not be paid fees or reimbursement of any kind.

Site Access Services, Foreign Visitors Unit, should be notified as soon as possible of proposed visits that will involve payment of consultant fees, to enable that unit to send proper visa documentation to the visitor before departure from the visitor's home country. Requests for adjustment in visa status should also be processed through the Foreign Visitors Unit. Foreign nationals must have social security numbers before being awarded a consultant agreement.

## **9. Faculty as Consultants**

University policy governs when and under what circumstances University of California faculty members may serve as consultants to the Laboratory. Approval of the proposed faculty consultant's academic department on a case-by-case basis must be obtained through the Office of the Chief Financial Officer/Procurement. University staff personnel normally may not be retained as consultants.

## **10. Former Laboratory Employees**

When the services of former employees (including retired employees) are required, the Laboratory's practice is to place such persons on indeterminate-time work schedules through the Human Resources Department. In exceptional cases, if the work is not supervised and the Laboratory has no control of the results of the work, the use of a consultant agreement or PSA is appropriate. Particular care must be taken to ensure that the selection of former employees, including retired employees, to serve as consultants to the Laboratory will best serve the Laboratory's interests.

## **11. Retired Faculty and Staff**

Laws and regulations affecting the UCRS and PERS (retirement systems) permit retired members of both systems to work indeterminate or part-time schedules and as contract labor. The Human Resources Department should be contacted for employment of retired faculty and staff.

# **C. POLICIES GOVERNING CONSULTANT RELATIONSHIP**

## **1. Time and Place of Performance**

Consultants, as independent contractors or employees of independent contractors, usually may adopt (subject to technical contact approval) arrangements suitable to the consultant concerning performance details, such as times and places for rendering the agreed-on services. In each case, however, the technical contact is expected to ensure that a consultant's overall performance will provide the most satisfactory results for the Laboratory.

## **2. Results of Performance**

Consultants should be required to furnish reports or other data documenting that services were satisfactorily rendered, as requested by the technical contact in accordance with the terms of the agreement. When this is impractical, the technical contact is expected to maintain records adequate for this purpose.

The technical contact is expected to closely monitor the work of the consultant to ensure that the quantity and quality of work produced during the time allotted are acceptable. Instances of unsatisfactory performance should be documented. Termination action should be initiated promptly through the Office of the Chief Financial Officer/Procurement when continued service by a consultant is deemed inadvisable.

### **3. Compensation**

Consultants normally are paid as agreed, with either daily rates or fees for each full day the consultant renders services, including travel. In addition, consultants may be reimbursed for certain costs and expenses, such as clerical and related support indicated in the consultant's proposal, when approved in writing by the Office of the Chief Financial Officer/Procurement. Fees will be authorized only when determined reasonable in the particular circumstances and properly documented in the Procurement record of the agreement.

Reasonableness of a consultant's fees should be based on the individual's established market value and the market value of the services to be provided. Fee rates based on salary should be substantiated by a copy of a current paycheck stub, the prior year's W-2 form, a letter of agreement with the employer, or a statement of substantiation from the employer.

Fee rates based on contractual arrangements with other clients may be substantiated by submitting copies of client agreements or other suitable documentation. The number of required submissions may vary depending on the amount of the requested fee and/or value of the submitted agreements.

As stated in [Paragraph \(B\)\(7\)](#), above, limitations are imposed by DOE and the University on using consultants who are also performing other DOE or University work.

### **4. DOE Daily Rate Approval**

Previously, consultant agreements or PSAs with fees that exceeded \$700 per day had to receive DOE approval before placement. Now, instead of the \$700/day limitation, DOE has placed an overall cap on the amount of funds that can be spent for consultants each fiscal year. The overall cap for FY 1996 is not to exceed \$1,750,000. The Laboratory is responsible for documenting the rate of reasonableness but can authorize any rate under this agreement. When the cap is reached, all agreements that contain rates exceeding \$700 per day require DOE approval.

### **5. Taxes**

Fee income is subject to federal and state income tax. Laboratory Accounting will issue appropriate tax forms, covering total fee dollars paid during each calendar year to all consultants.

## **6. No-Fee Agreements**

Consulting agreements may be written by the Office of the Chief Financial Officer/Procurement on a no-fee basis, allowing reimbursement of expenses only. Expenses must be reimbursed in accordance with Laboratory policy, such as the Laboratory travel policy. If no fee is paid, consultants may serve an unlimited number of days per year and a solicitation is not necessary.

## **7. Allowable Expenses**

Reimbursement of expenses is primarily limited to travel and travel-related expenses, using Laboratory travel policies as a basis for determining reasonableness. Foreign travel requires prior DOE approval. Other types of allowable expenses, to the extent that they are not covered in the consultant fee, include secretarial services, computer time, and any other reasonable cost deemed necessary for successful completion of the consultation. Separate charges for the use of special facilities or equipment owned by the consultant, his or her employer, or other vendors are usually not considered reimbursable, unless justified by the requester and approved by the procurement specialist before agreement award.

## **8. Property**

Acquisition of capital equipment is generally not allowed. Deviating from this procedure requires a memorandum substantiating the necessity of such action, approval and authorization of the Procurement Manager, and inclusion of appropriate property coverage in the consultant agreement or PSA.

## **9. Travel**

Consultants normally are reimbursed for travel and subsistence expenses in accordance with the Laboratory's DOE-approved travel policies and rules for consultants unless, as is often the case in PSAs, the Laboratory has approved the travel policies and rules of the firm involved.

Travel expenses will be reimbursed from the consultant's business (or from any place at which the consultant may be located when called on to perform services) and for the consultant's return to any point as long as reimbursement does not exceed the travel cost of returning to the place from which travel was authorized or to the consultant's business address.

The consultant will be paid for authorized travel expenses after the submission of a properly certified travel voucher and other reasonable proof required by the Laboratory.

## **10. Conduct of Consultant**

University and government policies form the basis for rules of conduct to which consultants agree to be bound through the agreements they execute to render their services. These rules specifically prohibit the following:

- Accepting any gratuity or special favor from individuals or organizations with whom the Laboratory is doing business, or proposes to do business, under circumstances that might reasonably be interpreted as an attempt to influence the consultant in accomplishing the agreed-on work.
- Using for personal gain or making other improper use of privileged information acquired in connection with the consultant's work for the Laboratory. The term "privileged information" includes, but is not limited to, unpublished information relating to technological and scientific developments; anticipated material requirements or pricing actions; possible new sites for program operations; knowledge of selection of contractors or subcontractors before official announcement; and medical, personnel, or security records of individuals.
- Making or influencing any decisions on behalf of the Laboratory that directly or indirectly affect the interest of the government if the consultant's personal concern in the matter may be incompatible with the interest of the government.
- Using the name of the University or the Laboratory in publications, news releases, advertising, speeches, technical papers, photographs, and other releases of information regarding the consultant's work for the Laboratory, except with prior written approval of the Director, Associate Laboratory Director of Operations, or designee.

Technical contacts are responsible for guarding against such situations by reminding consultants of their obligations in these matters and advising them when and from whom to obtain further guidance in questionable cases.

## **11. Patents, Data, and Copyrights**

Under [the DOE/LBNL Contract](#), the Laboratory is required to include in its consultant agreements and PSAs provisions pertaining to patents, data, and copyrights. These basically concern such matters as patent rights; rights to data, including copyrights; and patent and copyright infringement.

Technical contacts are expected to ensure that the consultant's obligations in these matters (e.g., reporting inventions, reporting notices or claims of infringement, and securing required DOE approvals) are properly fulfilled. If the consultant does not meet these obligations, the technical contact is expected to notify the Office of the Chief Financial Officer/Procurement immediately so that appropriate timely action may be taken. See [RPM §5.03](#) (*Patents*).

## **12. Subcontracting and Assignment**

Consultants must secure prior written approval from the Laboratory to subcontract, assign, transfer, or otherwise employ anyone to do any of the work, except incidental clerical or similar support work, called for under the agreement with the Laboratory. This approval is secured through the Procurement Manager.

## **13. Environment, Safety, and Health Requirements**

Agreements for securing consultant services specify that consultants are required to take all reasonable precautions at Laboratory sites to protect the environment, safety, and health of all persons involved and to comply with all applicable environment, safety, and health regulations and requirements of the Laboratory and DOE. The Laboratory may stop the particular work any time a consultant fails to comply.

#### **14. Insurance and Indemnification**

The Laboratory will require a consultant to maintain insurance when:

- Work is performed predominantly on Laboratory premises.
- Government-furnished property is provided to a subcontractor.
- The nature of the work poses a significant potential exposure to the University and the government.

The level of insurance required varies, depending on the relative hazard of the work being done and the likelihood of loss. Some operations are more hazardous than others. Some consultant agreements and PSAs are not hazardous, but the possibility of loss may be significant.

The following types and minimum levels of insurance coverage are generally required:

- General liability. Bodily injury, comprehensive form (minimum \$1 million per occurrence).
- PSAs. Workers' compensation, employer's liability (statutory limits for the state in which the work is performed; not required for consultants operating as sole proprietors).
- Professional services (e.g., those performed by doctors, lawyers, and architect-engineers).
- Professional liability (\$1 million per occurrence; \$2 million project aggregate).
- Subcontract requires use of automobile. Automotive liability, comprehensive form (property damage, \$20,000 per occurrence; statutory requirements for the state in which the work is performed that are sufficient to meet normal and customary claims).
- Aircraft used in performing subcontract. Aircraft public and passenger liability (bodily injury, \$200,000 per person and \$500,000 per occurrence, excluding passenger liability; bodily injury, passenger liability, \$200,000 multiplied by the number of seats or passengers, whichever is greater; property damage, \$200,000 per occurrence).

As proof of insurance, the consultant must provide an industry-standard certificate of insurance before working on site. Except for professional liability and workers' compensation insurance, the certificate of insurance must name the Regents of the University of California and the United States Department of Energy as additional insured.

The Laboratory Risk Manager may waive, revise the limits, or prescribe the types and levels of insurance required for particular types of work.

No consultant may be indemnified unless prior approval is obtained from DOE-HQ and the Regents of the University of California. Laboratory counsel should be consulted on any request by a consultant for indemnification.

## D. PROCEDURES FOR SECURING CONSULTING SERVICES

### 1. Request to Establish an Agreement

- a. **Request.** Requests for consultant services are initiated by requesters. The request may be for a new consultant, the renewal of a consultant whose agreement has terminated, or an additional consultation under an agreement already in place under another organization within the Laboratory. Requests for services of consultants should be made on the [Request for Consultant/Personal Services Agreement](#) form, available from the Office of the Chief Financial Officer/Procurement.

At a minimum, a request for consultant services package should contain the following information regarding the consultant and/or the services to be performed:

- Resume
- Citizenship
- Name, address, telephone number, area of expertise, title, social security number, and present employer
- Particular skills/expertise for the services to be performed
- First anticipated date of need
- Whether reimbursement for travel and other services is authorized
- Statement of work
- Suggested daily fee, if known
- Requirements for government property, if any
- Account number(s) to be charged
- Organizational Conflict of Interest Pre-Procurement Fact Sheet (see [Paragraph \(B\)\(6\)](#), above)
- Explanation for the use of a consultant off site, if applicable
- Estimated cost breakdown

- Number of days the consultant services will be needed (see [Paragraph \(B\)\(3\)](#), above)
- Period of desired agreement with justification for multiple years.

If the package is not complete or the information is inadequate, the request package may be returned to the requester with a memorandum explaining the reasons for rejection and requesting the additional information.

- Statement of Work.** Statements of work should specify the exact tasks or area of work to be performed, the period of performance, and the approximate number of days the service must be provided.
- Off-Site Work.** If the work will be performed away from the Laboratory site, the request should include the reason, the dates away, and how the requester will verify the periods and times of performance.
- Insurance.** Consultants or companies with PSAs working on site at the Laboratory may be required to show proof of insurance before working at the Laboratory. The completed request should be signed by the technical contact and the technical contact's division director or designee and sent to Procurement for processing. Procurement will secure concurrence of the Chief Financial Officer or designee on requests that appear to be inconsistent with current University and/or DOE policies.

## 2. Solicitations

Formal, written solicitations and proposals are not required for consultant agreements or PSAs under the small purchase threshold (currently \$100,000). Consultant agreements and PSAs expected to exceed \$500,000 require the submission of cost or pricing data.

## 3. Negotiating the Agreement

The Office of the Chief Financial Officer/Procurement negotiates the agreement using a University- and DOE-approved standard form, either a consultant agreement or a PSA. Understandings are established and confirmed in the agreement concerning the nature and extent of services to be rendered, where and when services will be performed, the fee to be paid, travel expenses to be reimbursed, and other details discussed in above paragraphs.

Daily fees paid to University of California faculty members are based on University Academic Policies. Annual salaries are divided by 189 days for 9-month appointments, 236 days for 11-month appointments, and 258 days for 12-month appointments; 30 percent is then added for fringe benefits and the total rounded to the nearest dollar. Fees for faculty of other universities may be based on this formula, except that 15% is added for fringe benefits. Such fees may also be based on previously established rates paid to the faculty member by others for similar services. Fees for other professionals generally fall in this latter category.

Particular care must be taken to ensure that the consultant's obligations and the role of the technical contact relative to these obligations are clearly understood. The consultant should be cautioned that any changes in services or other terms of the agreement will be recognized by the Laboratory only if authorized in writing by Procurement. Both the consultant and technical contact should also be cautioned not to incur any costs until the agreement has been fully executed.

#### 4. Securing Approvals

[The DOE/LBNL Contract](#) establishes the right of DOE to approve or disapprove all consultant and personal services agreements. Certain advance blanket approvals have been secured from DOE that cover most agreements. Specific prior approvals, secured through the Office of the Chief Financial Officer/Procurement, are required in more unusual agreements, as indicated below:

a. In consultant agreements when:

- An organization conflict of interest may exist.
- Services to be rendered are expected to exceed 90 service days in an agreement year.
- The applicable fringe benefit factor used to determine the fee exceeds 15% (30% for University of California faculty).
- Foreign travel is required.

b. In personal services agreements when:

- An organization conflict of interest may exist.
- Foreign travel is required.

No changes, deletions, exceptions, or additions to the standard agreement terms and conditions may be included in any agreement without prior written approval of the Laboratory General Counsel and DOE Office of Chief Counsel. This approval is secured through Procurement.

#### 5. Inviting Consultants to the Laboratory

The technical contact normally invites the consultant to the Laboratory, indicating the date(s) for the desired visit(s). Visits should not be made until the agreement has been executed. If travel by the consultant is anticipated to be required during the visit(s), a [Request for Consultant/Personal Services Agreement form](#) should be marked accordingly. Reimbursement for travel is obtained by submitting Stock Form 7600-55366 (*Request and Authorization for Official Travel*). Local travel by the consultant generally requires only one blanket authorization for the term of the agreement. As stated in [Paragraph \(C\)\(9\)](#), above, reimbursement for travel will be in accordance with Laboratory-approved travel policies.

The technical contact is responsible for directing the consultant to the Badge/Parking Permit Office,

where the appropriate badge and parking permit may be obtained, and for ensuring that the consultant is properly directed to the person or group for whom the services will be rendered.

## **6. Attendance at Off-Site Conferences**

The Laboratory may pay fees and reimburse travel costs to permit a consultant to attend meetings away from the Laboratory. Written justification must be provided to the Office of the Chief Financial Officer/Procurement and approval obtained *in advance* for such attendance. Generally, approval is granted only when it can be shown that attendance by a regular employee cannot accomplish the same purpose.

## **7. Claim for Consulting Services**

Under a consultant agreement, the consultant should submit Stock Form 7600-65153 (*Claim for Consulting Services*) to the technical contact after each visit or at regular intervals of at least once a month:

- The technical contact reviews and signs the form to certify that the consultant has rendered services as claimed, that the period of time claimed is correct, and that the quality and quantity of work accomplished are acceptable to the Laboratory.
- After certification by the technical contact, the Office of the Chief Financial Officer reviews each claim to ensure that it is consistent with the terms of the agreement with the consultant. The claim is then processed for payment.

Under a PSA, the firm generally submits the claim periodically to the Office of the Chief Financial Officer/Accounts Payable in the form of an invoice. Accounts Payable then arranges for technical contact certification and further processing.

Technical contacts should ensure that, if feasible, consultants call at the Berkeley Lab Travel Office during each visit to settle their travel claims.

## **8. Termination and Renewal**

Most agreements have a term of about one year and vary according to what is administratively the most practical termination date. Because many consultants render services that are needed for longer periods, the standard forms to secure their services provide for routine renewal as the consultant and the Laboratory agree. Agreements that are not renewed simply terminate without further obligation when they expire.

Renewal is accomplished through amendment, based on terms negotiated in the manner of the original agreement. Approximately eight weeks before expiration of the agreement, the Office of the Chief Financial Officer/Procurement initiates this action by a form memorandum sent to the technical contact involved. If the decision is made not to extend the agreement, the appropriate block in the form memorandum is checked, signed, and returned to Procurement without further action. If renewal is

desired, the additional information requested in the memorandum is provided, and the memorandum is signed by the requester and the division director and returned to Procurement.

## 9. Personal Services Agreements

Personal services are treated in essentially the same manner as consultant services, except as follows:

- Awards to foreign-owned companies that will exceed \$100,000 must have DOE approval.
- Solicitations are sent to the individual's company rather than the individual.
- Payment is made to the company instead of an individual after approval of the invoice.

## 10. References

The following policies and procedures apply to consultant agreements and PSAs and can be reviewed for additional details:

- University of California Laboratory Procurement Policy and Standard Practices Manual, Standard Practice 37.1 (Consultant and Personal Services)
- U.S. Department of Energy Order 3309.3 (Utilization of Individual Consultants by Contractors)
- [The DOE/LBNL Contract](#)

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# §11.05

## Time Reporting

[Responsible Manager](#)

Revision Effective 06/08

- A. [General](#)
- B. [Location of Workplace](#)
- C. [Form of Time Reporting](#)
- D. [Reporting Periods and Increments](#)
- E. [Certification of Time Reports](#)
- F. [Periodic Reviews](#)
- G. [LETS Due Dates](#)
  - 1. [Weekly Reporters](#)
  - 2. [Monthly Reporters](#)
- H. [Schedule Changes and Clock Changes](#)

### A. GENERAL

The goal of the Pay and Time Reporting System is accurate and timely reporting of time worked (by job or project) and time off (by category of leave). This is essential for (1) monitoring actual performance against budgetary goals, (2) ensuring that labor costs are properly reported by DOE Budget and Reporting classification, and (3) guaranteeing that employees are paid correctly and that their leave accumulations are accurate. Each employee is responsible for his or her own personal reporting, and each division or department is responsible for reviewing the employee's compliance.

### B. LOCATION OF WORKPLACE

All employees are required to perform their work at the Laboratory, except while on travel status, unless specific approval has been granted for work at another location. See [RPM §2.23\(D\)\(3\) \(Telecommuting\)](#).

Agreements to perform work at alternative work sites must be consistent with Laboratory policy regarding standard workday and work week (see [RPM §3.01\(B\)\(1\) \(Workday\)](#) and [\(2\) \(Work Week\)](#)) and overtime (see [RPM §3.03 \(Overtime\)](#)).

### C. FORM OF TIME REPORTING

[LETS \(Laboratory Employee Time-Reporting System\)](#) is an electronic time-reporting system that provides on-line access to time-reporting through PC and Mac workstations, and Sun workstations that

use Internet Explorer, Mozilla Firefox, or Safari Web browsers. With the use of an assigned password, an employee can input his or her own time and a supervisor can approve the time online. Role assignment, password applications, and training are available through division offices. To access LETS and perform any functions, refer to the LETS manual or "How To" brochures available in each division.

## D. REPORTING PERIODS AND INCREMENTS

The following chart details the various time-reporting categories:

Type of Employee	Schedule	Time Card	Minimum Reporting Unit
Exempt (including UC faculty)	Full-time	Monthly	1/2 day
Exempt	Part-time	Monthly	1/4 hour
Exempt (Engineering, EH&S, and Facilities only)	Full-time	Monthly	1/4 hour (4 hours for leave taken)
Nonexempt	Full-time, part-time, and variable	Weekly	1/4 hour

For employees in exempt classifications, the time worked on each cost account must be reported in total. It is not necessary to show the days on which the work was performed, but all leave time must be shown by specific days. For employees in nonexempt classifications, both work and leave time must be shown by specific days.

In the event that exempt employees work more than the normal number of hours or days, they are to distribute their effort proportionally to each project they worked on, based on the total time worked.

## E. CERTIFICATION OF TIME REPORTS

1. Employees are accountable for certifying the accuracy of their time reported. Each supervisor must certify the accuracy of the time reported by his or her subordinates. Each supervisor must approve all of his or her employees' time, either electronically or on a time sheet produced by LETS. In the absence of the supervisor, only another designated supervisor or manager may approve time. Exceptions to this include non-LBNL supervisors at the Joint Genome Institute who are responsible for funding and Payroll/ISS personnel who provide technical assistance to supervisors. Requests for exceptions must be in writing and approved, in advance, by the Chief Financial Officer or designee. Time certification by the employee or the supervisor may be electronic with the use of a personal password accessing LETS or, when not possible electronically, by actual signature on a time sheet produced from LETS and provided by the division timekeeper.

2. Employees and supervisors must both concur to changes and corrections to their certified time, whether accomplished through LETS or labor resource adjustments. Documented employee certification and supervisory approval is required for all time and effort corrections.
3. Graduate Student Research Assistants (GSRAs) do not report time on individual time cards. The monthly computer listing for each group of GSRAs is generated by the department and requires the signature of the Faculty Advisor or, as alternates, the Division Director, his or her Deputy, or the Division Administrator.

## F. PERIODIC REVIEWS

The Office of the CFO conducts periodic reviews of time-reporting documents for compliance with policy as stated in [Paragraphs \(D\)–\(E\)](#), above.

## G. LETS DUE DATES

All employee time records are electronically sent to Payroll for processing based on the following schedule:

### 1. Weekly Reporters

12 noon            The first business day of each week and the first business day of the new month

### 2. Monthly Reporters

12 noon            Three business days prior to the month's end

## H. SCHEDULE CHANGES AND CLOCK CHANGES

An employee's schedule of days off, workdays, and hours per day within the specified time schedule may be varied by his or her supervisor to meet unusual job requirements without use of a Stock Form 7600-55050 (*Personnel Action Form (PAF)*). The schedule for employees working indeterminate time, however, must be indicated in detail on the employment form, and changes must be submitted in detail on a PAF.

When clocks are changed to and from daylight savings time each year, actual hours worked should be reported. In the spring, when the time change results in a seven-hour owl shift, nonexempt employees may be scheduled for an extra hour of work or charged an hour of vacation to make an eight-hour shift. In the fall, when the time change results in a nine-hour owl shift, the additional hour (when worked) is reported as overtime.

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# §11.06

## Pay Periods, Computations, and Deductions

[Responsible Manager](#)

Renumbered 04/07

- A. [Monthly Pay Periods](#)
- B. [Biweekly Pay Periods](#)
  - 1. [Nonexempt Titles](#)
  - 2. [Exempt Titles](#)
- C. [Payroll Deductions](#)

### A. MONTHLY PAY PERIODS

#### 1. Exempt Employees Working Full-Time Schedules

- a. Exempt employees working full-time schedules are paid a flat monthly rate.
- b. The salary for exempt, full-time employees working partial months (i.e., new hires and terminating employees) is based on the following formula:

$$\frac{\# \text{ days worked in month}}{\# \text{ workdays in month}} = \% \text{ time}$$

$$\% \text{ time} \times \text{monthly salary} = \text{gross pay}$$

- c. The salary for exempt, full-time employees who are on leave without pay (LWOP) during the month is calculated by the following formula:

$$\frac{\text{Monthly salary} \times 12}{260} = \text{daily rate}$$

$$\text{Daily rate} \times \# \text{ of days LWOP} = \frac{\text{deduction from gross}}{\text{monthly salary}}$$

#### 2. Exempt Employees Working Part-time Schedules

The salary for exempt, part-time employees taking LWOP is calculated by the following formula:

$$\frac{\text{Monthly salary} \times 12}{260} \times \# \text{ hours on LWOP} = \# \text{ of hours to be}$$

2080

deducted from  
part-time monthly  
salary

## B. BIWEEKLY PAY PERIODS

### 1. Nonexempt Titles

Employees with nonexempt titles are paid biweekly. Their gross pay is computed by the following basic formula:

(Compensable regular hours in biweekly period x Applicable regular hourly rate)

+

(Compensable overtime hours in biweekly period x Applicable overtime hourly rate)

= Gross pay

### 2. Exempt Titles

- a. Employees on a variable schedule. Employees having exempt titles who work variable schedules are paid by the hour on a biweekly basis.
- b. Employees paid under FLSA-exempt minimum salary. Employees having exempt titles whose base weekly salary is under the FLSA minimum for exempt status are paid by the hour on a biweekly basis.
- c. Because of hourly pay practices, employees in the above situations shall be treated as nonexempt employees subject to FLSA minimum wage and overtime provisions.
- d. Pay is computed by the following basic formulas:

$$\frac{\text{Applicable monthly salary} \times 12}{2080} = \text{hourly rate}$$

(Compensable regular hours in biweekly period x Applicable regular hourly rate)

+

(Compensable overtime hours in biweekly period x Applicable overtime hourly rate)

= Gross pay

## C. PAYROLL DEDUCTIONS

After gross pay has been computed, deductions are made for income tax withholding, retirement (PERS, UCRS, FICA), and health and other insurance plans. Other deductions, such as dues or payments to

approved employee organizations, payments to additional retirement programs, certain charitable contributions, and salary attachments, may be allowed or required.

Taxes are withheld based on the employee's exemption certificate (W-4) on file in the Office of the Chief Financial Officer/Payroll. If an increase in exemptions is in order or a decrease is desired to increase withholdings, an amended certificate (W-4) should be filed. If the option to be exempt from withholding is used, a new Form W-4 must be submitted by February 15th of each year.

Retirement deductions are withheld from all regular-time payments. PERS and UCRS are computed at a set percentage on all regular pay over a specified minimum. FICA is computed at the legal percentage of all pay up to the legal maximum for the year.

Health and other insurance plans generally require monthly payments of specified amounts. For biweekly-paid employees, these deductions, as well as most miscellaneous deductions, are normally made on the payday nearer the end of each month.

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# §11.07

## Paydays and Check Distribution

[Responsible Manager](#)

Revised 09/07

### A. [Paydays](#)

1. [Exempt Employees](#)
2. [Nonexempt Employees](#)
3. [Special Paychecks](#)
4. [Final Paychecks](#)

### B. [Paycheck Distribution](#)

1. [Choice of Distribution Method](#)
2. [Distribution by Electronic Banking](#)
3. [Distribution by Division or Department Office](#)

## A. PAYDAYS

### 1. Exempt Employees

Exempt employees are normally paid their regular salary on the first workday of the month following the month worked. When the normal payday falls on a Saturday, Sunday, or holiday, payday will be advanced to the last working day before the weekend or holiday in all months except December.

### 2. Nonexempt Employees

Nonexempt employees are paid every two weeks, normally on the Friday following the end of the biweekly pay period. If this day is a holiday, payday will be moved to the last regular workday before the holiday.

### 3. Special Paychecks

Under hardship circumstances, an employee may obtain his or her check before the normal payday. Requests for this advance should be made by the employee to the Human Resources Department through his or her supervisor. Advance payments on anticipated earnings are not allowed.

### 4. Final Paychecks

- a. A terminating employee may elect to pick up his or her final check after 3 p.m. on the termination date. See [RPM §2.21\(I\) \(Terminal Pay\)](#).

- b. Final paychecks for deceased employees are normally made payable to the employee's estate, as required by state law.

## **B. PAYCHECK DISTRIBUTION**

### **1. Choice of Distribution Method**

Employees may have their paychecks distributed by electronic banking or delivered to their mailstop on payday. The choice is made at the time of employment and may be changed at any time using Form RL-6596 (*Payroll Earnings Distribution Authorization*).

### **2. Distribution by Electronic Banking**

- a. Employees may request the electronic deposit of their net earnings into a maximum of one savings and two checking accounts at any financial institution that participates in the Automatic Clearing House (ACH) interbank network.
- b. A deposit advice slip is sent to each employee's current mail stop as listed in the personnel database.

### **3. Distribution by Division or Department Office**

Regular payroll checks for employees are delivered by the mailroom to the employee's mailstop the morning of payday.

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# §11.08

## Travel Policy

[Responsible Manager](#)

Revised 8/08

- A. [Definitions](#)
- B. [Objective](#)
- C. [Policy](#)
- D. [Authority](#)
- E. [Scope](#)
- F. [Exceptions](#)
- G. [Authorization to Travel](#)
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  - 1. [Direct Charges](#)
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  - 1. [General Rules](#)
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- J. [Per Diem Allowance](#)
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- K. [Receipts](#)
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  - 1. [Information Required](#)
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  - 4. [Tax Considerations](#)
  - 5. [Certification of Travel Expense](#)
  - 6. [Approval of Expense for Payment](#)
  - 7. [Travel Office Responsibilities](#)

## **N. Non-Laboratory Personnel**

- 1. Interviewees**
- 2. Invited Guests and Visiting Researchers**
- 3. Contractors**

## **A. DEFINITIONS**

**Direct or Indirect Report.** The organizational relationship between an employee and their supervisor or manager. A direct report is immediately accountable to one director, supervisor or manager, as defined in the Laboratory's Human Resources Information System (HRIS). An indirect report is an individual who is one or more organizational levels below the direct report.

**Domestic Travel.** Travel within United States and its possessions, or travel from a foreign country to the United States. Daily expenses within the continental United States are reimbursed in accordance with the rates set by the General Service Administration and published on the [GSA Travel Management Policy Web page](#).

**Foreign Travel.** Travel from the United States to a foreign country (including Canada and Mexico) and return, or travel between foreign countries.

**Incidental Expenses.** Fees and tips for services, such as for waiters and baggage handlers, laundry, cleaning, and pressing of clothing services.

**Local Travel.** Travel that is within a distance of 150 miles from the Laboratory that will be completed within one calendar day and will not require lodging.

**Lodging.** Expenses for overnight sleeping facilities. Does not include accommodations on airplanes, trains, buses, or ships, which are included in the cost of transportation.

**Meals.** Expenses for breakfast, lunch, dinner, and related tips and taxes. Specifically excluded are alcoholic beverage and entertainment expenses and any expenses incurred for other persons.

**M&IE.** Meals and incidental expenses. The maximum daily M&IE amount allowed for travel of less than 30 days is established by the federal CONUS (continental United States) rates. Separate rates are established for OCONUS (travel outside the continental United States) and foreign countries. See the [GSA Travel Management Policy Web page](#).

**Per Diem.** Combined daily expenses for lodging, meals, and incidentals.

**Transportation Expenses.** Includes commercial carrier fares, car rental charges, private car mileage allowance, parking, bridge and road tolls, taxi and public transportation fares, and all other charges for transportation services necessary to accomplish the business purpose of the trip.

**Travel Expenses.** Expenses that are ordinary and necessary to accomplish the official business purpose of a trip (transportation, lodging, meals, and miscellaneous travel expenses).

## **B. OBJECTIVE**

Official travel undertaken on behalf of Lawrence Berkeley National Laboratory must be accomplished in a manner that meets business needs and minimizes cost to the government.

## **C. POLICY**

It is the policy of the Laboratory that all official travel shall be properly authorized, reported, and reimbursed in accordance with this document. Laboratory travelers are expected to exercise good judgment in the use of funds. Personal travel is not to be charged to, or temporarily funded by, the Laboratory. When an employee travels under the sponsorship of another organization, travel expenses may not be charged to a Laboratory account.

## **D. AUTHORITY**

Travel policy as stated in this document is set forth and implemented under Laboratory Directorate delegation of authority to the Travel Office, of the Office of the Chief Financial Officer.

## **E. SCOPE**

This policy applies to all official Laboratory travel, regardless of funding source, and includes special rules for nonemployees, such as invited guests, visiting researchers, and independent contractors. The terms set forth in this policy are pursuant to the University of California travel policy and include the following areas that are governed by Federal Travel Regulations: maximum per diem rates; definitions of lodging, meals, and incidental expenses; and the regulatory coverage addressing special or unusual situations. Also included are foreign travel issues governed by Department of Energy Order 551.1A and Public Law 93-623 (the Fly America Act).

## **F. EXCEPTIONS**

Under extenuating circumstances, the Laboratory Controller or designee may approve exceptions to travel policy. The exception must specify the circumstance or need, dates of travel, and the name of the individual to whom the exception is granted. When approved, the reimbursement is limited to the actual costs incurred and must be supported by receipts. The Laboratory does not have the authority to approve exceptions to Federal Travel Regulations, DOE Order 551.1A, or Public Law D93-623 (the Fly America Act).

## **G. AUTHORIZATION TO TRAVEL**

### **1. Preapproval**

All official Laboratory travel must have prior approval. If approval is not obtained before departure, travelers may be liable for the expenses incurred.

## 2. Foreign Travel

Per DOE Order 551.1B, all foreign travel requests, regardless of funding source, must have prior written approval by the division director or designee, and be approved by DOE and the State Department. Travel requests must be submitted as follows:

The Travel Office must receive the advance notice at least 10 days prior to the following requirements:

- The Office of Science requires a 21-day submission; a 30-day submission is required for travel to a sensitive country.
- Travel under non-DOE funds requires a 21-day submission; a 30-day submission is required for travel to a sensitive country.
- The Office of Energy Efficiency and Renewable Energy requires a 30-day submission; a 45-day submission is required for travel under the EERE Office of Weatherization and Intergovernmental Programs.
- The Office of Fossil Energy requires a 45-day submission for all travel.
- The Office of NNSA (including IPP/Yucca Mt.) requires a 30-day submission for all travel.
- The Office of Radioactive Waste Management requires a 30-day submission for all travel.

Note: Travel to Taiwan requires a 45-day submission regardless of funding.

## H. PAYMENT OF TRAVEL

### 1. Direct Charges

Prepaid expenses for employee air tickets may be charged directly to the Laboratory central billing account when issued by the Laboratory's contracted travel agency.

### 2. Corporate Travel Cards

Corporate travel cards may be issued to career employees who travel on official Laboratory business at least once a year. Except in extenuating circumstances, corporate travel cards should be used only for expenses associated with official Laboratory travel. Amounts charged to the cards are billed directly to the cardholder. The cardholder is personally responsible for paying all charges and keeping the account current. The Laboratory will not reimburse or pay late fee charges incurred in connection with the corporate card. Travelers are reimbursed by submitting a travel expense report. Procards may not be used for travel expenses or registration fees.

### 3. Advances

Travelers are expected to use their corporate travel card to obtain cash advances for expenses incurred in connection with official Laboratory business travel, if the card provides this feature. Laboratory checks (for travelers without a corporate travel charge card or for required prepayments that cannot be charged to the corporate card) are available from the Office of the Chief Financial Officer/Accounts Payable.

The amount of the cash advance may not exceed the estimated out-of-pocket expenses for the trip; and, except in extenuating circumstances, advances are not authorized for any person who is 30 days delinquent in submitting a travel expense report for a prior trip.

A cash advance must be returned immediately if an authorized trip is canceled or indefinitely postponed.

#### **4. Payment of Expenses on Behalf of Others**

Laboratory travelers normally shall not be reimbursed for expenses paid on behalf of other persons, except in the case of co-travelers who are sharing a room. Entertainment of others is not allowed.

#### **5. Cancellation of Reservations**

Travelers who are unable to honor a reservation will be responsible for canceling in compliance with the terms of the hotel, airline, etc. The traveler must return any refundable deposits or unused air tickets to the Laboratory. Charges or lost refunds resulting from failure to cancel a reservation shall not be reimbursed unless the traveler can show that such failure was the result of circumstances beyond the traveler's control.

## **I. TRANSPORTATION EXPENSES**

### **1. General Rules**

Travelers are expected to make every effort to obtain the most economical rates, use the most economical mode of transportation, and use the most usually traveled route consistent with the purpose of the trip.

- a. **Procuring Tickets.** It is recommended that travelers obtain transportation tickets from the Laboratory's contracted travel agency in order to have the tickets charged to the Laboratory's direct billing account. Employees who purchase tickets from other sources at a higher cost will be reimbursed for the amount the ticket would have cost the Laboratory if purchased through the contract agency.
- b. **Indirect or Interrupted Itineraries.** Travelers are responsible for any additional expenses resulting from the use of an indirect route or stops along the way for personal reasons. Reimbursement is limited to the actual costs incurred or to the costs that would have been incurred using the normally traveled route, whichever is less. Any excess travel time will be charged to the appropriate type of leave.

- c. **Use of Surface Transportation in Lieu of Air Travel.** A traveler may choose to use surface transportation for personal reasons even if air travel is the appropriate mode of transportation. In that case, reimbursement may not exceed the airfare the Laboratory would have paid if air travel had been used, plus the normal cost of ground transportation to and from airports. The cost of meals, lodging, tolls, ferries, and parking while in transit via surface transportation may be reimbursed if the total amount reimbursed does not exceed the cost of airfare plus ground transportation.
- d. **Travel Extended to Save Costs.** Additional expenses associated with travel extended to save costs (e.g., Saturday night stay for domestic travel), may be reimbursed when the cost of airfare would be less than the cost of airfare had the traveler not extended the trip. Such expenses, which include lodging, car rental, and M&IE, shall not exceed the amount the Laboratory would have paid had the traveler not extended the trip.

## 2. Air Travel

### a. Commercial Airlines

Air travel to or from foreign destinations, including Canada and Mexico, must comply with Public Law 93-623 (the Fly America Act), unless funded in full by a third party, such as a foreign government or international agency. Under the Fly America Act, only U.S. carriers shall be used for travel reimbursed from funds administered by Berkeley Lab.

Coach class or any discounted class shall be used in the interest of economy on all domestic or foreign flights. Except in extenuating circumstances, written authorization for reimbursement of airfare for business-class or first-class service must be obtained in advance from the Laboratory Director or designated approver. In any case, approval is required before a travel expense report can be processed for payment.

Business or first-class service may be authorized under the following circumstances:

- i. Business or first-class service is the only service offered between two points.
- ii. No space is available in coach-class accommodations in time to accomplish the mission.
- iii. Use of business or first-class service is necessary to accommodate a disability or other special need. The disability or special need must be substantiated in writing by a competent medical authority and be preapproved.
- iv. Security purposes or exceptional circumstances, as determined by the Laboratory Director or designee, make the use of premium-class accommodations essential to the successful performance of the Laboratory's mission.

- v. Coach-class accommodations on an authorized/approved foreign air carrier do not provide adequate sanitation or health standards.
- vi. The use results in an overall cost savings to the government, avoiding additional subsistence costs, overtime, or lost productive time while the traveler awaits coach-class accommodations.
- vii. The accommodations are obtained as an upgrade through the redemption of frequent traveler benefits in accordance with travel policy.
- viii. The origin and/or destination is outside the continental United States, and the scheduled flight time exceeds 14 hours. In this instance, the traveler will not be eligible for a rest stop en route or a rest period on arrival.

#### **b. Chartered Aircraft**

Actual expenses for chartering an aircraft are allowable, but prior approval to charter an aircraft must be obtained from the Laboratory Director. Supporting receipts must be submitted with the travel expense report.

### **3. Automobile Travel**

Reasonable charges for necessary parking, as well as charges for ferries, bridges, tunnels, or toll roads while on official travel or away from regular duties, may be claimed by the vehicle operator.

#### **a. Official Laboratory Automobiles**

Laboratory automobiles must be used in accordance with [RPM §1.05 \(Use of Official Vehicles\)](#). Charges for emergency repairs to a Laboratory automobile are allowed in accordance with Motor Pool policies.

#### **b. Privately Owned Automobiles**

##### **i. Insurance**

Employees are required to conform to public policy regarding financial responsibility. The minimum prescribed liability insurance coverage under this policy is:

- \$15,000 for personal injury to, or death of, one person
- \$30,000 for injury to, or death of, two or more persons in one accident
- \$5,000 for property damage

An employee who uses a privately owned automobile for Laboratory business on more than four trips per calendar month, totaling at least 300 miles, must show

satisfactory evidence of liability insurance coverage to his or her division office before mileage reimbursement will be allowed. When the vehicle is used less frequently, an employee must sign a statement that the vehicle has the minimum liability insurance coverage, as specified above, before mileage reimbursement will be allowed.

Up to \$500 in reimbursement to cover the insurance deductible may be authorized when an employee's privately owned vehicle is damaged while being used to conduct Laboratory business. Receipts are required. Expenses recoverable from insurance coverage are not eligible for reimbursement.

#### **ii. Reimbursement**

When two or more persons share an automobile, only the driver may claim reimbursement for mileage. Claims for reimbursement must indicate the origin and destination of the trip. Any substantial deviations from the distance shown in a standard highway mileage guide must be explained.

Mileage reimbursement is intended to cover the cost of routine repairs, tires, gasoline, and other automobile expense items. Mileage shall ordinarily be computed between the traveler's work station and the common carrier or destination. Expenses between the traveler's residence and workstation shall not be allowed. However, mileage expenses shall be allowed between the traveler's residence and the common carrier or destination, if Laboratory business travel originates or terminates before or after the traveler's working hours, or if travel originates or terminates during a regularly scheduled day off. When a traveler is authorized to drive a private vehicle to or from a common carrier terminal, mileage may be reimbursed as follows:

- One round trip, including parking for the duration of the trip; or
- Two round trips, including short-term parking expenses, when an employee is driven to a common carrier.

#### **c. Rental Automobiles**

Rental automobiles may be used when renting in a specific situation is considered to be more advantageous to the Laboratory than the use of taxis or other means of transportation. The traveler is responsible for obtaining the best available rate that meets the requirements of the trip.

Travelers are expected to use rental agencies with which the Laboratory or the University of California has system-wide contracts that include insurance coverage. Charges for optional insurance, including collision damage waiver (CDW) and loss damage waiver (LDW) on rental cars in the continental United States, are not allowable and will not be reimbursed. The cost for full collision coverage for rental cars used in Alaska, Hawaii, United States

possessions, and foreign countries is allowable.

Costs associated with damage to a rental automobile while on Laboratory business are reimbursable. Additional information should be obtained from the Laboratory's Legal Department.

#### **4. Railroad or Bus Travel**

Expenses for railroad or bus transportation may be reimbursed. If the destination is served by a regularly scheduled airline, an explanation of the need and circumstances must accompany the travel expense report. This rule does not apply to intercity travel when total travel time is equivalent to that of air transportation. Reimbursement for the cost of Pullman roomette accommodations is allowed. If it is necessary to use accommodations that are more expensive than a roomette, an explanation of the circumstances must be included with the travel expense report. Lodging expenses are not reimbursed for each night that Pullman accommodations are used.

#### **5. Ship Travel**

When travel by passenger ship is authorized, transportation at the lowest first-class rate is allowed. No additional subsistence reimbursement is made unless the fare does not include meals.

#### **6. Miscellaneous Other Transportation**

- Taxi fares, including tip, are allowed when the use of public transportation or airport limousine service is impractical or not available.
- Actual bus, streetcar, or subway fares are reimbursable.
- Privately owned motorcycles or motor-driven cycles are not authorized for use on official Laboratory business. No transportation reimbursement is made for the use of such vehicles.
- Privately owned aircraft are not authorized for use on official Laboratory business. No transportation reimbursement is made for the use of such vehicles.
- Charges for the use of other types of conveyances (e.g., helicopter, boat) are allowed when their use is beneficial to the Laboratory. An explanation of the necessity for their use must be included with the travel expense report.

### **J. PER DIEM ALLOWANCE**

The per diem allowance (lodging plus M&IE) is based on a calendar day. Reimbursement begins with departure from home or office and ends with arrival at home or office. Seventy-five percent of the applicable M&IE is reimbursed for the first and last day of travel. No reimbursement is made for M&IE expenses when a trip takes less than 12 hours. Travel that lasts more than 12 hours but less than 24 hours is reimbursed at 75% of the M&IE rate published for the appropriate locality.

Reimbursement of M&IE expenses are adjusted when:

- Meals are furnished as part of official Laboratory business function.
- Meal expenses are included in registration fees.
- Expenses are contracted for and paid directly by the Laboratory.

Travelers lodging in noncommercial facilities, such as house trailers and field camping equipment, are reimbursed for actual expenses, up to the applicable lodging per diem rate.

Travelers lodging with friends or relatives may be reimbursed for additional costs incurred by the host if the traveler is able to substantiate the cost. This reimbursement may not exceed the established rate for the destination. Travelers will not be reimbursed lodging costs for stays at a facility either owned by the employee or leased by the employee for purposes and/or periods of time other than official travel.

## 1. Foreign and Domestic Travel

### a. Long-term (30 or more days and less than 12 months in one business location).

Expenses for long-term travel are reimbursed at up to 55% of the normal per diem rate.

For Permanent Change of Station (12 months or longer) and Relocation guidelines, see [RPM 4.01 Relocation Policy](#).

## K. RECEIPTS

Travelers are expected to submit itemized original receipts as described in the [Travel Reimbursement Expense Guidelines](#). When original receipts are not available, electronic (e.g., emailed or faxed) receipts are acceptable provided that the detail contained is equivalent to the level of detail contained in an original acceptable paper record.

Acceptable receipts typically include the following:

- Name of the company (airline, hotel, rental car, etc.)
- Name of the traveler
- Transaction dates
- Charges showing amount paid in full

### 1. Lost or Missing Receipts

When circumstances beyond the traveler's control prohibit submission of required receipts, a [Lost/Missing Receipt Waiver](#) form will be completed. In the absence of a satisfactory justification, the amount involved will not be reimbursed.

## L. INSURANCE

All employees are routinely covered 24 hours a day, worldwide, against accidental death or dismemberment while on official travel. For insurance purposes, an official Laboratory business trip begins when the traveler leaves his or her residence or workplace, whichever occurs last, and ends when the traveler returns to his or her residence or workplace, whichever occurs first.

## **M. TRAVEL EXPENSE REPORTS**

A travel expense report is used to account for all travel advances and expenses in connection with an official Laboratory trip. When properly completed and approved, this form is used to reimburse the traveler for any amounts due. The traveler will be reimbursed only when the required receipts have been received and reviewed by the Travel Office. Reimbursement for employee-purchased airline tickets will not be made until after the trip has taken place. A travel expense report must be submitted even if no reimbursement is due to the traveler, if travel advances or prepayments were obtained.

All expenditures should be reported on one travel expense report. Supplemental reports may be submitted if necessary, but they must be clearly marked as such and must identify the original report submitted in connection with the travel.

### **1. Information Required**

- Dates of departure and return
- Any personal time must be indicated
- Explanations of any unusual items or items not clearly covered in this policy

### **2. Time Limit for Submission**

Travelers must submit a travel expense report upon completion of the trip. An expense report becomes delinquent if not submitted within 30 days. If the travel advance exceeds the reimbursable expenses, the traveler submits a check for the excess, made payable to "The Regents of the University of California," with the travel expense report.

### **3. Unrecovered Travel Advances**

Action is taken to recover unsubstantiated advances if the travel expense report is not submitted within 70 days after the end of a trip. This action may be taken through the use of a collection agency or, when agreed to by the employee in writing, by deductions in wages or other amounts due the traveler.

### **4. Tax Considerations**

Under IRS regulations, travel advances not substantiated or returned "within a reasonable period of time" are considered to be of personal economic benefit to the traveler and reportable to taxing authorities. For tax purposes, 120 days is considered "within a reasonable period of time." If an

employee does not substantiate expenses and return unused advances within this 120-day period, the Laboratory is obligated under IRS regulations to consider the advances as additional income and to withhold appropriate income and employment taxes. No refund of these taxes may be made, even if the amounts are returned or substantiated after the 120-day period.

### **5. Certification of Travel Expense**

Each traveler submitting a travel expense report must sign the report certifying that the amounts claimed are (a) a true statement of the expenses incurred on official Laboratory business, and (b) not being reimbursed by another organization.

### **6. Approval of Expense for Payment**

The travel expense report must be approved for payment by staff as assigned by their division or department and noted in the Signature Authorization System. In order to ensure that travel is approved in an impartial manner, travelers may not approve the reimbursement of their own travel expenses. A travel expense report cannot be approved by anyone who has a direct or indirect reporting relationship to the traveler. In addition, travelers may not approve the travel of a near relative; e.g., spouse or equivalent, child, parent, etc.

### **7. Travel Office Responsibilities**

The Travel Office is responsible for the timely processing of approved travel expense reports for payment. Travel Office staff is responsible for checking travel expense reports for completeness, compliance with Laboratory policies, and to ensure that proper documentation to support the claim is included. The Travel Office is responsible for ensuring that the Travel System interfaces with FMS to reimburse travelers on a timely basis. Travel Office staff, independent of the staff that processes claims, is responsible for performing quality control activities on samples of paid transactions.

## **N. NON-LABORATORY PERSONNEL**

Travel by non-Laboratory personnel must be approved in advance. When such travel is approved, these travelers are eligible for reimbursement of transportation, subsistence, and miscellaneous expenses in accordance with this policy.

### **1. Interviewees**

The Laboratory Director or designated approver may authorize the reimbursement of travel expenses associated with interviewing prospective employees. Authorization must be obtained before any commitment for reimbursement of travel expenses is made to the prospective appointee. Travel expenses of spouses who accompany high-level administrative or scientific candidates on final interviews may also be reimbursed.

Reimbursement is made for actual transportation expenses, not to exceed one round-trip coach airfare

between the interviewee's current place of residence and the location where the interview is held. Interviewees are also eligible for subsistence and miscellaneous expense reimbursements.

## **2. Invited Guests and Visiting Researchers**

When invited to participate in Laboratory activities, guests or visiting researchers may be reimbursed for transportation and M&IE expenses while on official Berkeley Lab travel.

## **3. Contractors**

Contractors may be reimbursed for travel expenses when such reimbursement is so specified under the terms of their contract with the Laboratory.

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## Non Standard Financial Billing and Payment Terms for Work for Others

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Non Standard Financial Billing and Payment Terms for Work for Others
Originally issued:	September 14, 2007
Effective Date:	September 14, 2007
Revision Number:	0
Scheduled Review Date:	September 14, 2009 (every two years)
Primary contact:	Manager, Accounts Receivable

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### Summary

The purpose of this policy is to define the guidelines for non standard financial billing and payment terms for Work for Others' agreements to ensure compliance with DOE reimbursable work cash management requirements. Non standard financial terms are only considered when specifically requested by a sponsor.

Most non standard terms are associated with non-federal awards. However, there are instances when federal sponsors require additional processing and are governed by this policy.

There are a number of non standard financial billing and payment terms for [Work for Others' exceptions](#) previously approved by the Office of the Chief Financial Officer (OCFO). A sponsor is added to the exception list once it is approved by the OCFO.

### Policy

The following are defined sponsors' contractual standard financial terms requirements:

- Receipt of a 120-day advance payment (four highest months of costs) prior to the start of work on the award (see [Advance Payment Required for Non-Federal WFO](#) policy)
- Maintenance of a 120-day advance payment throughout the period of performance of the contract until such time as Advance Paid + Invoice Payments = Contract Funding Limit. At such time, the advance balance is drawn down (see [Advance Payment Required for Non-Federal WFO](#) policy).

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- Full advance for agreements that have an estimated cost of \$25,000 or less or that are completed performance-wise in 90 days or less (see [Advance Payment Required for Non-Federal WFO](#) policy).
- Monthly invoices with payment due upon receipt of the invoice.

The following are examples of sponsors' non standard financial billing or payment terms:

- Special billing or payment periods such as scheduled payments or quarterly billings, other than [those exempted](#).
- Monthly or other periodic invoices with additional requirements such as certifications, letters of truth and accuracy, notarized invoices, invoices accompanied by financial reports matching scientific tasks/milestones to invoice costs, inclusion of spend plans, budgets or receipts for items purchased, or payment withholds (retention) until receipt of final reports or task completion or award close out.
- Advance insufficient to cover the 120 days or 4 months of highest costs.
- Waiver of advance requirement for non-federal awards excluding approved WN funded awards (see [WN Funding Requests](#) policy).
- Use of bridge funding to begin work or cover contract cost (see [Bridge Funding](#) policy).

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### Procedures

#### Approval Criteria

<b>Division Resource Analyst</b>	Terms are reasonable and possible to meet. Agrees to provide sponsor's requested reporting / certification / documentation requirements if applicable.
<b>Division Director</b> (or designate - limited to Deputy Division Director or Business Manager)	Accepting the terms are in the best interest of LBNL given required resources and agrees to provide sponsor's requested reporting / certification / documentation requirements if applicable. Approves division's administrative effort to accommodate terms.
<b>Division Director</b> - if payment is at risk (no designate)	Accepting the terms is in the best interest of LBNL given the potential risk of uncollectible receivables.
<b>Sponsored Projects Office</b>	Reviews Non Standard Financial terms form to include sponsor's justification.
<b>Budget Office Analyst</b>	Reviews terms that result in the need for bridge funds in excess of \$50,000 for bridge funds availability.
<b>Accounts Receivable Manager</b>	Terms are reasonable and possible to meet.
<b>CFO</b> (or designate)	Approves deviation of standard terms.

**Roles and Responsibilities** (prior to inclusion of [non standard financial terms](#) in a reimbursable work agreement) :

#### Sponsored Projects Office (SPO)

- Submits the sponsor's proposed terms on the [Non Standard Financial Terms form](#) with the agreement language to the Accounts Receivable Help Desk, ARHelp@lbl.gov, for review and comment, with copies to the Division Resource Analyst and Budget Office Analyst. For repeat customers, this is not required if the terms have not changed since the last approval. Accounts Receivable also refers the names of sponsors with a history of delinquent payment issues to SPO.

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### Accounts Receivable (AR)

- Reviews the financial terms, identifies accommodations required to meet terms and identifies potential risks, including impacts to cash status, prior history with sponsor, and delinquent payment issues within **2 business days** from receipt of form from SPO.
- Forwards completed form to Budget Office Analyst and Division Resource Analyst for review.
- Receives and reviews Non Standard Financial Terms Request form and Bridge Funding Request, if applicable, from the Division Director via the Division Resource Analyst within **2 business days** from receipt of form.
- Notifies SPO, the Division Resource Analyst, and the Budget Office if there are any issues with the Non Standard Financial Terms Request form.
- Secures approval from the CFO (or designee).
- Sends notification of approval to the Division, SPO, and the Budget Office within **2 business days** of receipt of completed form.

### Division Resource Analyst

- Reviews the terms and evaluates the administrative effort needed to meet identified accommodations and confirms with the Principal Investigator that the terms are acceptable.
- Prepares and submits the Bridge Funding Request, as defined in the [Bridge Funding](#) policy, for terms requiring bridge funding in excess of \$50,000. Bridge funding usage determination is based on the proposal's highest two months of costs. The standard assumption is that the terms will result in a two month delay in payment from the sponsor. If the highest two months of costs are less than \$50,000 then bridge funding approval is automatic once the Non Standard Financial Terms are approved. If the highest two months of costs are greater than \$50,000, a Bridge Funding Request is required.
- Forwards Non Standard Financial Terms Request form and the Bridge Funding Request, if applicable, with the Division Director's approval to the Accounts Receivable Help Desk, [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov), within **2 business days**.

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### Budget Office

- For terms requiring bridge funding in excess of \$50,000, reviews and completes [Bridge Funding Request](#) and Non Standard Financial Terms Request forms.
- Forwards the Bridge Funding Request and Non Standard Financial Terms Request form to the Accounts Receivable Help Desk, [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov), with copies to the Division Resource Analyst and SPO within **2 business days**.

**Roles & Responsibilities** (for signed reimbursable agreement with approved Non Standard Financial Terms)

### Sponsored Projects Office

- Assigns the appropriate billing attribute in the Research Administration, Proposal/Project Information Database (RAPID) noting the non standard financial terms or billing requirements on the Sponsored Projects Award Authorization (SPAA) document in the comments section.
- Includes all agreed to non standard criteria on the contract SPAA document.
- Assists Accounts Receivable with payment resolution (in the event the sponsor is late with payment remittance due to the non standard terms).
- Checks the status of receivables prior to renegotiating contract terms (e.g., funding increased or reduced or period of performance changed) for those receivables reported delinquent by the AR Manager.
- Ensures all billing information includes name, address, phone and fax numbers, email, and/or sponsor's reference number of the financial payment contact is accurate and completed on the contract at the time of contract signature.
- Sets up the non-federal award as a partial advance if the award proposes to use scheduled billing and payment terms is not paid with full advance.
- Sets up scheduled billing in the contract to coincide with financial report schedule or sponsor payment calendar, if requested by the sponsor. Due dates are required when requesting scheduled billing.
- Notifies the Accounts Receivable Help Desk, [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov), via the SPAA as soon as the negotiation is completed, if the award is terminated prior to the contractual expiration date.

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### Division Resource Analyst

- Prepares the financial reports (e.g., quarterly spend plans).
- Signs all letters of certification or truth on the schedule outlined by the sponsor (see [Financial Certifications for WFO Awards](#)).
- Submits certifications to Accounts Receivable Help Desk, [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov), by the **10th business day** of the month.
- Sends out Accounts Receivable's generated invoices if additional information is required and coordinated in advance with Accounts Receivable. Notifies Accounts Receivable when the invoice is sent to the sponsor.
- In the event the sponsor is late with the payment remittance due to the non standard terms, assists Accounts Receivable with payment resolution.

### Principal Investigator

- Ensures the technical reports are submitted to the sponsor in a timely manner.

### Accounts Receivable

- Notifies the Division Resource Analyst and the Sponsored Projects Office for assistance with payment resolution with the sponsor in the event the sponsor is late with payment remittance per the non standard terms.
- Notifies SPO if the award can proceed forward to completion for receivables reported delinquent.

#### *Non Standard Invoices*

- Issues non standard invoices with required backup to sponsor after receipt of Division prepared reports unless the Division sends out the invoices.
- Sets the advance to be drawn down first if the award uses scheduled billing/payment terms with partial advance.
- Cancels the scheduled billing, reviews the account activities, and/or applies advance balance against open invoices with AR Manager's approval if award is terminated prior to the contractual expiration date (SPAA notice).

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## Budget Office

- Enters the Bridge Funding Request into the Budget System based on two month cost estimate for life of proposed contract.

## Authority

- [Department of Energy Accounting Handbook, Chapter 8, Receivables](#)
- [DOE Accounting Handbook – Chapter 13, Reimbursable Work, Revenues, and Other Collections](#)

## Contacts

- Manager, Accounts Receivable
- Budget Analyst, Budget Office
- Manager, Sponsored Projects Office

## Glossary

- **Work for Others:** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

## Related Documents

- [Advance Payment Required for Non-Federal WFO policy](#)
- [Bridge Funding policy](#)
- [Financial Certifications for WFO Awards](#)
- [OCFO Accounts Receivable Website for Procedures to: Reprint Invoices; Customer Aging Status; Cash and Funding Management Guidelines](#)
- [WN Funding Requests policy](#)

## §11.10 Laboratory Food Service (Meals and/or Refreshments)

[Responsible Manager](#)

Links updated 09/08

- A. [Food Service for Conferences, On-Site and Local Meetings](#)
- B. [Food Service for Off-Site Meetings](#)
- C. [Strategic Planning Meetings](#)
- D. [Service of Alcoholic Beverages \(for On-Site and Local Meetings\)](#)
- E. [Recruitment Meals](#)

For the purposes of this policy, the term "local" also refers to the Joint Genome Institute and the Laboratory DC Office.

### A. FOOD SERVICE FOR CONFERENCES, ON-SITE AND LOCAL MEETINGS

Use of Laboratory funds to provide food service (i.e., *meals and/or refreshments*) for government employees or contractors while at their primary duty station is considered unnecessary and unreasonable. Likewise taking guests, customers, or associates to breakfast, lunch, or dinner, where the primary purpose may appear to be social, is **unallowable**.

Payment for modest food service with federal funds during a meeting or conference is allowable if all of the following conditions are met, **justified**, and documented:

- The meeting or conference **exceeds two hours**.
- **External** (non-LBNL employee) participants must be present (at least 20%).
- The meeting is **not routine**. Routine meetings refer to the conduct of normal, regular business, such as staff meetings, monthly or quarterly reviews, new employee orientation, or employee training.
- The nature and urgency of the meeting or conference requires work to be performed **during** the meal session.
- Work **precedes** any food service provided.
- Food service is **incidental** to the meeting or conference. Attendees are not free to take meals elsewhere without being absent from essential discussions, lectures, or speeches.
- An agenda and attendee list are provided.

- The food service is approved **in advance by Conference Services**.

On-site food service for meetings provided by outside vendors (including the Laboratory-contracted food services vendor) requires a [Laboratory-Hosted On-Site Meeting Request form](#).

It may be determined that a Laboratory-hosted meeting with food service (that does not meet the required criteria) is a critical function that supports best practices and the mission of the Laboratory. In this instance, the discretion of the Laboratory Director may be used to support a special request for food service. Special requests should be submitted in writing to the Laboratory Director by the appropriate Division Director for approval, prior to submitting it to Conference Services.

For food service for Conferences, see the [Conference Services](#) Web site.

## **B. FOOD SERVICE FOR OFF-SITE MEETINGS (see [RPM §11.01 Laboratory-Hosted \(Funded\) Meetings](#))**

## **C. STRATEGIC PLANNING MEETINGS**

An exception to this policy exists for strategic planning meetings. The Laboratory is allowed two strategic planning meetings per fiscal year for each Division (or department reporting directly to the Director's Office) where food service may be provided and the meeting does not otherwise meet the policy requirements for non-LBNL employee participants.

The annual two-meeting allotment for strategic planning meetings must meet the following criteria:

- The purpose of the meeting is to discuss strategic planning or critical management issues.
- The meeting complies with Laboratory policies and DOE regulations.
- Meals are incidental to the meeting objective. Attendees are not free to take meals elsewhere without being absent from essential discussions, information, etc.

Each Division will track and document its two-meeting allotment. Conference Services will also approve requests for Strategic Planning Meeting meals in advance and will monitor the two-meeting allotment.

Food service for Strategic Planning Meetings also requires either a [Laboratory-Hosted On-Site Meeting Request form](#), or a [Laboratory Off-Site Meeting Request form](#).

## **D. SERVICE OF ALCOHOLIC BEVERAGES (FOR ON-SITE AND LOCAL MEETINGS)**

Except as specifically authorized in this policy, the use, possession, or consumption of alcoholic beverages on premises owned or controlled by the Laboratory is **prohibited**.

With prior written approval, alcoholic beverages may be served on certain occasions at functions held on Laboratory premises. Such requests must be made in writing and submitted in advance to the **Laboratory Director** or designee for approval. The request must specify the official purpose of the

function; the number of anticipated attendees; the date, time, place, and host of the function; and designate a nonfederal source of funds for purchase of the alcoholic beverages.

## E. RECRUITMENT MEALS

Reimbursement for recruitment meals during the hiring process is limited to lunch or dinner (breakfast and refreshments will not be allowed). Reimbursement for recruitment meals is allowable if **all** of the following conditions are met:

- The open position is for a senior-level employee
- Meal reimbursement is restricted to the interviewer and interviewee
- Meal reimbursement applies only to the individual who is in **valid travel status** (i.e., interviewer and/or interviewee)
- An interview schedule is provided that includes
  - Title of open position and LBNL hiring department
  - Name of interviewee
  - Date, location, time and length of the interview
  - Name of LBNL interviewer, department and job title
- Under no circumstances will alcohol be purchased using DOE funds

A request for reimbursement for a recruitment meal must be submitted to **Conference Services** for pre-approval (before expenses are incurred) via a [Recruitment Meal Approval Request form](#). (See [RPM §2.01 \(Hiring Policies and Procedures\)](#)).

If either party is not in official travel status, the cost of that party's meal will not be reimbursable unless a very strong justification from the Division Director is provided to **Conference Services** for approval **prior to the meal** that demonstrates the meal is a necessary part of the recruitment process. If this request is approved, reimbursement will be made through a [Request for Issuance of Check](#) form.

In addition, if a meal for either party is furnished by the University of California or another government agency, the meal is considered part of the travel per diem rate and cannot be reimbursed as a direct charge.

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# Major Financial Management Roles and Responsibilities Between the Divisions and OCFO Field Operations

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Revision Date:	n/a
Revision Number:	0
Scheduled review date/frequency:	August 2009 (every year)
Primary contact:	Manager, Field Operations

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## Summary

This policy identifies and clarifies the major financial management roles and responsibilities for senior Laboratory Division management teams (e.g., Division Director, Deputy Division Director, Operations Manager, Business Manager, Department Heads, Group Leads, and Program Leads), Principal Investigators (PI)/Program Managers (PM), and OCFO Field Operations Resource Analysts (RA)/Resource Managers (RM).

## Policy

This policy is written under the authority of the following University of California (UC), Laboratory, and U.S. Department of Energy (DOE) regulations, guidelines, and documents:

- **DOE Contract 31**
  - Appendix I – Adherence to DOE Orders, financial orders are listed
  - Appendix O – The Laboratory’s five Associated Laboratory Directors (ALDs) are specifically named as the primary responsible and accountable managers for operational and scientific activities within each of their respective Divisions
  - Section H – Special Contract Regulations that include specific references to program development and budgetary administration (e.g., DOE and WFO)
- **UC Standing Order 100.4 (dd)** – UC Regents delegated signature authority to the Laboratory Director and any subsequent designees
- **UC Contract and Grant Manual**
  - Chapter 13 – 910/920 (delegated authority to solicit and accept/execute grants and contracts)
  - Chapter 1 – 510 (leadership of a sponsored project)
  - Chapter 10 – 330 (PI financial management responsibilities)
- **Laboratory Financial Management Policies and Procedures**

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### Key Guidance/First Order Principles

#### ***Roles and Responsibilities:***

- For each Division, the **Division Director** and **his/her senior management team** has overall financial responsibility and accountability for all Division-managed programs
- **Principal Investigators/Program Managers** have overall financial responsibility and accountability for the programs and projects they manage
- **Resource Analysts/Resource Managers** provide financial support, knowledge and expertise to the Divisions and have financial responsibility and accountability for their actions

#### ***The Laboratory's "Ten Financial Commandments"***

1. Don't spend dollars you do not have. Funding must be placed in Contract 31, not just in the DOE Approved Funding Program (AFP) or contract award before work can proceed.
2. Spend funding only on the purpose for which it is intended.
3. Don't mix funding sources for projects without documented rationale.
4. Don't charge research costs to an indirect budget (except for LDRD); i.e., overhead, organization burdens, recharges/service centers.
5. Have a causal-beneficial relationship between the cost elements of an indirect budget and its corresponding distribution base.
6. Maintain consistency in cost distribution practices over time.
7. Use Full Cost Recovery – No Subsidies to Programs/Projects.
8. Record all costs of a project in the accounting period for which services were performed or goods delivered (include accruing for all appropriate costs in the correct period of performance to that project).
9. Transfer costs only if necessary, appropriate, fully documented and justified (as outlined in the LBNL Resource Adjustment Policy).
10. Comply with DOE funding categories and related thresholds (e.g., colors of money).
  - \$50,000 – Capital Equipment
  - \$2,000,000 – Major Item of Equipment (MIE)
  - Less than \$5,000,000 – General Plant Project (GPP)
  - \$5,000,000 – Line Item Construction Project

### **Roles and Responsibilities**

The following individuals are accountable for the major financial management roles and responsibilities at the Laboratory:

#### **Division Director and His/Her Senior Management Team**

- Provide strategic financial leadership/management for Division programs
- Ensure a strong resource stewardship and funds control environment and culture exists. This is typically delegated to the Deputy Director, Operations Manager and/or Business Manager
- Comply with the Laboratory's "Ten Financial Commandments" as stated above
- Provide final Division review and approval of project proposals, cost/spend plans, and major funding/cost actions. These functions are typically delegated to the Deputy Director, Operations Manager and/or Business Manager
- Provide ongoing operational awareness at the division level by:
  - Measuring programmatic financial status (e.g., plans versus costs)
  - Conducting periodic program/budget reviews
  - Implementing and maintaining strong internal controls structures and mechanisms

#### **Principal Investigator and/or Program Manager**

- Work closely with the Division Resource Analyst:
  - Develop a project proposal based on the Principal Investigator's technical work scope, resource requirements, and appropriate cost elements
  - Develop an executable, fully burdened spend plan that ensures Full Cost Recovery
- Execute the project in a manner that ensures costs are appropriate, allowable, and allocable
- Understand, interpret, and apply knowledge of funding sponsor financial guidelines, policies and contract terms as well as Laboratory policies
- Exercise delegated signature authority on affected financial and/or procurement actions
- Review and provide timely, accurate and complete feedback/inputs to the Resource Analyst on the following:

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- Funding and cost projections for affected program/project spend plans
- Periodic budget execution reports
- Source materials and analysis used in Division program/budget reviews

### **Resource Analysts (OCFO Field Operations)**

- Work closely with the Principal Investigator/Program Manager:
  - Prepare and/or coordinate the planning, development and submission of the financial aspects of a project proposal based upon the Principal Investigator's technical work scope and resource requirements
  - Develop an executable, fully burdened spend plan that ensures Full Cost Recovery
  - Review and update the spend plan and cost projections to ensure successful project execution
  - Prepare source materials and analyses required for conducting periodic Division program/financial reviews
- Understand, interpret, and apply knowledge of funding sponsor financial guidelines, policies and contract terms as well as Laboratory policies
- Provide the Division with periodic standard and ad hoc summary and detailed financial reports that are timely, accurate and complete for their Division's programs and projects
- Work closely with Principal Investigators/Program Managers to mitigate potential over commitment and costing issues at funding control points during the year
- Exercise delegated signature authority on financial and/or procurement actions
- Develop, monitor, and maintain Division Project IDs and tree structures
- Identify issues concerning interpretation and implementation of DOE, UC and Laboratory financial management policies and procedures. Review with Division Business Manager and OCFO Field Operations Manager.

See [LBNL Major Financial Management Roles and Responsibilities](#) for further guidance and details for specific major financial management roles and responsibilities for each position described above.

### **Authority**

- DOE Contract 31
- UC Standing Order 100.4 (dd)
- UC Contract and Grant Manual
- Laboratory Financial Management Policies and Procedures

## Financial Policies and Procedures Manual

### Contacts

- Manager, Field Operations
- Assistant Manager, Field Operations

### Glossary

- **Allocable:** A cost charged to one or more cost objectives in accordance with the relative benefit received or other equitable relationship.
- **Burdened:** Indirect costs. Laboratory burdens tend to be local in nature, and apply to particular Divisions or functions, such as procurement burden, travel burden, or organization burden. Also refers to the "tax" that is allocated to a direct cost objective to recover the cost of a set of indirect activities.
- **Spend Plan:** A detailed program or map of how (a budget) will be used up, paid out, or consumed; a monthly plan of encumbrances, expenses, and income for a project or organizational unit. The sum of the months' planned obligations within the year should not exceed the corresponding appropriated or approved amount. Typically prepared prior to the start of a project and updated periodically as needed and includes details on how (budget or resource category) and/or when (monthly, quarterly, annual) a budget will be spent.
- **Tree Structures:** Refers to the Divisions' hierarchical organization of their Project IDs such that they reflect and are consistent with their programs/projects work breakdown structures and relevant Laboratory financial policies and procedures.



## Account Reconciliations

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part II

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Originally issued:	December 2003
Revision Date:	December 31, 2004
Revision Number:	1
Scheduled review date/frequency:	December 2009 (every two years)
Primary contact:	Controller

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### Summary

The purpose of this policy is to establish the scope and define the procedure and documentation requirement for account reconciliations.

### Policy

Each LBNL balance sheet account will be reconciled on a regular, ongoing basis as appropriate. Determination regarding the frequency (e.g., monthly or quarterly) reconciliations are required will be based on risk and materiality factors related to account activity and/or amount.

### Procedure

*Bank reconciliations* will be completed within 10 workdays following receipt of the bank statement.

*Periodic reconciliations* will be completed by the last workday of the month following the end of the required period (i.e., monthly, quarterly, semi-annual, or annual). An appropriate justification/explanation must be documented for each account to be reconciled less frequently than on a monthly basis.

*Exception:* Reconciliations due for the November month end will be completed by the 20<sup>th</sup> workday following November 30. (This provides for the early Laboratory shut down in December.)

Appropriate documentation for each account reconciliation will be maintained. The following is the minimum documentation required for each reconciliation:

## **Financial Policies and Procedures Manual**

- Completed Account Reconciliation Worksheet for the current reconciliation period.
- Copy of the account definition from MARS / SGL Chart of Accounts.
- Completed Account Reconciliation Summary (optional) including explanation of variances and planned actions for appropriate disposition, if applicable.
- Copies of appropriate documentation supporting account details and highlighted balances (for easy identification).
- The Account Reconciliation Worksheet is required to be signed by the responsible supervisor in a timely manner indicating written approval and acceptance of the documentation.

### **Authority**

- Chief Financial Officer, Lawrence Berkeley National Laboratory

### **Contacts**

- Controller
- Accounts Receivable Office
- Manager, Disbursements
- Financial Policy and Training Office

### **References**

- [Account Reconciliation Worksheet](#)
- [Account Reconciliation Summary](#)



# Accounting for Excess Stores Inventory

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally Issued:	November 30, 2005
Revision Date:	November 30, 2007
Revision Number:	0
Scheduled review date/frequency:	November 30, 2009 (every two years)
Primary contact:	Controller

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## Summary

This policy and procedure prescribes financial processes to be followed in accounting for excess stores inventory.

## Policy

Inventory or material stocks that exceed the demand expected in the normal course of operations because the amount on hand is more than can be sold or used in the foreseeable future, that do not meet management's criteria to be held in reserve for future sale or use, and that are not required as a safety or insurance margin, shall be classified as excess. Excess items are those items that are more cost-effective to dispose of than to hold.

## Procedures

- At the beginning of the fiscal year, the Stores Inventory Specialist and Site Services Management identify inventory items to excess.
- Stores personnel will physically remove the excess material from the shelves, and also remove it from the Maximo system.
- The excess inventory is then sent to the Property Reuse Center, and entered into the Excess Tracking System.
- The Excess Inventory account is charged when items are removed from the Maximo system.
- When the excess inventory is disposed, the Excess Inventory account is credited, and a loss is recorded for the cost of the inventory.
- If all or part of the excess inventory is sold, the proceeds are used to reduce the loss recognized on the excess inventory sold.

## Financial Policies and Procedures Manual

- The General Accounting Department reconciles all of the Stores Inventory accounts as well as the Allowance for Loss on Stores Inventory account.

### **Authority**

- DOE Accounting Handbook, Chapter 9, Accounting for Inventory and Related Property
- Work Instruction – Site Services Group #SS06 – March 1, 2005

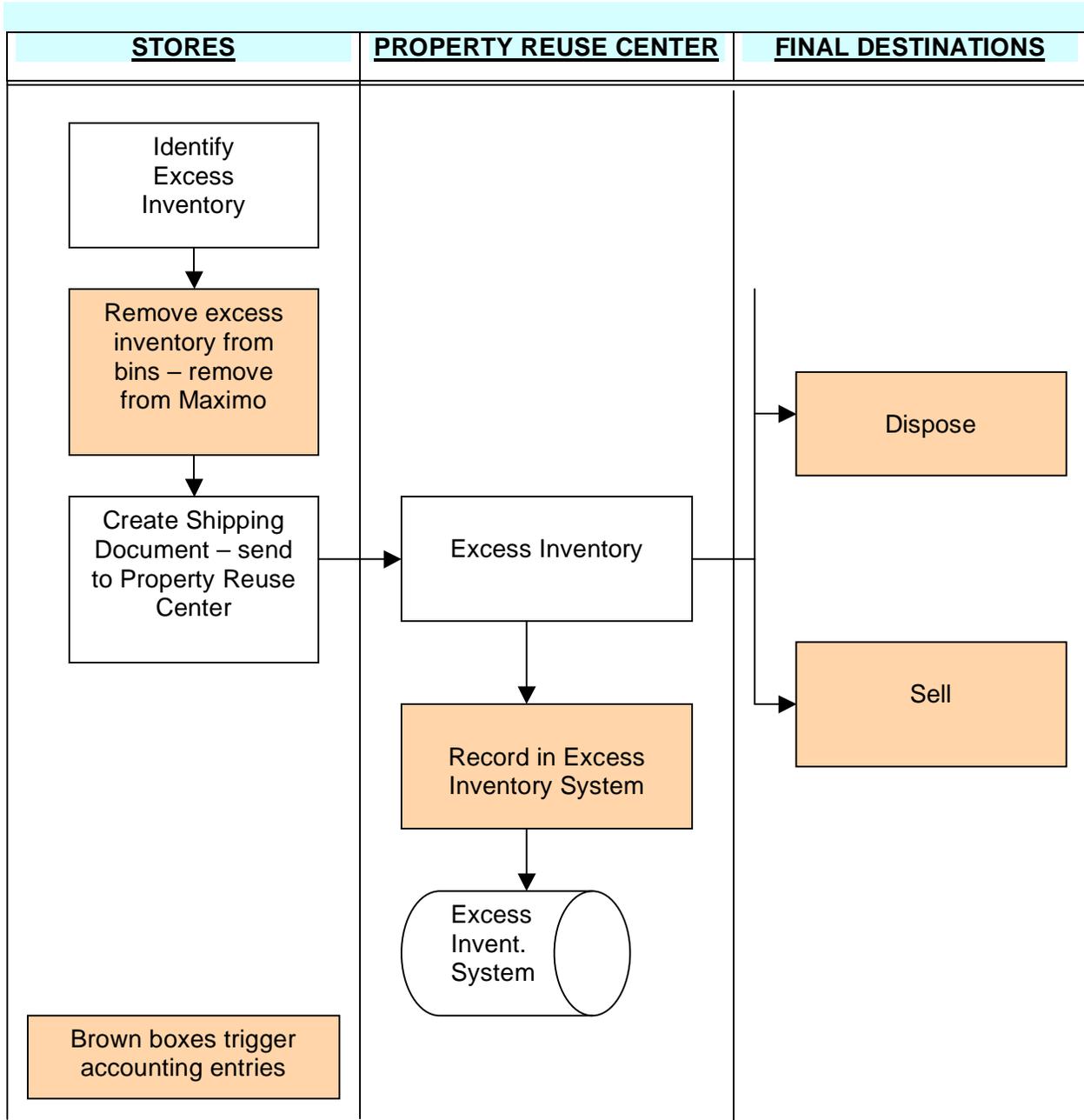
### **Contacts**

- Manager, General Accounting
- Manager, Financial Policy and Training

### **Glossary**

- **Stores Inventory:** Materials, supplies, and parts on hand that are normally used or consumed in operations, maintenance, and general use.
- **Excess Inventory:** Inventory or material stocks that exceed the demand expected in the normal course of operations because the amount on hand is more than can be sold or used in the foreseeable future, that do not meet management's criteria to be held in reserve for future sale or use, and that are not required as a safety or insurance margin, shall be classified as excess. Excess items are those items that are more cost-effective to dispose of than to hold.

**Financial Policies and Procedures Manual**



## Financial Policies and Procedures Manual

### RELATED ACCOUNTING ENTRIES

Remove excess inventory from bins – remove from Maximo

<u>GL Account (DOE)</u>	<u>Account Description</u>	<u>Debit</u>	<u>Credit</u>
151200 – (1691)	Excess Stores	100	
151941 – (1691)	Stores Issues		100

Disposal of Excess (no sale of excess)

<u>GL Account (DOE)</u>	<u>Account Description</u>	<u>Debit</u>	<u>Credit</u>
614010 – (8132)	Excess Operating Allowance for Loss	100	
151200 – (1691)	Excess Stores		100

Partial Sale of Excess/Disposal of Remainder (different from Disposal of Excess Entry)

<u>GL Account (DOE)</u>	<u>Account Description</u>	<u>Debit</u>	<u>Credit</u>
614010 – (8132)	Excess Operating Allowance for Loss	50	
211602 – (3151)	Cash	50	
151200 – (1691)	Excess Stores		100



## Accrued Liabilities

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	March 31, 2005
Revision Date:	March 31, 2005
Revision Number:	0
Scheduled review date:	December 31, 2009 (every two years)
Primary contact:	Controller

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### Summary

This policy establishes guidelines for accrual accounting requirements for liabilities incurred at Lawrence Berkeley National Laboratory (LBNL).

### Policy

#### *Overview*

The Laboratory maintains its accounts and prepares financial statements on the accrual basis of accounting in conformity with Generally Accepted Accounting Principles (GAAP).

All obligations for materials received or services performed are to be recognized in the LBNL Financial Management System (FMS) in the period incurred. A balance should be maintained between the effort required to measure and accrue costs and the added value of that effort.

#### *Scope*

This policy is applicable to all incurred obligations for payroll, goods, services, travel, and subcontracts.

If not automatically captured in FMS, liabilities will be measured using accurate, complete and current information available.

### Procedures

- Payroll will accrue and report all payroll and related liabilities.
- Disbursements will record all non-payroll obligations.
- The Department or Division will identify and report to Disbursements all other *unrecorded* obligations of the Laboratory. Each Department or Division is responsible to review and analyze the circumstances that apply to the unrecorded liability, using discretion to determine if a manual accrual is appropriate.

## **Financial Policies and Procedures Manual**

An accrual is appropriate and required if it is considered material (substantial likelihood that omission of the accrual would affect or influence decisions).

### *Accrual Process*

To record a manual accrual in the Financial Management System, the following information must be submitted to Disbursements by the last Thursday before the close of the last month of the accounting period and kept on file as documentation with the requesting Department or Division:

- Accrual amount
- Beginning and ending date of the accrual period
- Basis and justification for determining amount accrued
- Project ID
- Purchase order/subcontract number
- Resource category
- Indication that the accrual is reversing or non-reversing

### *Accrual Criteria*

#### **During the Fiscal Year**

##### **Manual accruals are not required for:**

###### **Services**

If the service was provided during the current reporting month, and the invoice was received and approved by month end.

###### **Goods**

If the item(s) and the invoice were recorded as received in FMS in the current reporting month, **or**

If receipt was required, and the item(s) were recorded as received in FMS, but an invoice was not submitted. (An *automatic* monthly accrual would be generated in FMS.)

##### **Manual accruals determined to be material are required on a fiscal quarter basis for:**

###### **Goods**

If the item(s) were received by the Department or Division, but an invoice was not received.

## **Financial Policies and Procedures Manual**

### **Services**

If the service was provided before the end of the fiscal quarter, but the Laboratory was not billed for the services provided, **or**

If the vendor is custom-building an item or performing on a construction subcontract, an accrual is required for the *percentage* of the item or subcontract estimated to be completed before the end of the fiscal quarter.

### **At Fiscal Year-End**

#### **Manual accruals are not required for:**

##### **Services**

If the service was provided during the fiscal year, the invoice was received by Disbursements, and Department or Division certification was provided.

##### **Goods**

If the item(s) were recorded as received in FMS *prior* to the close.

#### **Manual accruals determined to be material are required at fiscal year-end for:**

##### **Goods**

If the item(s) were received by the Department or Divisions, but the invoice was not received by Disbursements by September 30, **or**

If the item(s) were shipped but not received by September 30, and the contract covering the item(s) ordered stipulated freight on board (FOB) shipping point (the Laboratory takes possession when the item is shipped). Documentation is required for the vendor shipping date.

##### **Services**

If the service was provided during the fiscal year, but the invoice was not received by Disbursements by September 30, **or**

If the vendor was custom-building an item or performing on a construction subcontract, an accrual is required for the *percentage* of the item or subcontract estimated to be completed by September 30.

# Financial Policies and Procedures Manual

## Roles and Responsibilities

Each Department or Division is responsible for updating and maintaining an accrual worksheet identifying the current month end balance for each project and the accruals for each purchase order

The Office of the Chief Financial Officer (OCFO) is responsible for monitoring proper documentation and reconciling the liability accrual accounts. The OCFO will conduct quarterly reviews of selected accrual transactions executed by the Departments or Divisions to evaluate compliance with policy and the status of the liability accrual accounts.

## Authority

- Department of Energy (DOE) Contract 31
- [DOE Accounting Handbook, Chapter 11, Liabilities](#)

## Contacts

- Controller
- Manager, General Accounting
- Manager, Payroll
- Manager, Disbursements
- Manager, Financial Policy and Training

## Glossary

- **Liability:** A present obligation arising from past events that will result in probable transfer of assets or providing of services in the future.
- **Obligation:** The amount of an order placed, contract award, service received, or similar transaction during a given period that will require a payment during the same or a future period. Such amounts include outlays for which obligations have not been previously recorded and reflect adjustments for differences between obligations previously recorded and actual outlays to liquidate those obligations. All obligations must be supported by written documentation.
- **Project ID:** A numbering system used to report costs associated with funded activities at the Laboratory.
- **Resource category:** A type of cost grouped into similar categories. Examples include labor (contract, student, scientific, administrative), travel (foreign and local), and purchases (material and services).



# Advance Payment Requirement for Non-Federal Work for Others' (WFO) Sponsors

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Advance Payment Requirement for Non-Federal Work for Others' Sponsors
Originally issued:	February 21, 2007
Effective Date:	February 21, 2007
Revision Number:	0
Scheduled review date:	February 21, 2008
Primary contact:	Field Operations Manager

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## Summary

This policy and procedure prescribes financial processes to be followed in estimating the required advance payment for work for Non-Federal sponsors.

## Policy

As a federal contractor, the Laboratory is required to adhere to DOE Contract 31 regulations. This policy relates specifically to the [Department of Energy Accounting Handbook, Chapter 13](#), which requires sufficient advance funds be obtained from the Sponsor prior to starting work to maintain a 90-day balance of funds during the life of the project. Exceptions to the 90-day balance of funds requirement include State and Local governments that are precluded by law from providing an advance. Exceptions must be reviewed and approved by the Budget Office.

## Procedure

In order to ensure a 90-day balance of funds is maintained, the amount of the advance should be at least equal to the four (4) highest months of estimated costs including equipment and any other unusual startup or operational costs as represented in the total proposed budget. A full advance is required for proposals with a proposed budget of \$25,000 or less or that will be completed in 90 days or less. Methods for calculating the advance will vary depending on the type of work.

Types of possible calculation methodologies include:

1. **Straight-line: Advance = Total cost / Total number of months \* 4**

- Flat project burn rate

Example: Dr. W is proposing work for Global International for a total cost of \$525,000. The project is anticipated to begin in October of 2007 and take 12 months to complete. Spending is expected to be about the same each month.

$$\$525,000 / 12 * 4 = \$175,000$$

or

- Erratic burn rate where monthly projection of cost is unknown, high start-up costs and/or large purchases are not expected (B)

Example: Dr. No is proposing work for Genes R Us LTD for a total cost of \$1,325,000. The project is anticipated to begin in January of 2008 and take 20 months to complete. It is not clear at this point what the monthly burn rate will be, high start-up costs are not expected and the budget does not include large purchases.

$$\$1,325,000 / 20 * 4 = \$265,000$$

**2. Modified Straight-line: Advance = ((Total cost – start-up costs and/or large purchase) / Total number of months \* 4) + start-up costs and/or large purchase**

- Flat project burn rate with high start-up costs and/or a large purchase

Example: Dr. Y is proposing work for Query Inc. for a total cost of \$1,200,000. The project is anticipated to begin in September of 2007 and take 18 months to complete. Spending is expected to be about the same each month with the exception of an equipment purchase for \$100,000 as well as \$50,000 for supplies and materials in the first month.

$$((\$1,200,000 - \$100,000 - \$50,000) / 18 * 4) + \$100,000 + \$50,000 = \$383,333$$

or

- Erratic burn rate where monthly projection of cost is unknown with high start-up costs and/or a large purchase

Example: Dr. Z is proposing work for The Air Society for a total cost of \$1,725,000. The project is anticipated to begin in June of 2007 and take 24 months to complete. The monthly burn rate is expected to fluctuate throughout the life of the project, but a detailed cost plan has not been established. Initial supplies and materials total \$100,000 as well as a large equipment purchase for \$125,000.

$$((\$1,725,000 - \$125,000 - \$100,000) / 24 * 4) + \$125,000 + \$100,000 = \$475,000$$

### 3. Known Costing Profile: Advance = 1st highest month + 2nd highest month + 3rd highest month + 4th highest month

- Erratic burn rate where monthly projection of cost is known (includes start-up costs and/or large purchases)

Example: Dr. Q is proposing work for Money Trees Corp. for a total cost of \$1,000,000. The project is anticipated to begin in December of 2007 and take 12 months to complete. Expected monthly spending is as follows per the detailed monthly spend forecast proposed to Money Trees Corp; Dec \$75,000, Jan \$94,000, Feb \$76,000, Mar \$78,500, Apr \$74,500, May \$79,000, June \$75,500, July \$157,000, Aug \$74,500, Sep \$74,000, Oct \$71,500, Nov \$70,500

$$\$157,000 + \$94,000 + \$79,000 + \$78,500 = \$408,500$$

#### Authority

- [Department of Energy \(DOE\) Prime Contract 31](#)
- [Department of Energy Accounting Handbook](#)

#### Contacts

- Field Operations Manager
- Sponsor Projects Manager
- Budget Office Analyst

#### Glossary

- **Burn rate:** The rate at which costs are incurred
- **Work for Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

#### Related documents

- [Bridge Funding Policy](#)
- [WN Funding Request Policy](#)



## Allowance for Doubtful Accounts

Lawrence Berkeley  
National Laboratory      Financial Policies and Procedures      Part II - Chapter 1.07

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Title:	Allowance for Doubtful Accounts
Originally issued:	March 31, 2005
Effective Date:	January 1, 2006
Revision Number:	2
Scheduled review date:	January 1, 2008 (every two years)
Primary contact:	Manager, Accounts Receivable

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### Summary

The purpose of this policy is to provide guidance for the establishment of an allowance for uncollectible accounts, in compliance with DOE Accounting Handbook, Chapter 8, Receivable, DOE Contract 31, and the Federal Acquisition Regulation (FAR).

### Policy

#### Overview

This policy is applicable to all Laboratory receivables including work for others (WFO), work performed for other DOE entities, technology transfer funds-in agreements, and miscellaneous (non-WFO) receivables.

Accounts Receivable are reported in the financial statements at net realizable value. Net realizable value is equal to the gross amount of receivables less an estimated allowance for doubtful accounts. An estimate is made of the doubtful accounts from the total of outstanding receivables. This estimate is entered as an expense (bad debt) and an indirect reduction in accounts receivable (via an increase in the allowance account) annually.

### Procedures

#### ***Review the allowance account***

The allowance for doubtful accounts will be periodically reestimated against the aging of receivables to ensure proper valuation of the accounts receivable balance.

## **Financial Policies and Procedures Manual**

Situations that may require the establishment of an allowance:

- a. A receivable will not be totally collected
- b. A non-federal debt is referred to DOE/Treasury in the cross-servicing program (a balance greater than \$25 with a TIN, or \$100 without a TIN, and 120 days delinquent)
- c. A debtor has filed for bankruptcy
- d. An estimate should be based upon the aged receivables over 180 days delinquent and the receivable is deemed uncollectible
- e. A collection is received for which an allowance has already been established

### ***Process to establish allowance for loss and approval***

- a. Accounts Receivable Department will determine the amount of the allowance to be established. The allowance is established for the entire amount of the bill or a portion of the bill, depending on the situation. The amount of the allowance should be the expected uncollectible accounts over 180 days past due excluding items on repayment agreement, contract retention with contract terms. In addition, the amount of the reserve should be increased for any items that are referred to DOE/Treasury for collection.

The allowance should be established in the major appropriation or fund type (WA) in BSC account 1517. Unallowable bad debts should be charged to project 358301 (UC Management Fees) after obtaining the appropriate approvals.

- b. Controller will request in writing University's approval to deduct the unallowable bad debts from pre-fee deductions.
- c. After obtaining UC approval, Accounts Receivable may post the allowance journal entry/resource adjustment, and General Accounting may deduct the approved bad debts from the monthly fee payment made to the University via a pre-fee deduction.
- d. If a collection is received after an allowance has been established, Accounts Receivable will reverse the allowance. For example, Treasury collects a debt that had been previously referred. Depending on partial or full payment, the allowance account would need to be re-evaluated or adjusted for correctness.
- e. Accounts Receivable should write-off delinquent debt over two years old. Records of amounts written off should be retained to match against DOE Report on Receivables Due From the Public, SF220.9.

## Financial Policies and Procedures Manual

For example, if an uncollectible invoice is a debit balance the entry is as follows:

	SGL	Description	Account	Project ID	Dept	MARS	Fund	B&R	Resource Type	Resource Category
DR	8132	Bad Debts	672020	358301	XX	OPEXP	WA	YN0100000	MXDAF	57000
CR	1517	Allowance	131917		CFOBAL	73BAL	WA			

### Authority

- Department of Energy (DOE) contract 31, clause I.106
- Federal Acquisition Regulation (FAR) 31.205-3

### References

- [DOE Accounting Handbook, Chapter 8, Receivables](#)
- Financial Policies & Procedures, part I – Chapter 4.11, Cost Allowability, Bad Debts (FAR31.205-3)

### Glossary

- **Bad debts (DOE Contract 31):** Includes actual or estimated losses arising from uncollectible accounts receivable due from customers and other claims, and any directly associated costs such as collection costs, and legal costs are unallowable.
- **Doubtful account:** The Allowance for Doubtful Account is a valuation account (i.e. a contra asset) and is subtracted from trade receivables on the balance sheet.
- **Pre-fee deduction:** This method of payment may only be used for costs which cannot be incurred on government funds. Deductions may be made only with the appropriate approvals and documentation. Approved costs are paid with funds which would otherwise have been paid to the University as part of the monthly fee payment.
- **Work for Others (WFO):** The performance of work for non-DOE entities by DOE/Contractor personnel and/or the use of DOE facilities that is not directly funded by DOE appropriations.
- **Taxpayer Identification Numbers (TIN):** A nine digit employer identification number or social security number.
- **Write-off:** An accounting procedure to remove an account from an entity's assets.



## Allowance for Loss on Stores Inventory

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	November 30, 2005
Date of current version:	November 30, 2005
Revision Number:	0
Scheduled review date:	November 30, 2009 (Every two years)
Primary contact:	Controller

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### Summary

This policy and procedure prescribes financial processes to be followed in estimating, recording, and charging the Allowance for Loss on Stores Inventory.

### Policy

The Allowance for Loss on Stores account is for recording reasonably anticipated financial losses in inventory and materials. Losses that may occur include reduction in value as a result of shrinkage, deterioration, damage, obsolescence, or loss of utility.

Adjustments to the Allowance for Loss account must be documented. Actual losses from stores inventory will be charged to the Allowance for Loss account.

### Procedures

- At the beginning of the fiscal year, General Accounting will set the amount of the Stores Loss account to equal a five year rolling average of inventory losses expressed as a percentage of total inventory value (not including excess inventory).
- Documentation regarding how the estimate was prepared is to be maintained by General Accounting. Any subsequent changes to the Stores Loss Allowance are also to be documented and maintained by General Accounting.
- Adjustments to the Allowance for Loss account are charged or credited to 356602 (In-Use Inventory Loss Allowance – the offset to this entry is to account number 151911 – Allowance for Loss on Stores).

## Financial Policies and Procedures Manual

- The Allowance for Loss on Stores Inventory account is charged when items are to be disposed, etc. The General Accounting Department reconciles the Allowance for Loss on Stores account in the Financial Management System against related transactions from the Stores Maximo System every month to assure that the balance is accurate and consistent with known facts.
- Any variations in balances between the two systems must be researched and corrected. If the balance appears unreasonable then General Accounting, in consultation with the Facilities Division, will make the appropriate adjustment.

### Authority

*DOE Accounting Handbook, Chapter 9, Accounting for Inventory and Related Property*

### Contacts

- Manager, General Accounting
- Manager, Financial Policy and Training

### Glossary

- **Stores Inventory:** Materials, supplies, and parts on hand that are normally used or consumed in operations, maintenance, and general use.
- **Allowance for Loss on Stores:** A contra stores inventory account normally carrying a credit balance. The Allowance for Loss on Stores is a reserve for inventory losses from shrinkage, deterioration, damage, obsolescence, or loss of utility.
- **Actual Stores Losses:** Unplanned inventory decreases, in either units or value, caused by shrinkage, deterioration, damage, obsolescence, or loss of utility.



## Audit Resolution and Follow-Up

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Audit Resolution and Follow-Up
Originally issued:	June 1, 2006
Revision Effective Date:	June 1, 2007
Revision Number:	2
Scheduled review date:	June 1, 2008 (every year)
Primary contact:	Manager, Operations

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### Summary

The purpose of this policy is to define the requirements and responsibilities for reporting, tracking, resolution and closure of all audit findings and recommendations (internal and external) at Lawrence Berkeley National Laboratory (LBNL).

### Policy

Audits and inspections are considered management tools used to detect fraud, waste and abuse, validate internal controls and financial position, and promote effective risk management. Audit resolution, closure and follow-up are critical to ensuring LBNL continuously employs best practices and complies with DOE Contract 31 and University of California (UC) directives.

It is the responsibility of LBNL management to ensure appropriate corrective actions are implemented to resolve and complete audit findings and recommendations in accordance with established target due dates.

### *Audit Reports*

Typically, internal and external audit reports are initially issued as a draft to allow for management review and comment. If appropriate, formal management responses on findings and recommendations are submitted to the originating audit agency or department in accordance with an established due date.

[Internal Audit Services](#) maintains documentation on all internal audits, inspections and reviews conducted at LBNL.

For audits conducted by the U.S. [Government Accountability Office \(GAO\)](#) or the [DOE Office of Inspector General \(OIG\)](#), responses may be requested from LBNL on short notice. If LBNL cannot meet the requested response deadline, an extension may be requested.

## **Financial Policies and Procedures Manual**

### ***Summary Reports***

By January 31 of each year, Internal Audit Services submits to DOE an annual audit report providing a summary of the LBNL audit activities performed during the previous fiscal year and their results, per [DOE Contract 31, Clause I.103, \(i\) \(2\)](#),

Internal Audit Services also submits information each quarter on the status of all internal audit findings and recommendations and targeted completion dates for corrective actions to the UC Auditor. An annual report is also submitted to the UC Auditor on audit and advisory services at the end of each fiscal year.

Items that are either past the targeted completion date or considered to be a high risk may periodically be reported to the UC Regents. This information is also provided to the LBNL Audit Committee

### ***Tracking Corrective Actions***

- **LBNL Corrective Action Tracking System (CATS)**

The LBNL Corrective Action Tracking System (CATS) is used to track and monitor all internal and external corrective actions at LBNL. CATS is managed and maintained by the Office of Contract Assurance and is accessible to all Laboratory employees on the LBNL website.

The audit data for CATS is entered and maintained by the responsible LBNL department representatives. Some of the key elements of the system are the finding statement, risk level, responsible department and contact, approver, management response or corrective action and corrective action due date.

- **DOE Department Audit Report Tracking System (DARTS)**

DOE tracks all GAO and IG corrective actions using DARTS. Quarterly progress reports on LBNL corrective actions entered in DARTS are provided to DOE through Internal Audit.

- **Internal Audit Tracking Activities**

Internal Audit tracks all internal audit findings and recommendations and coordinates follow-up on external audit findings and recommendations.

### ***Corrective Action Resolution and Closure***

A distinction is made between the ***closure*** and ***resolution*** of corrective actions (see Glossary).

## Financial Policies and Procedures Manual

### Closure

Closure occurs when the proposed corrective actions are completed and concurrence is obtained from the originating audit agency or department. Closure of external audits should generally take no longer than **one year** after issuance of the final report to be completed and closed. Closures scheduled to take **longer than one year** require a written justification submitted to DOE and entered into DARTS.

### Resolution

- **Office of Inspector General (OIG) Audits**

For audits and inspections conducted by the DOE Office of Inspector General (OIG), **resolution** occurs when DOE management and the OIG agree on *corrective actions to be taken* on reported findings and recommendations. Resolution must occur within a maximum of six months after issuance of the final report. Corrective actions should be taken as soon as possible; see [Office of Management and Budget \(OMB\) Circular A-50](#), Paragraph 8.a.(2).

- **Government Accountability Office (GAO)**

For external audit findings and recommendations submitted by the Government Accountability Office, **resolution** should be completed within **60 days** after formal issuance of the report. In this case, resolution is defined as the point at which DOE responds to Congress, see [Office of Management and Budget \(OMB\) Circular A-50](#), Paragraphs 6.b.(3) and 8.b.(4).

### **External Audit Reports**

Reports on audits, inspections and reviews conducted by the OIG and GAO are available to the public on their respective websites (see Authority).

### **Management Responses and Corrective Actions**

A formal management response is required for each internal audit finding and recommendation. The response must include a targeted completion date for any findings or recommendations that warrant corrective actions. The targeted completion dates should be realistic and achievable.

In some exceptional cases, the targeted corrective action date (for both internal and external audits) may need to be extended. In this event, the Financial Policy and Training Office (FPTO) communicates with Internal Audit at least **10 business days** prior to the due date. Concurrence with the extension should be obtained within **5 business days** of the original due date.

The FPTO also notifies the DOE Berkeley Site Office (BSO) and the LBNL Office of Contract Assurance of the change at least **5 business days** prior to the original due date. The CATS database is also updated at least **5 business days** prior to the due date.

# **Financial Policies and Procedures Manual**

## **Procedures**

### **Roles and Responsibilities**

#### ***Financial Policy and Training Office***

The FPTO is the central point of contact for communications on all OCFO audit findings and is responsible for the following:

- Ensuring management responses are submitted by the required due date
- Updating the CATS database to include all OCFO audit findings
- Reconciling the CATS database with the Internal Audit database
- If in the exceptional occasion an audit finding due date extension is necessary, the FPTO
  - Reviews with Internal Audit at least 10 business days prior to the due date
  - Obtains Internal Audit concurrence at least 5 business days prior to the due date
  - Notifies the DOE Berkeley Site Office (BSO) and the LBNL Office of Contract Assurance (OCA) at least 5 business days prior to the due date
  - Updates the CATS database at least 5 business days prior to the due date

#### ***Internal Audit Services***

Internal Audit Services assists Laboratory management at all levels in assessing financial and administrative risks and controls. The Laboratory's internal audit function is conducted in accordance with DOE Contract 31, [International Standards for the Professional Practice of Internal Auditing](#), which is promulgated by the Institute of Internal Auditors, and under the general guidance of UC's University Auditor. Internal Audit Services also provides external audit coordination with various agencies in their review of the Laboratory's financial data and administrative controls.

#### ***LBNL Audit Committee***

The LBNL Audit Committee serves in an advisory capacity to the Laboratory and provides oversight responsibilities for internal and external audits. The Laboratory's Audit Committee is chaired by the Laboratory Director and includes 10 additional members from the executive and managerial ranks at the Laboratory plus two UCOP representatives: UC's University Auditor and the Executive Director of Business & Finance of the Laboratory Management Office.

## **Financial Policies and Procedures Manual**

The LBNL Audit Committee meets at least three times per year to review and approve the annual internal audit plan, review LBNL audit results and the status of recommended corrective actions.

### ***Office of Contract Assurance***

The Office of Contract Assurance manages and maintains the LBNL Corrective Action Tracking System (CATS) to track corrective actions and analyze trends resulting from Laboratory assessments and/or inspections.

### **Authority**

- [DOE Contract 31](#)
- DOE Directives, Regulations and Standards, [Order 224.2 and 224.3 Audit Resolution and Follow-Up Program](#)
- [DOE Office of Inspector General \(OIG\)](#)
- [Government Accountability Office \(GAO\)](#)
- [International Standards for the Professional Practice of Internal Auditing](#)
- [Office of Management and Budget \(OMB\) Circular A-50](#)

### **Contacts**

- Manager, Operations
- Manager, Financial Policy and Training
- Controller
- Manager, Office of Contract Assurance
- Manager, Internal Audit Services

## Financial Policies and Procedures Manual

### Glossary

- **Audit Closure:** The proposed corrective action(s) of the audit are completed and the auditor agrees that it satisfactorily addresses the deficiency identified. Closure of external audits should generally take no longer than one year after issuance of the final report. Exceptions require a written justification be submitted to DOE, entered in DARTS, and is subject to audit.
- **Audit Recommendation:** A proposed course of action, as a result of an audit, intended to correct a deficiency or enhance operations.
- **Audit Resolution:** The primary organization and the auditor agree on corrective actions to be taken for audit findings and recommendations (i.e., management concurs with the findings and recommendations, or a management decision is issued indicating concurrence and expected completion dates).
- **Audit Responses:** Written comments by management indicating agreement or disagreement on reported findings and recommendations. Comments indicating agreement on draft reports are to include planned corrective actions and dates for achieving such actions. Comments indicating disagreement should fully explain the reason(s) for disagreement. Disagreements on internal audit findings and recommendations should be resolved before issuance of the final report.
- **Corrective Actions:** Measures taken to resolve and close audit findings and recommendations.



## Bridge Funding

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Bridge Funding
Originally issued:	March 31, 2005
Effective date:	March 19, 2008
Current version:	2
Scheduled review date:	December 31, 2008 (every two years)
Primary contact:	CFO Analyst, Budget Office

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### Summary

The purpose of this policy is to define the guidelines for the appropriate application and use of bridge funding to cover Work for Others (WFO) costs at Lawrence Berkeley National Laboratory (LBNL).

### Policy

#### *Scope*

Bridge funding refers to limited University of California (UC) funds that are used to temporarily cover funding requirements under certain conditions. The University of California authorizes LBNL to use these funds to cover WFO costs when:

- There is assurance from the federal or Department of Energy (DOE) integrated contractor sponsor that additional funding is forthcoming on a continuing award (cannot be used for new awards), **or**
- When a non-federal sponsor has not yet provided advance funding and it is in the best interest of LBNL to advance the funds to begin or continue an award.

Bridge funding is not intended to serve as a substitute for appropriate cash and funding management. However, it does allow for the start or continuation of research due to various sponsor-timing issues. Agreements with sponsors which may represent a risk of becoming uncollectible should not be candidates for bridge funding.

#### *Requirements*

This policy limits requests to less than \$250,000, which may be used for no more than 90 days. If additional time and/or funds are needed, a new request is required. Due to unique scientific and financial reporting requirements, bridge funding requests are not required for agreements under the UCOP Special Research Program. The Sponsored Projects Office will specify the future bridge funding need in the initial SPAA. See [UCOP Special Research Programs](#) for more information.

The use of the University of California's funds does not relieve LBNL of its responsibility to comply with all other DOE requirements for WFO contracts. Any uncollectible receivables resulting from bridge funding activity are ultimately the liability of the University of California. However, if requested bridge funding is not reimbursed, it is the responsibility of

## **Financial Policies and Procedures Manual**

the Division Director (requesting division) to propose appropriate alternate non-DOE sources of divisional funding for review (i.e. gifts) before use of LBNL UC contingency funding is considered. Uncollectible amounts that cannot be funded from divisional funding sources will be charged to the University of California contract fee, thereby reducing the following year's allocation of CSR funding to LBNL.

### *Sponsor Criteria*

The bridge funding request may be submitted for other federal agencies, state and local governments, public or private entities, and DOE integrated contractors.

- **Federal entities and DOE integrated contractors**

For federal entities and DOE integrated contractors, bridge funding may only be used to continue an award when there is assurance from the sponsor that additional funding is forthcoming. It *may not* be used for a new award (research) which has not been previously funded by the same sponsor.

- **Non-federal entities**

For non-federal entities, bridge funding may be used to cover short-term advance requirements for new or continuing awards. For a new award, a written reimbursable agreement, as defined in [DOE Order 481.1](#), must be accepted prior to the allocation of bridge funds. For a continuing award, bridge funding may be used when there is assurance from the sponsor that additional funding is forthcoming.

### *Approval Criteria*

- Approval will be based on funds availability, institutional risk, and institutional need. As bridge funds are limited and *may not* be available in a particular month, costs should not be incurred until approved bridge funding is in place. Requests should be the minimum amount needed to begin and/or maintain the project. Requests should be submitted to the Sponsored Projects Office 60 days prior to the accounting period to which the funding will be needed.
- For continuing awards, the bridge funding request must include written confirmation from the sponsor's contract officer or authorized administrative official confirming the intent to continue the research project and reimburse LBNL for costs incurred while on bridge funding.
- In addition to the standard approvals, any bridge funding request exceeding \$250,000 or for a period greater than 90 days is an exception to policy and must be signed by the Sponsored Project Office (SPO) Manager. Additionally, an incremental monthly spending forecast must be provided by the requestor and accompany the request.

Example:     Month 1 - \$100K  
                  Month 2 - \$75K  
                  Month 3 - \$150K

Additional processing time is required for requests that exceed the \$250,000 or 90-day thresholds.

## Financial Policies and Procedures Manual

- Bridge funding shall expire on the specified end date or when the sponsor's funding has been received, whichever is sooner. If additional time and/or funds are needed, a new request is required.

The request must include the following signatures before bridge funds are allocated:

<b>Signor</b>	<b>Purpose of Signature</b>
Principal Investigator	No other method to deal with funding interruption and agrees to comply with all bridge funding control requirements.
Division Director (or designate – limited to Deputy Division Director or Business Manager)	Recognizes risk that any unallowable or uncollected costs from default will be funded out of appropriate alternative divisional funds or LBNL CSR funds, but it is in the best interest of LBNL to assume the risk.
SPO Contracts Officer	Certifies compliance with bridge funding and SPO policies.
SPO Manager	Reviews requests over \$250,000 or 90 days, or other uses of bridge funds that may be an exception to the policy and provides contractual risk assessment.
Budget Office Analyst	Reviews that supporting documentation is appropriate. In consultation with A/R, reviews sponsor's payment history and verifies that sponsor has not defaulted payment resulting in collection by the US Treasury.
Chief Financial Officer (or designate)	Approves release of bridge funding.

### **Procedures**

- Requestors (Division) complete a [Bridge Funding Request Form](#). The form must be signed by the Principal Investigator and Division Director and submitted to the Division's respective SPO Contracts Officer for review with a copy sent to the Budget Office. Please note the award number in the subject line if sent by e-mail. The request must be received by SPO 60 days prior to the accounting period to which the funding will be needed (e.g. If funding is required for December 1, the request must be submitted to SPO by October 1).
- The SPO Contracts Officer secures funding verification from the sponsor and certifies that the appropriate criteria and documentation are appropriate. The request is completed, signed and forwarded to the Budget Office Analyst, with a copy sent to the Division, no less than ten (10) days before Day Zero of the accounting period prior to which funding will be needed (e.g. If funding is required for December 1, the request must be submitted to the Budget Office Analyst no less than ten (10) days before Day Zero of November's close).
- The Budget Office determines whether bridge funds are available and reviews the supporting documentation. In consultation with A/R, reviews sponsor's payment history and verifies that sponsor has not defaulted payment resulting in collection by the US Treasury. The requestor and/or SPO will be contacted if there are any issues. The Budget Office secures the CFO's approval to release bridge funding. Notification of approval and a copy of the request will be sent to the Division and SPO no less than one (1) day before Day Zero of the accounting period prior to which funding will be needed.

- Division initiates Bridge Funding (BF) request (copy to Budget Office)
- SPO reviews & approves request (copy to Division)
- Budget Office review
- Funding available and policy compliant?
- Budget Office approves request and obtains CFC approval
- SPO and division notified of request disapproval
- SPO and division receive copy of approved BF request
- SPO enters funding into RAPID and generates SPAA
- SPAA distributed to the Division, Budget Office, and A/R
- Project incurs cost
- Sponsor payment & LBNL credit history

HP - HP

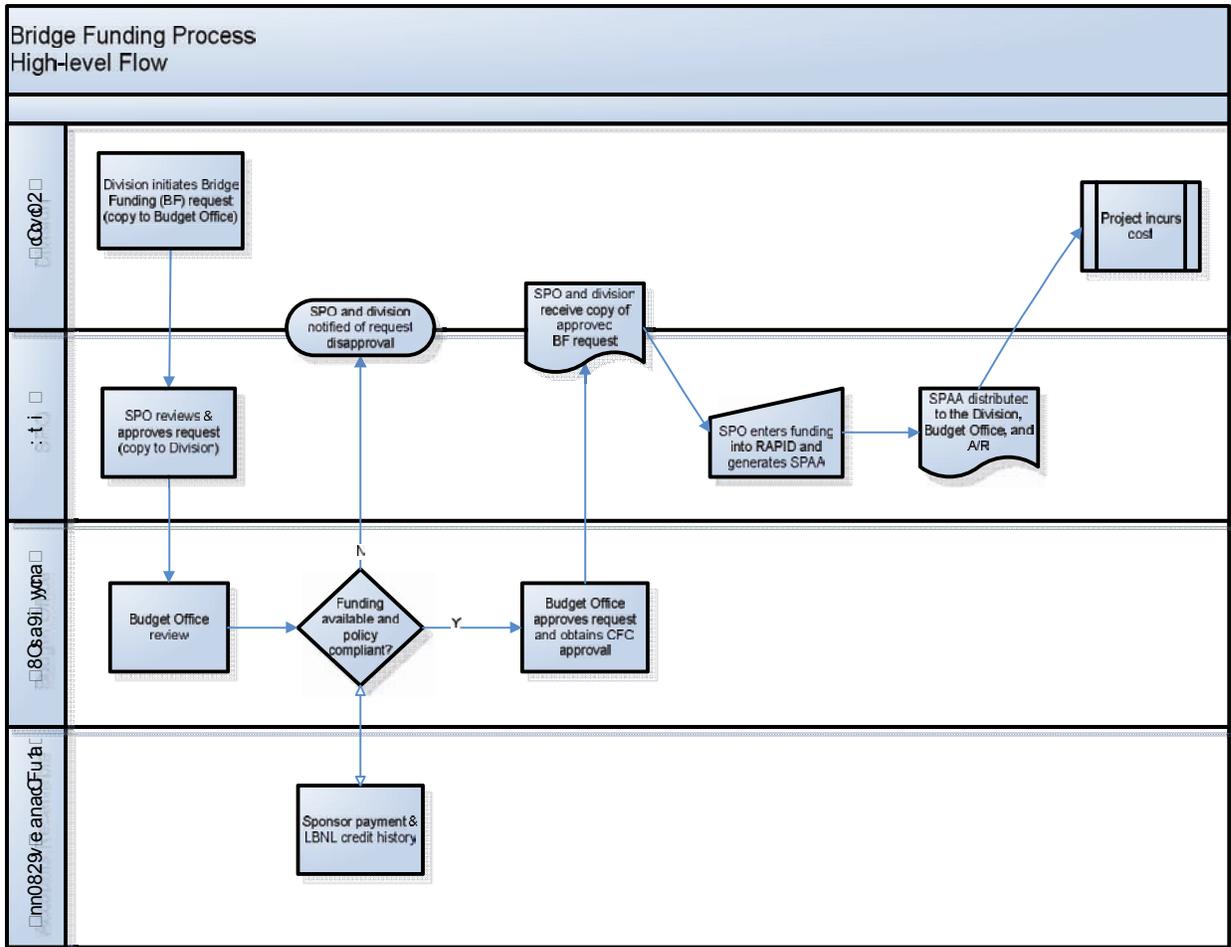


Figure 1

- Division initiates Bridge Funding (BF) request (copy to Budget Office)
- SPO reviews & approves request (copy to Division)

## Financial Policies and Procedures Manual

### Glossary

- **DOE Integrated Contractor:** The DOE's Management and Operating Contractors, e.g., Lawrence Livermore National Lab, DOE Chicago Field Office, Sandia National Lab.
- **Federal Sponsor:** Any entity that is part of the federal government.
- **Reimbursable Agreement:** A written agreement to perform work or provide a service for another federal agency or non-federal customer.
- **Requestor:** A Principal Investigator or designated Resource Analyst.
- **Research Administration, Proposal/Project Information Database (RAPID):** LBNL's implementation of the PeopleSoft Grants system.
- **Sponsored Project Award Authorization (SPAA):** A report from the RAPID system, issued by the Sponsored Projects Office that authorizes initial award and post award administrative and funding actions.
- **CSR:** Contractor Supporting Research.
- **Work for Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

### Related Documents

- [Bridge Funding Request Form](#)
- [DOE Order 481.1C and DOE Guide 481.1-1](#)
- [DOE Accounting Handbook, Chapter 13](#)
- DOE Contract 31
- Financial Practices and Procedures Relating to UC/DOE Contract Funds  
University of California Laboratory Administration Office (November 2001)  
Section 3.1 (*copy available in the Budget Office*)



# Capital Equipment Fabrications

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Capital Equipment Fabrications
Originally issued:	March 1, 2005
Effective Date:	May 1, 2008
Revision Number:	4
Scheduled review date:	May 1, 2009 (every year)
Primary contact:	Controller

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## Summary

The purpose of this policy and procedure is to provide guidance for the identification, processing and accounting of capital equipment fabrications at LBNL.

## Policy

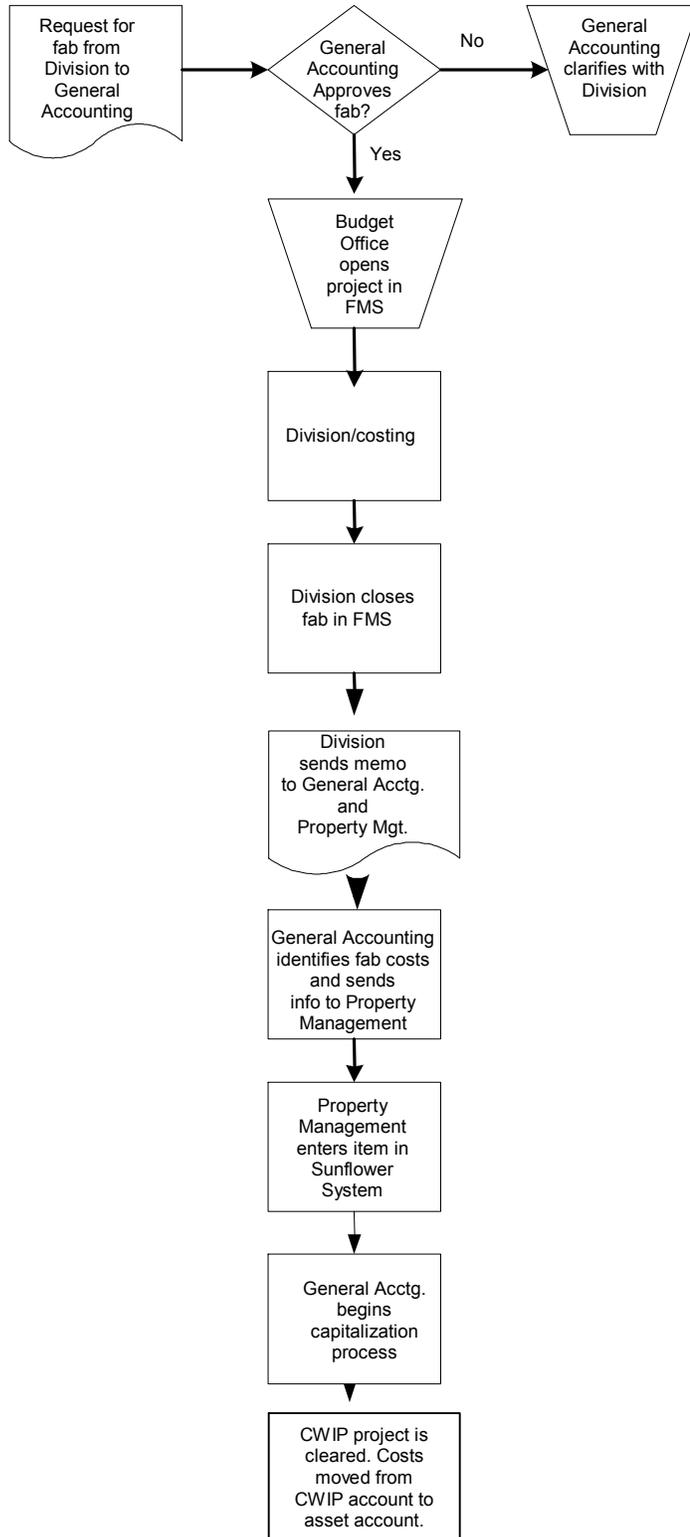
The following criteria must be met in order for a capital equipment fabrication (see glossary) project to be approved:

- Meets basic Department of Energy (DOE) property capitalization criteria:
  - Has a minimum life of two years and a value of \$50K or greater. The \$50K threshold includes overheads, freight, and any applicable taxes.
  - Must be tangible and capable of specific identification and continuous control through tagging and periodic physical inventory.
- Must be a self-constructed asset built at LBNL to be used for research by LBNL employees.
- The asset must be permanently placed on LBNL's accounting records.
- Must be a unique or custom device not available in the open market. To qualify as a fabrication, any modification or improvement of off-the-shelf equipment must be a betterment that significantly increases its value, functionality, or life.
- Fully loaded LBNL labor must total at least 20% of the total cost.
- For fabrication projects that do not meet the above criteria, the Division must obtain the express written concurrence of the Laboratory Director.
- If a project is identified as a capital equipment fabrication performed at an offsite location, the G&A burden assessed on this project is the Offsite rate (Burden = OFF).

# Financial Policies and Procedures

## Procedure

The following is an overview of the fabrication project life cycle:



## **Financial Policies and Procedures**

### ***Requesting/Opening a Fabrication Project***

#### ***Memo Requirements***

The Division Resource Analyst submits the [Plant and Capital Equipment \(PACE\) Project Life Cycle Form](#) to General Accounting. The form will require the following information:

- Project ID.
- Project title.
- Estimated cost of labor and total estimated cost for the project. Submit estimate with memo.
- Estimated completion date.
- Principal Investigator/Manager in charge of project.
- Number of units to be fabricated. Indicate if any units are prototypes.
- Location of unit(s).
- A full description of the item to be fabricated. The description should include the purpose of the item being fabricated and should be easy to interpret, so that Property Accounting can identify units that need to be capitalized when the fabrication is completed.
- If an improvement to existing DOE property is being made, include the property number of that unit(s).
- Provide the estimated useful life of the fabrication.

#### ***FMS Requirements***

The Division will enter a project in FMS and submit in "R" (Requested) status with the following information:

- Project Type = EQFAB
- Burdens = PRO, FAB, RND, IUP, IUR, and TVL
- Management Analysis and Reporting System (MARS) Code = EQUIP
- Budget and Reporting (B&R) code = B&R code where funding resides
- Budget Reference Number (BRN) = EQU
- BRN sub
- Team Principal Investigator (PI)/ Resource Analyst

If the memo is not approved, the Indirect Budget Office will contact the Division Resource Analyst to clarify details. If it is approved, the Indirect Budget Office will change the project status to "Open" in FMS, which will enable the project to begin incurring costs.

#### ***Closing a Fabrication Project***

To close a fabrication project, the Division Resource Analyst submits the [Plant and Capital Equipment \(PACE\) Project Life Cycle Form](#) to General Accounting and Property Management. The form will require the following information:

- Division requesting closure
- Description of asset

## Financial Policies and Procedures

- Project ID
- Project title (current title of project at time of closing - description of asset)
- Location of unit(s)\*
- PI/ custodian name, telephone number, and point of contact
- Budget and Reporting (B&R) code
- Property ID
- Total cost of project by fiscal year

Example:

(\$K)			
Total	FY 2004	FY 2003	FY 2002
<b>350</b>	100	200	50

\*Note: A Division representative must provide the exact location of the asset, which must also be tagged for capitalization.

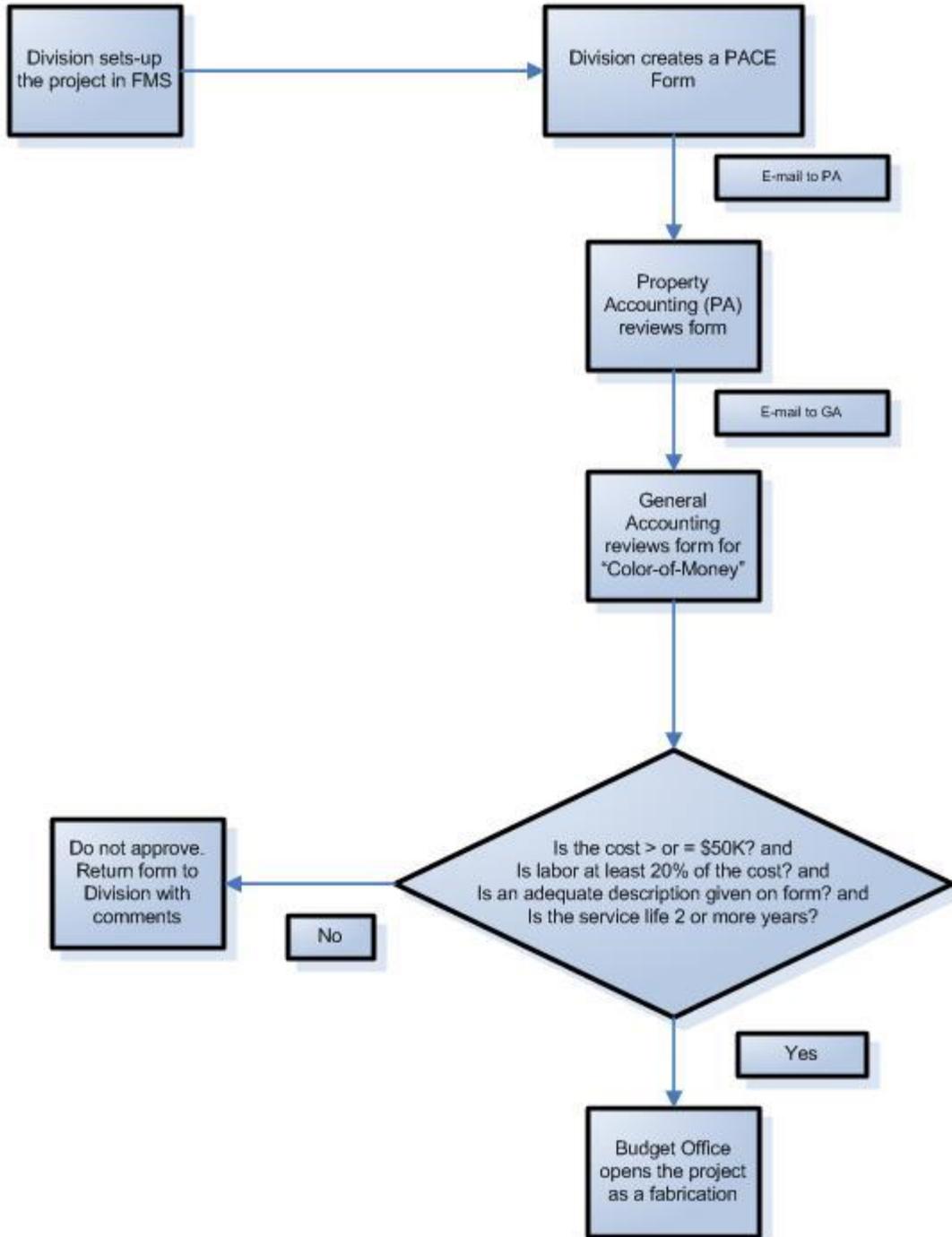
Once notification is submitted, the Division Resource Analyst can close the project in FMS.

Each Division is responsible for maintaining costs within the approved equipment appropriations and for notifying General Accounting and Property Management in a timely manner when projects are closed. The Division will be contacted if a project is closed, and a closing memo has not been submitted. A Division representative must provide the exact location of the asset, which must also be tagged for capitalization.

# Financial Policies and Procedures

## Fabrication Approval Process

4/26/2007



## Financial Policies and Procedures

### Contacts

- Manager, General Accounting Office
- Manager, Indirect Budget Office

### Glossary

- **Betterment:** The improvements to plant and capital equipment that result in better quality, higher capacity, or an extended useful life.
- **Budget and Reporting (B&R) Code (Classification):** A DOE-defined classification of financial activity prescribed for use in the formulation of budgets; the reporting of obligations, costs, and revenues; and for the control and measurement of actual execution versus budgeted performance.

It is one of six funding fields used by the DOE MARS system to identify the DOE program funding source. The other funding fields are: Fund Type, Program Task Number, BRN, and BRN Sub. The combination of these six funding fields is critical as to how projects are set up and costs are applied to funding.

- **Burden:** An indirect cost. This term is sometimes used interchangeably with overhead. For LBNL, burdens tend to be local in nature, and apply to particular Divisions or functions, such as procurement, travel, or organization burden. Also refers to the “tax” that is allocated to a direct cost objective to recover the cost of a set of indirect activities.
- **Capital equipment:** Movable personal property with an anticipated service life of two years or more and a cost of \$50,000 or more, which substantially retains its original characteristics. Capital equipment does not include application software, maintenance, repair, warranties, real property improvements or related personal property.
- **CWIP:** Construction Work in Progress.
- **Fabrication:** Equipment that is constructed by combining modular components and/or materials into one identifiable unit. The finished product must meet certain DOE property capitalization criteria such as:
  - Value of \$50K or more
  - Useful life of two years
  - Tangible, capable of identification and continuous control
  - Is a self-constructed asset built at LBNL
  - Unique or custom device not available in the open market
  - Modifications or improvements must be a betterment that significantly increases its value, functionality or life
  - Fully loaded LBNL labor must total at least 20% of the total cost

## Financial Policies and Procedures

- **Management Analysis and Reporting System (MARS):** The DOE financial system, to which LBNL must report on a monthly basis.
- **Prototype Equipment:** A completed experimental or prototype device built to obtain data or to demonstrate the feasibility of a particular process may be capital funded if its initial life is two years or more.
- **Self-constructed asset:** Any project funded by DOE to construct plant or fabricate capital equipment that will be used by LBNL staff and permanently placed on LBNL's books. The equipment may also be used off-site in support of LBNL research. For projects funded by a WFO sponsor, LBNL must retain title to qualify as a self-constructed asset. If the capital equipment is to be used elsewhere, its fabrication must be required to meet specific LBNL operating research project objectives as defined in the Field Work Proposal (FWP) or Statement of Work (SOW).



# Compensation Above Salary Limits For Work-For-Others Agreements

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	March 31, 2005
Revision Date:	January 15, 2007
Revision Number:	2
Scheduled review date:	January 15, 2009 (every two years)
Primary contact:	Controller

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## Summary

The purpose of this policy is to provide guidelines for accounting for the cost of compensation above the allowable limits for Work-For-Others (WFO) Agreements.

## Policy

Compensation for researchers working on WFO Agreements may be subject to limitations by federal law or provisions of specific WFO agreements. The cost of salaries and wages in excess of the limitations are unallowable under [DOE Contract 31](#) and must be covered by bestowments or other non-federal funds.

It is the policy of the Laboratory to assure that compensation costs applicable to any limitation prescribed by a WFO agreement are identified and excluded from the WFO agreement, and any related DOE billings, claims, or proposals.

## Procedures

- The Department or Division using researchers with salaries that exceed compensation limits must identify the funding source for the excess *prior* to commencing work on the funded research.
- An email or memo will be submitted to General Accounting requesting that a companion project to the WFO agreement be created, in order to accumulate the cost of the researchers' excess compensation.
- The Department or Division will evaluate the compensation limitations specified by the WFO agreement and identify any excess.

## **Financial Policy and Procedures Manual**

- A resource adjustment will be made to transfer any excess compensation from the WFO project to the companion project prior to processing the grant billings and requests for payment.
- The Department or Division will determine the frequency (monthly or quarterly) for invoicing the non-federal funding source.
- For each period that excess compensation is accumulated, a [Request for Preparation of Miscellaneous Invoice Form](#) will be submitted to Accounts Receivable that includes:
  - Identification of the WFO agreement and related compensation limitations
  - Identification of the non-federal or bestowment fund
  - Companion project ID established to accumulate the cost of the researchers' excess compensation
  - Required approvals
  - Billing period beginning and end dates
  - Total amount of accumulated excess compensation to be billed for the period
- Accounts Receivable will prepare a miscellaneous invoice to the non-federal funding source when the completed [Request for Preparation of Miscellaneous Invoice Form](#) is received.
- A credit to the companion project will be recorded for the amount of each invoice to the non-federal funding source, in order to off-set excess compensation accumulated in the companion project. The project should have a net zero balance. If the balance is not zero, any difference will be identified and accounted for by the owner of the companion project.

## Financial Policy and Procedures Manual

### Documentation

The following are examples of appropriate supporting documentation for resource adjustments for excess compensation for WFO Agreements:

- [Request for Preparation of Miscellaneous Invoice Form](#)
- WFO agreement provision(s) explaining the compensation limitations
- Description of the funds to be used to cover any excess compensation and related approval to use those funds
- The WFO agreement project and companion project ID for which the excess costs will be charged

### Authority

- [DOE Contract 31](#)

### References

- NIH Guide: [Salary Limitation on Grants, Cooperative Agreements, and Contracts](#)

### Contacts

- Controller
- Principal Accountant, General Accounting

### Glossary

- **Bestowment funds:** Funds provided to a specific Department, Division or program by grant, donation, or gift from public or private foundations, corporations, or individuals for the purpose of furthering research, development, and/or education.
- **Work-For-Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

**Related Documents**

- [Request for Preparation of Miscellaneous Invoice Form](#)



# Construction Work in Progress (CWIP)

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	August 15, 2005
Revision Date:	August 15, 2005
Revision Number:	0
Scheduled review date:	December 31, 2009 (every two years)
Primary contact:	Controller

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## Summary

The purpose of this policy is to define the guidelines for appropriately managing Construction Work in Progress (CWIP) projects at Lawrence Berkeley National Laboratory (LBNL).

## Policy

### *Overview*

CWIP is a balance sheet account that the Laboratory maintains and manages (through an accounting process) to reflect costs incurred for plant and capital equipment (PACE). The Laboratory will ensure that costs incurred for plant and capital equipment purchases are properly accounted for (i.e., timely closing, asset identification, tagging, capitalization, and depreciation) in accordance with DOE requirements.

Maintaining a CWIP account complies with accounting standards and capitalization criteria in the [Statements of Federal Financial Accounting Standards \(SFFAS\) No. 6, Chapter 2.34](#) and the [Department of Energy \(DOE\) Accounting Handbook, Chapter 10.1.h](#). The Laboratory CWIP account reflects costs associated with PACE work in progress accumulated during the acquisition, fabrication and/or construction period. When the project is completed and/or the asset has been identified (tagged) and placed in service, it is capitalized and transferred to an asset account for depreciation.

## Procedures

See following table for criteria, guidelines and procedures for processing PACE projects for CWIP.

## **Financial Policies and Procedures Manual**

### **Roles and Responsibilities**

#### *Divisions*

- Ensure appropriate funding is available at the project ID level.
- Ensure equipment, fabrication, construction, LDRD and CSR purchases (requisitions) meet the criteria of capital equipment as appropriate and are charged to the correct fund type and Management Analysis and Reporting System (MARS) program code (see PACE criteria, guidelines and procedures table above).
- Ensure WFO equipment purchases meet terms and conditions of WFO contract.
- Track all associated costs within that project ID; ensuring the total cost is greater than \$50K to meet the established criteria, as appropriate. Stay within approved budget and date projected for project to be completed.
- Complete PACE Life Cycle Form to open and/or close projects as applicable, and submit electronically to Property Accounting.
- When appropriate, close the project ID in FMS.

#### *Property Accounting*

- Ensure overall management and oversight of CWIP process. Work with stakeholders to ensure CWIP processes are performed in a timely and accurate manner.
- Ensure appropriate funding source is used.
- Track progress of CWIP projects via the CWIP Project Log (posted on CFO website).
- Verify costs of closed CWIP projects.
- Submit electronic notification to Property Management verifying costs for asset tagging, if appropriate.
- Capitalize asset when appropriate and transfer costs to asset account, completing the CWIP process.
- Reconcile CWIP project accounts to the Laboratory Asset Management System (AMS) for Property Management.

## **Financial Policies and Procedures Manual**

### *Budget Office*

- Verify appropriate funds are available at the B&R level when project ID is in “request” status in FMS.
- If appropriate, open project ID in FMS (change status to “open”).

### *Property Management*

- Identify and tag asset when notified via email from Property Accounting.
- Enter asset into LBNL asset inventory database.
- Notify Property Accounting electronically verifying property is identified and asset is tagged.

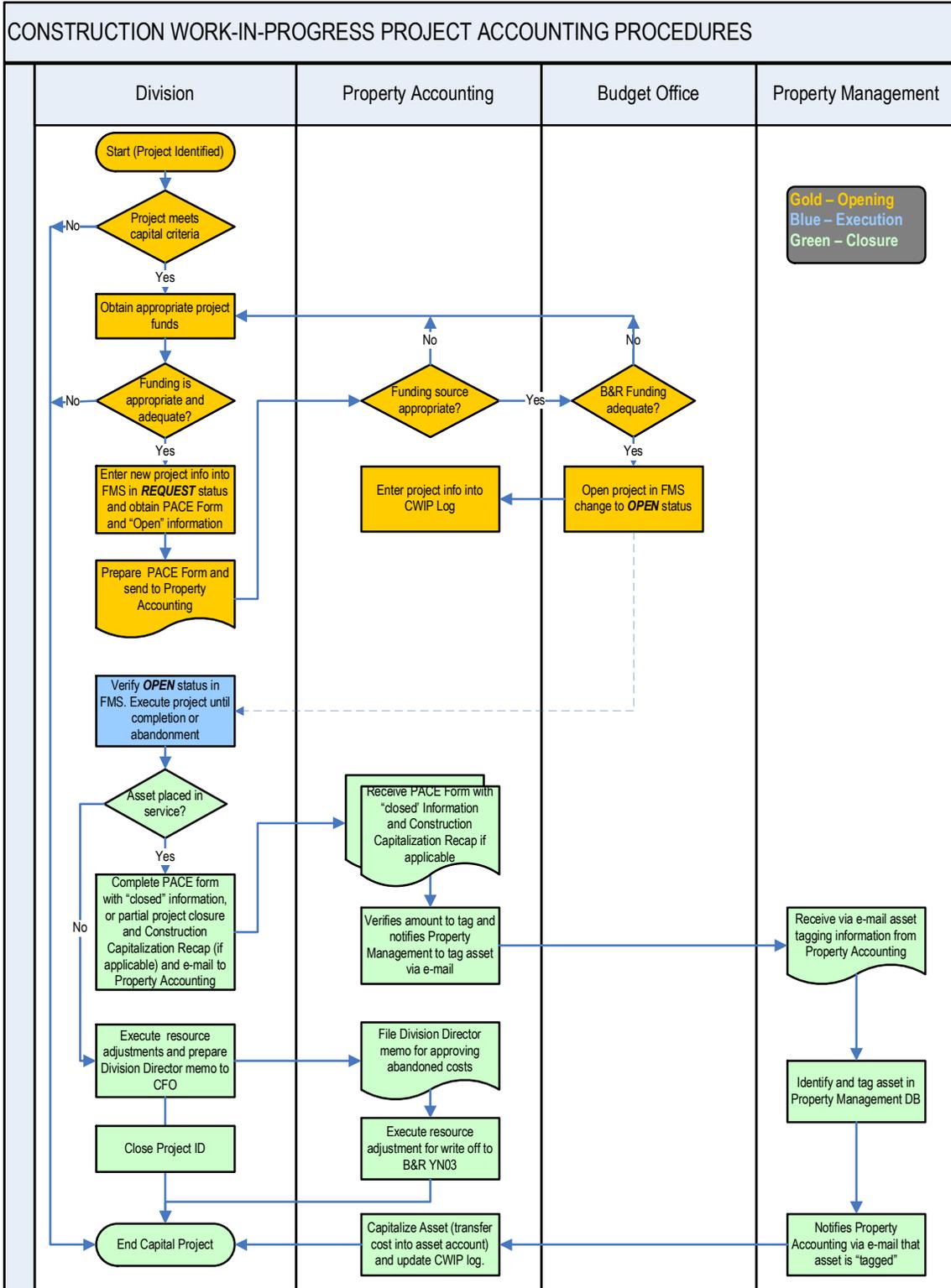
### **Adjustments for Non Capital Projects**

In cases where the project did not meet the capitalization criteria (non capital funds), the following process applies:

- If the equipment costs of a non capital project are charged to a CWIP project, and require an adjustment to transfer the costs into the appropriate operating expense, the Division prepares a resource adjustment to reflect the appropriate changes.
- If the equipment costs have been removed from CWIP and placed into a capital asset account and General Accounting has begun depreciating the asset:
  - The Division prepares a resource adjustment to move the costs into the appropriate operating expense.
  - If the cost was incurred in a prior year, and the B&R is closed, consult the Budget Office’s Direct Budget Group for the appropriate B&R to use. If the B&R that should have been used is closed, also contact the Direct Budget Group for the new B&R to use.
  - Notify General Accounting of the change via email, so that depreciation of the asset can be reversed, and the asset can be removed from the Property Accounting System.

The following diagram illustrates the CWIP process flow:

# Financial Policies and Procedures Manual



## Financial Policies and Procedures Manual

### Authority

- [DOE Accounting Handbook, Chapter 10, Plant and Capital Equipment](#)

### Contacts

- Manager, General Accounting
- Controller, Office of the CFO
- Principal Accountant, Property Accounting
- Manager, Procurement and Property
- Manager, Financial Policy and Training

### Glossary

- **Abandoned projects:** The cancellation of all or part of a contract or purchase order to procure, manufacture, or assemble an item of P&CE. These costs, less any salvage credits, shall be distributed over the remaining units of property within the project for project accounting purposes, except where such distribution significantly distorts the cost of the remaining property units. Where such distortion occurs, the costs of the abandoned project or project segment may be closed from Construction Work in Progress to Abandoned Projects (Budget and Reporting Classification Code YN, Other Costs and Credits). All charges to abandoned projects shall be approved by the Head of the Field Element.
- **Beneficial occupancy:** The point at which the facility is turned over to the user or occupants.
- **Capital equipment:** A movable, tangible item, with a value of  $\geq$  \$50K, including labor, burdens, transportation, modifications, etc., and a useful life of  $\geq$  two years.
- **Capitalization:** The act of closing (or reclassifying) acquisition costs of an asset, which allows it to be allocated or depreciated (expensed) over the life of the asset.
- **Construction:** The installation, assembly or creation of a new facility, the addition, expansion, improvement, or replacement of an existing facility, or the relocation of a facility. Construction includes equipment installed in and made part of the facility and related site preparation (excavation, filling and landscaping, or other land improvements), and the facility design.

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- **Construction Work in Progress (CWIP):** A holding account that captures costs incurred for property, plant and equipment that complies with accounting standards and capitalization criteria in the [Statements of Federal Financial Accounting Standards \(SFFAS\) No. 6, Chapter 2.34](#) and the [DOE Accounting Handbook, Chapter 10, 1.h](#).
- **Contracting Supporting Research (CSR):** The CSR funds are provided to the Laboratory by the University of California. For research at the Laboratory, selection of the projects funded with CSR funds are made at the discretion of the Laboratory Director or designee.
- **Depreciation:** The allocation of the cost of an asset over a period of time for accounting purposes. A decline in the value of a property due to general wear and tear or obsolescence.
- **Fabrication:** A tangible, self-constructed asset, valued at  $\geq$  \$50K, including \$10K of LBNL labor, and applicable burdens, transportation, modifications, etc., with a useful life of  $\geq$  two years. It must be a unique or custom built device not available in the open market. To qualify as a fabrication, any modification or improvement of off-the-shelf equipment must be a betterment that significantly increases its value, functionality, or life.
- **Personal Property:** Property that can be moved and that is not permanently affixed to and part of real estate.
- **Plant:** Land, building, and improvements, associated infrastructure (i.e., electrical substations, piping systems, roads, etc.) and construction in process. Does not include movable equipment.
- **Plant and Capital Equipment (PACE):** Land, land rights, depletable resources, improvements to land, buildings and structures, utilities, and equipment. For the purposes of this policy, PACE is synonymous with property, plant and equipment (PP&E).
- **Property, Plant and Equipment (PP&E):** Synonymous with plant and capital equipment (PACE).

### Related Documents

- [LBNL Capital Equipment Fabrication policy, Part I – Chapter 2.02](#)
- [PACE Life Cycle Form](#)



# Cost Allowability

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Cost Allowability
Originally issued:	September 1, 2005
Effective date:	March 20, 2006
Revision number:	3
Scheduled review date:	March 20, 2009 (every year)
Primary contact:	Controller

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## Summary

The purpose of this policy is to provide general guidelines for the Laboratory in determining allowable costs, in compliance with DOE Contract 31, the Federal Acquisition Regulation (FAR) and the Department of Energy Acquisition Regulation (DEAR). This policy is not intended to amend or replace any Federal, State, or regulatory requirements. For more specific details, refer to DOE Contract 31, the FAR and the DEAR.

## Policy

### Overview

The Laboratory, as part of the University of California, is accountable to the Department of Energy (DOE) for the appropriate expenditure of DOE funds. It is the policy of the Laboratory not to incur unallowable costs in performance of work under DOE Contract 31.

Allowable costs are costs and expenses actually incurred in the performance of work in accordance with the terms of DOE Contract 31, or authorized work for other agreements, which are considered necessary, or incident thereto, and are determined to be allowable, as defined in FAR, Subpart 31.201-2, *Determining Allowability* ([FAR 31.201-2](#)), as supplemented by specific clauses in DOE Contract 31/DEAR Subpart 970.31, *Contract Cost Principles and Procedures* ([DEAR 970.31](#)).

### Requirements

A cost is allowable only when it complies with all of the following requirements:

- Reasonableness
- Allocability
- Applicable Cost Accounting Standards (CAS); otherwise, Generally Accepted Accounting Principles (GAAP) and practices appropriate to the circumstances
- Terms and conditions of DOE Contract 31
- Any rules or limitations described in FAR, Subpart 31.201-2 as supplemented by DEAR Subpart 970.31 and specific clauses in DOE Contract 31.

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### *Reasonableness*

A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person while conducting normal Laboratory business. The determination of reasonableness depends upon a variety of considerations and circumstances, including the following:

- The type of cost is generally recognized as ordinary and necessary to conduct Laboratory business or contract performance.
- The cost is in compliance with generally accepted sound business practices, arm's length bargaining, Federal and State laws and regulations.
- The cost supports the Laboratory's responsibilities to the Government, other customers, the owners of the business, employees, and the public at large.
- The cost does not significantly deviate from established practices.

### *Allocability*

A cost is allocable if it is assigned or charged to one or more cost objectives (*projects*) on the basis of benefits received (or other equitable relationship) and charged or allocated consistently and in compliance with applicable Cost Accounting Standards (CAS) and the Laboratory's CAS Disclosure Statement. Therefore, a cost is allocable if it:

- Is incurred specifically for the project
- Benefits both the project and other work, and can be distributed in reasonable proportion to the benefits received
- Is necessary to the overall operation of Laboratory business

## **Roles and Responsibilities**

### *Supporting Documentation*

Individuals with signature authority for specific costs incurred are responsible to ensure they are allowable under DOE Contract 31 and Laboratory policies, and that supporting documentation is adequate.

Each Division is responsible for accounting for costs appropriately and for maintaining records, including supporting documentation, to demonstrate that costs claimed have been incurred per DOE Contract 31 requirements. DOE may disallow all or part of a claimed cost that is inadequately supported.

### *Allowability Determinations*

Refer questions about allowability to the Financial Policy and Training Office, who will make allowability determinations based upon the appropriate directive or regulation, and/or in consultation with the appropriate authority.

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### Examples of Unallowable Costs (per FAR 31.205 and DEAR 970.3102-05)

#### Public Relations and Advertising Costs (FAR 31.205-1)

Examples of *unallowable* public relations and advertising costs include the following:

- Costs of sponsoring meetings, conventions, symposia, seminars, and other special events when the principal purpose of the event is other than dissemination of technical information or stimulation of production.
- Costs of ceremonies such as celebrations and new product announcements.
- Costs of promotional material, motion pictures, videotapes, brochures, handouts, magazines, and other media that are designed to call favorable attention to the Laboratory and its activities.
- Costs of souvenirs, models, imprinted clothing, buttons, and other mementos provided to customers or the public.
- Costs of memberships in civic and community organizations.
- Costs of memorabilia (e.g., models, gifts, and souvenirs).
- Costs of alcoholic beverages, entertainment, and physical facilities that are primarily used for entertainment.

#### Bad Debts (FAR 31.205-3)

Bad debts, including actual or estimated losses arising from uncollectible accounts receivable due from customers and other claims, and any directly associated costs (such as collection and legal costs) are *unallowable*.

#### Contributions or Donations (FAR 31.205-8)

Contributions or donations, including cash, property and services, regardless of the recipient, are *unallowable*, with the exception of the costs of participation in community service activities (e.g., blood bank drives, charity drives, savings bond drives, disaster assistance, etc.), as provided in FAR 31-205-1(e)(3).

#### Employee Morale (FAR 31.205-13) and DOE Contract 31 Appendix A

Costs of gifts are *unallowable*. (Gifts **do not** include awards for performance made in accordance with FAR 31.205-6(f), or awards made in recognition of employee achievements in accordance with an established Laboratory plan or policy.)

Costs of recreation are *unallowable*, **except** for the costs of employees' participation in Laboratory-sponsored sports teams or employee organizations designed to improve loyalty, teamwork, or physical fitness. However, DOE Contract 31 does place an annual

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monetary limit on all employee morale enhancing activities. Such expenditures must be pre-approved by the Employee Activities Association Coordinator in accordance with RPM 1.14.

### **Entertainment Costs (FAR 31.205-14)**

Costs of amusement, diversions, social activities, and any directly associated costs (such as tickets to shows or sports events, meals, lodging, rentals, transportation, and gratuities) are *unallowable*.

Costs of membership in social, dining, or country clubs or other organizations having the same purposes are also *unallowable*, regardless of whether the cost is reported as taxable income to the employees.

### **Fines, Penalties, and Mischarging Costs (FAR 31.205-15)**

Costs of fines and penalties resulting from violations of, or failure of the Laboratory to comply with, Federal, State, local, or foreign laws and regulations, are *unallowable*, **except** when incurred as a result of compliance with specific terms and conditions of the contract or written instructions from the contracting officer (DOE).

Costs incurred in connection with, or related to, the mischarging of costs are *unallowable* when the costs are caused by, or result from, alteration or destruction of records, or other false or improper charging or recording of costs. Such costs include those incurred to measure (or otherwise determine) the magnitude of the improper charging, and costs incurred to remedy or correct the mischarging, such as costs to rescreen and reconstruct records.

### **Independent Research and Development and Bid and Proposal Costs (FAR 31.205-18 and DEAR 970.3102-05-18)**

Independent research and development and bid and proposal costs are *unallowable*. However, DOE-approved Laboratory Directed Research and Development costs and those costs incurred in support of DOE's various reimbursable (work for others) programs are *allowable*.

### **Insurance (FAR 31.205-19)**

If purchased insurance is available, any self-insurance charge plus insurance administration expenses in excess of the cost of comparable purchased insurance is *unallowable*.

Self-insurance charges for risks of catastrophic losses are *unallowable*.

Actual losses are *unallowable*, unless expressly provided for in the contract. The following types of losses are **allowable**:

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- Losses incurred under the nominal deductible provisions of purchased insurance, in keeping with sound business practice.
- Minor losses, such as spoilage, breakage, and disappearance of small hand tools that occur in the ordinary course of business and that are not covered by insurance.

### **Lobbying and Political Activity Costs (FAR 31.205-22 and DEAR 970.3102-05-22)**

Costs associated with the following activities are *unallowable*:

- Attempts to influence the outcomes of any Federal, State, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activities.
- Establishing, administering, contributing to, or paying the expenses of a political party, campaign, political action committee, or other organization established for the purpose of influencing the outcomes of elections.
- Any attempt to influence
  - The introduction of Federal, State, or local legislation, or
  - The enactment or modification of any pending Federal, State, or local legislation through communication with any member or employee of the Congress or state legislature (including efforts to influence State or local officials to engage in similar lobbying activity), or with any government official or employee in connection with a decision to sign or veto enrolled legislation.

### **Losses on Other Contracts (FAR 31.205-23)**

- An excess of costs over income under any other contract (including the Laboratory's contributed portion under cost-sharing contracts) is unallowable.

### **Plant Reconversion Costs (FAR 31.205-31)**

Reconversion costs are *unallowable* except for the cost of removing Government property and the restoration or rehabilitation costs caused by such removal. However, in special circumstances where equity so dictates, additional costs may be *allowed* to the extent agreed upon before costs are incurred.

### **Professional and Consultant Service Costs (FAR 31.205-33)**

Costs of professional and consultant services performed under any of the following circumstances are *unallowable*:

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- Services to improperly obtain, distribute, or use information or data protected by law or regulation.
- Services that are intended to improperly influence the contents of solicitations, the evaluation of proposals or quotations, or the selection of sources for contract award, whether award is by the Government, or by a prime contractor or subcontractor.
- Any other services obtained, performed, or otherwise resulting in violation of any statute or regulation prohibiting improper business practices or conflicts of interest.
- Services performed which are not consistent with the purpose and scope of the services contracted for or otherwise agreed to.

### **Recruitment Costs (FAR 31.205-34 and DOE Contract 31, Appendix A, Section XII)**

Help-wanted advertising costs are *unallowable* if the advertising:

- Does not describe specific positions or classes of positions.
- Includes material that is not relevant for recruitment purposes, such as extensive illustrations or descriptions of the Laboratory's products or capabilities.
- The Laboratory may incur costs for the recruitment of personnel, as follows:
  - (1) Costs of advertising and agency and consultant fees shall not exceed \$1,000,000 annually without prior Contracting Officer (DOE) approval.
  - (2) Travel and subsistence for interviewee, interviewer, and recruiting contact paid in accordance with DOE Contract 31 Appendix A. As approved by the Laboratory Director, expenses for round-trip travel and subsistence for the interviewee's spouse may be reimbursed. Meal expense for interviewer's spouse may be reimbursed.
  - (3) New or prospective employees who have been offered and have accepted a position, and who are required to take a pre-placement physical examination, shall be reimbursed for costs of the physical examination.
  - (4) Costs associated with pre-employment screening shall be allowable.

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- (5) For the purpose of house-hunting, and with the approval of the cognizant division leader or division/program director, as appropriate, the Laboratory Director may authorize the expenses for round-trip travel and subsistence for both the selected new hire and the new hire's spouse. A maximum stay of six days including five nights to be charged against the maximum 30 day housing allowance may be permitted. Travel and subsistence costs shall be reimbursed for the applicant and spouse in accordance with Section I (b) of DOE Contract 31 Appendix A.
- (6) New employees, or transferees, shall be reimbursed for costs of travel and shipment of household goods in accordance with this Section I (b) relocation service provider may be used to assist with the transition.

### **Relocation Costs (FAR 31.205-35)**

The following types of costs are *unallowable*:

- Loss on sale of a home.
- Costs incident to acquiring a home in the new location as follows:
  - Real estate brokers' fees and commissions.
  - Costs of litigation.
  - Real and personal property insurance against damage or loss of property.
  - Mortgage life insurance.
  - Owner's title policy insurance when such insurance was not previously carried by the employee on the old residence. (However, the cost of a mortgage title policy is allowable.)
  - Property taxes and operating or maintenance costs.
- Continuing mortgage principal payments on a residence being sold.
- Costs incident to furnishing equity or nonequity loans to employees or making arrangements with lenders for employees to obtain lower-than-market rate mortgage loans.

If relocation costs for an employee have been allowed and the employee resigns within 12 months for reasons within the employee's control, the laboratory shall refund or credit the relocation costs to the Government.

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### **Taxes (FAR 31.205-41)**

The following types of costs are *unallowable*:

- Federal income taxes.
- Taxes in connection with financing, refinancing, refunding operations, or reorganizations.
- Taxes from which exemptions are available directly, or available based on an exemption afforded the Government, except when the contracting officer determines that the administrative burden incident to obtaining the exemption outweighs the corresponding benefits accruing to the Government.
- When partial exemption from a tax is attributable, taxes charged in excess of that amount resulting from application of the preferential treatment are unallowable.
- Special assessments on land that represent capital improvements.
- Taxes (including excises) on real or personal property, or on the value, use, possession or sale thereof, which is not used in connection with Government work.
- Any excise tax in subtitle D, chapter 43 of the Internal Revenue Code of 1986, as amended (which includes excise taxes imposed in connection with qualified pension plans, welfare plans, deferred compensation plans, or other similar types of plans).

### **Trade, Business, Technical and Professional Activity Costs (FAR 31.205-43)**

The following types of costs are **allowable**:

- **Memberships** in trade, business, technical, and professional organizations.
- Subscriptions to trade, business, professional, or other technical periodicals.
- When the principal purpose of a meeting, convention, conference, symposium, or seminar is the dissemination of trade, business, technical or professional information or the stimulation of production or improved productivity -
  - Costs of organizing, setting up, and sponsoring the meetings, conventions, symposia, etc., including rental of meeting facilities, transportation, subsistence, and incidental costs
  - Costs of attendance by contractor employees, including travel costs (see [FAR 31.205-46](#)); and

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- Costs of attendance by individuals who are not employees of the contractor, provided
  - Such costs are not also reimbursed to the individual by the employing company or organization, and
  - The individual's attendance is essential to achieve the purpose of the conference, meeting, convention, symposium, etc.

### **Research and Development Costs (FAR 31.205-48)**

When research and development costs are incurred in excess of either the amount sponsored by grant for research and development effort or ceiling required in the performance of a contract, the excess is *unallowable* under any other Government contract or grant.

### **Costs of Alcoholic Beverages (FAR 31.205-51)**

Costs of alcoholic beverages are *unallowable*.

### **Authority**

- DOE Contract 31
- Cost Accounting Standards (CAS)
- Department of Energy Acquisition Regulation (DEAR) Part 970
- Federal Acquisition Regulation (FAR) Subpart 31.2

### **Contacts**

- Manager, Financial Policy and Training

### **Glossary**

***Allocate:*** To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of a cost and the reassignment of a share from an indirect cost pool.

***Arm's-length bargaining:*** The parties involved are dealing from equal bargaining positions, neither party is subject to the other's control or dominant influence, and the transaction is treated with fairness, integrity and legality.

***Cost objective:*** A function, organizational subdivision, program or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.

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***Department of Energy Acquisition Regulation (DEAR):*** This document establishes uniform acquisition policies which implement and supplement the Federal Acquisition Regulation (FAR). It is not, by itself, a complete document and must be used in conjunction with the FAR and DOE Contract 31.

***Expressly unallowable cost:*** A particular item or type of cost which, under the express provisions of an applicable law, regulation, or contract, is specifically named and stated to be unallowable.

***Federal Acquisition Regulation (FAR):*** The FAR is the primary regulation for use by all Federal Executive agencies in their acquisition of supplies and services with appropriated funds.

***Final cost objective:*** A cost objective which has allocated or assigned to it both direct and indirect costs and is one of the final cost accumulation points. Examples of final cost objectives are grants and contracts.



# Financial Certifications by Laboratory Officials for Select Work for Others Award Documents

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Financial Certifications by Laboratory Officials for Select Work for Others Award Documents
Effective Date:	January 31, 2007
Revision Number:	0
Scheduled review date:	January 31, 2009 (every two years)
Primary contact:	Manager, Accounts Receivable

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## Summary

The purpose of this policy is to define the requirements and procedures for Laboratory "financial" officials who are required to certify costs for select Work for Others (WFO) award documents.

## Background

The Laboratory is responsible and accountable for administering the terms and conditions of Work for Others awards. Funding sponsors may require financial certification (e.g., periodic/annual/close-out financial status reports, invoice statements) of costs associated with work being performed at the Laboratory without specifically stating the appropriate "financial" person. The Laboratory generally submits these types of documents to the funding sponsors to update the sponsor on the financial status of work performed and/or to seek cost reimbursement from the sponsor. Additionally, the Laboratory is attesting or certifying the costs are appropriate, allocable, accurate, and complete.

## Policy

It is the Laboratory's policy that the Principal Investigator (PI) is the Laboratory's official responsible for managing, directing, and performing scientific and technical project work. Additionally, the PI is ultimately responsible for the financial management of an award's funds to include certifying costs incurred for work performed reflected on a funding sponsor's invoice statements. For all other financial certifications required by the Laboratory's funding sponsors, it is the Laboratory's policy that Accounts Receivable will serve as the Laboratory's financial certifier on all periodic/annual/close-out financial status reports for the funding sponsor. Accounts Receivable will also certify, when a funding sponsor specifically requires, the Laboratory's financial management system's integrity and the Laboratory is generating appropriate, allocable, accurate, and complete cost information. In order

to further ensure Division level financial accountability on their Work for Others awards, the Division Business or Financial Manager, on behalf of the PI, will submit a completed [Division Cost Certification form](#) via email to [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov) within the sponsor's contractual time limit.

## **Procedure**

### **Roles and Responsibilities**

#### **Principal Investigator, or designee**

- Manages, directs, and performs work in support of Work for Others awards
- Certifies costs are appropriate, allocable, accurate, and complete for work performed reflected on a funding sponsor's invoice statement. As appropriate, the PI may formally delegate the responsibility for certifying costs for work performed reflected on an invoice statement to a Division Business or Financial Manager or Analyst. Additionally, the Division Director, or designee may formally delegate authority for invoice certifications to the Division Business or Financial Manager or Analyst.
- In those instances where a cost certification to a funding sponsor on a periodic/annual/close-out financial status report is required or for certifying financial management system's integrity, the Division Designee submits the completed [Division Cost Certification form](#) via email to [ARHelp@lbl.gov](mailto:ARHelp@lbl.gov) within the sponsor's contractual time limit. The email should contain the following:
  - Subject line must state "Division Cost Certification Attached"
  - Checklist for the specific report certifies that costs incurred are appropriate, allocable, accurate, and complete
  - Checklist is primary backup documentation for Accounts Receivable's internal control, auditing and financial integrity purposes

#### **Accounts Receivable**

- Serves as the Laboratory's Authorized Fiscal Officer when certifying costs on the affected contract award documents, such as periodic/annual/close-out financial status reports
- Certifies the costs incurred are appropriate, allocable, accurate and complete by sending certification to the sponsor via email, unless the award terms states otherwise
- Certifies the Laboratory's financial management system's integrity and the Laboratory is generating appropriate, allocable, accurate, and complete cost information.

- Without the Division's supporting documentation (e.g., checklist), Accounts Receivable will only certify the date and amounts of advance payments, invoice payments, and/or invoice numbers

### Authority

- [Department of Energy \(DOE\) Prime Contract 31](#)
- Principles of Federal Appropriations Law
- [DOE Order 481.1C](#)
- [University of California Contracts and Grant Manual, Chapter 1](#)

### Contacts

- Accounts Receivable Manager

### Glossary

- **Principal Investigator:** The Laboratory manager or employee that has ultimate responsibility for meeting the terms of a project proposal, including the scope of work, the schedule, and the budget.
- **Work for Others:** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.



# Financial Management of Contractor Supporting Research (CSR) Program

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part 1

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Originally issued: September 1, 2006  
Revision Date: September 1, 2007  
Revision Number: 1  
Scheduled review date: September 1, 2009 (every two years)  
Primary contact: Controller

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## Summary

The purpose of this policy is to define the guidelines and procedures for administering Contractor Supporting Research (CSR) funds requesting and establishing projects, tracking allocations and project costs; and project closeouts.

## Policy

In addition to and separate from the parties' rights and obligations under [DOE Contract 31, Clause H.3](#), Work For Others Program (Non-DOE Funded Work), the Contractor may, with the consent of the Contracting Officer, conduct Contractor-Funded Institutional Supporting Research and Development (abbreviated as "Contractor Supporting Research" or "CSR") at the Laboratory under [DOE Contract 31, Clause H.27](#). The DOE Berkeley Site Office's Contracting Officer approved the program on September 22, 2005 ([refer to 09/22/05 document](#)).

The CSR funds are provided to the Laboratory by the University of California. For research at the Laboratory, selection of the projects funded with CSR funds are made at the discretion of the Laboratory Director or designee. Consent may be given to such research provided that:

- Research is conducted on a non-interference basis with any DOE-directed and funded work of the Laboratory. Per the September 22, 2005 guidance provided by the DOE Berkeley Site Office (see above), CSR funds may not be used to augment federally funded projects.
- Research is intended to enhance the capabilities of the Laboratory to continue to perform its mission or to create new capabilities at the Laboratory consistent with the overall needs of DOE. Per the DOE Berkeley Site Office guidance, the Laboratory will not knowingly use its access to Laboratory facilities under this program to compete with the private sector.
- Funds are expended under the same terms and conditions that apply to government funds provided under [DOE Contract 31](#).

## **Financial Policies and Procedures Manual**

- The use of CSR funds to pay for unallowable costs is prohibited. For cost accounting standards (CAS) purposes, such approved research shall be treated as institutional research and development of the Laboratory. CSR funds are exempt from General and Administrative costs.

Certain uses of these funds are particularly encouraged by the University, such as collaborative research performed with UC campus professors, post-doctoral scholars and graduate students, and research that could lead to the long-term growth and health of the Laboratory and the University.

### **Procedures**

### **Roles and Responsibilities**

#### **DOE Berkeley Site Office (BSO)**

- Approves CSR Program according to [DOE Contract 31, Clause H.27](#), Contractor-Funded Institutional Supporting Research and Development Program at the Laboratory.

#### **Sponsored Projects Office**

- Notifies and coordinates with the DOE Berkeley Site Office any transactional review and consent as required by DOE Berkeley Site Office approved implementation plan for Contractor-Funded Institutional Supporting Research and Development at the Laboratory under [DOE Contract 31, Clause H.27](#)

#### **Division**

- Prepares written request using the [CSR Request Form](#) for approval to use (or increase) Contractor Supporting Research (CSR) funds.
  - Written request includes
    - Strong statement of justification
    - Total amount of funding requested (including applicable burdens and overheads)
  - Forwards request to Laboratory Deputy Director or designee to obtain authorization signature
  - After receiving request approval, creates project in Financial Management System under Division's Project Tree based on project identification number assigned by Program Manager
  - On the 20<sup>th</sup> of each month, emails to General Accounting Manager an estimate of that month's particular project expenditures

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- Ensures funds are used consistent within the stated purpose
- Ensures funds are spent in accordance with the same terms and conditions as federally expended funds
- Establishes controls to ensure costs and obligations do not exceed the approved funding
  - Monitors costs incurred against the approved funding
  - Corrects errors and resolves issues as they occur to ensure approved funding balances are in good standing
- Notifies General Accounting when to close the project

### **Laboratory Deputy Director**

- Laboratory Deputy Director reviews request, funding availability, and authorizes request
- Laboratory Deputy Director Office notifies General Accounting Manager of approved request
- Notifies Division Budget Analyst request has been granted
- Notifies Division Budget Analyst assigned CSR project identification number.
- Notifies Property Management of equipment awards
- Notifies Sponsored Projects Office of award amount
- Submits to the DOE Berkeley Site Office periodical reporting of projects undertaken

### **Property Management (if applicable)**

- After equipment arrives, corrects equipment title from DOE to UC Regents based on notification from Laboratory Deputy Director Office

### **General Accounting**

- Places funds in appropriate balance sheet/liability account prior to commencement of work
- Reviews the Divisions' estimated expenditures each month
- Coordinates with UC to transfer funds to cover projected expenditures
- At month end allocation process, General Accounting credits the project to offset the costs based on actual expense

### **Authority**

- Department of Energy Contract 31
- UCOP Laboratory Management Office (LMO)

## Financial Policies and Procedures Manual

### Contacts

- Contracting Officer, DOE Berkeley Site Office
- Manager, Sponsor Projects Office
- Program Manager, Office of Planning and Development
- Controller

### Glossary

- **CSR:** Contractor Supporting Research
- **Work-For-Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations

### Related Documents

- [DOE Contract 31, Clause H.27](#)
- [DOE Berkeley Site Office Berkeley Lab Agreement "LBNL Contractor-Funded Institutional Supporting Research and Development Program" dated 9/22/05](#)
- [OCFO Financial Management of Monetary Gifts Policy](#)



# Financial Management of Monetary Gifts

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	March 15, 2006
Effective Date:	September 1, 2008
Revision Number:	3
Scheduled review date:	September 1, 2009 (every year)
Primary contact:	Controller

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## Summary

The purpose of this policy is to define the requirements for the financial management and implementation of monetary gifts accepted for research at Lawrence Berkeley National Laboratory (LBNL).

The Sponsored Projects Office (SPO) is designated as the Gifts Office for the overall solicitation and acceptance of gifts (see [RPM 1.18, "Solicitation and Acceptance of Gifts"](#)).

The General Accounting Office has oversight of the financial processing of monetary gift activities (see Roles and Responsibilities below).

The [LBNL Gift Policy and Procedures](#) describes the implementation of the Laboratory's Regulations and Procedures Manual (RPM) 1.18, "Solicitation and Acceptance of Gifts", which includes non-monetary gifts, such as equipment.

## Policy

Use of gift funds must comply with DOE criteria as stipulated in the DOE/LBNL Contract 31 and LBNL RPM 1.18; and may not be used to augment any federally funded research. Funds used must be consistent with the stated purpose designated by the donor. Changes to this policy or to the use of these funds may be revised at the discretion of the Laboratory Director.

Each gift will be accounted for and managed as an independent source of funds with controls established to ensure that costs and obligations do not exceed the amount of the gift. Gift funds should be spent in accordance with the same terms and conditions as federally expended funds (i.e., cannot be used to purchase unallowable items and costs cannot exceed the amount of gift funds received).

## *Gift Assessments and Interest*

### **Assessments**

Each monetary gift will be charged a 1% assessment, upon receipt and acceptance at LBNL.

## **Financial Policies and Procedures Manual**

### **Interest**

Each gift will earn interest at the current market rate, based upon the unexpended balance of the gift during the previous quarter, and will be credited to the gift project.

### ***Costs in Excess of Gift Award***

In the event the cost of a gift award projection exceeds funding, it is the responsibility of the Division Director to propose appropriate alternate non-DOE sources of Division funding. This is subject to senior LBNL management review, and requires an executive summary consisting of the following elements:

- Identification and cause of the issue
- Division/institutional response
- Corrective actions

Following is the hierarchical process for identification of appropriate alternate funding sources to be applied:

- Division sources of funds
  - Gifts
  - Interest earned
- Gift assessment fee
- Institutional sources
  - Pre-fee deduction (reducing the following year's Contractor Supporting Research [CSR] allocation)

### ***Cost Accounting Treatment***

As defined in Contract 31, [Clause H.27](#), gift funds are part of LBNL's Contractor-Funded Institutional Supporting Research and Development Program. Under this program, the following burdens (indirect costs) apply:

- Organization
- Payroll
- Procurement
- Sales tax
- Travel

# **Financial Policies and Procedures Manual**

## **Procedures**

### **Roles and Responsibilities**

#### ***Sponsored Projects Office***

- Determines if the gift is appropriate or is a sponsored research project
- Obtains DOE approval of gifts over the DOE authorized level or gifts from donors that also have an active sponsored research award in place
- Accepts gifts in accordance with RPM 1.18 (including donor's gift letters).
- Obtains gift acceptance from Laboratory Director or University of California Office of the President (UCOP) and sends Laboratory Director's acknowledgement letter to donor
- Sends a copy of the gift letter to General Accounting, Principal Investigator and the Division
- Upon notification from General Accounting that the gift check cleared or wire was received, completes the gift acceptance process, and authorizes the gift award in the Research Administration Proposal Information Database (RAPID)
- Issues the Sponsored Project Award Authorization (SPAA) and submits a copy to General Accounting, Accounts Receivable, Budget Office, and the Division
- Provides required gift reporting to DOE

#### ***Division***

- Ensures funds are used consistent with the stated purpose designated by the donor
- Ensures funds are spent in accordance with the same terms and conditions as federally expended funds
- Manages the gift award within its funding limits
- Establishes controls to ensure costs and obligations do not exceed the gift award
  - Monitors costs incurred against the gift award
  - Corrects errors and resolve issues as they occur to ensure gift award balances are in good standing
- Works with the Budget Office to resolve any overcosted gift award by the following month end

## **Financial Policies and Procedures Manual**

### ***Disbursements (Accounts Payable)***

- Sends gift check from donor to General Accounting for deposit

### ***General Accounting***

- General Accounting deposits check in Gift Account and sends a copy of the gift check to SPO
- Establishes and maintains gift system chart fields (i.e., account numbers, B&R codes, resource categories, project and resource types, DOE reporting codes)
- Manages allocation of cash between various depository accounts
- Charges gift assessment (1% of each gift) upon receipt and acceptance of gift
- Has accounting oversight of the gift assessment account
- Manages allocation of interest income to individual gifts
- Reconciles monetary gift related general ledger accounts
- Reconciles the gift account, Short Term Investment Pool (STIP) gift bank account and gift assessment account

### ***Budget Office***

- Opens gift projects at the request of the Division
- Prepares monthly gift funding status report and uploads to G:/Public folder
- Reviews Gift Status Report monthly and identifies awards in which costs exceed funding
  - Follows up with the Division Resource Analyst if an overcost occurs
  - Reviews unresolved balances with senior management

### ***Accounts Receivable***

- Upon request from SPO, sets up "Customer" in the Laboratory's PeopleSoft Billing and Accounts Receivable (BAR) system for Donors for the processing of Gifts
- Upon receipt of SPAA from SPO, sets up minimal Gift Award information of name, and gift amount in BAR

## Financial Policies and Procedures Manual

### Authority

- Department of Energy Contract 31
- University of California Development Manual  
<http://www.ucop.edu/ucophome/policies/devpol/>
- UCOP Delegation of Gift Acceptance Authority to the Berkeley Lab Director
- LBNL [RPM 1.18 Solicitation and Acceptance of Gifts](#)
- LBNL [RPM 11.40 \(H\) Property Management, Property Acquired as a Gift](#)

### Contacts

- Manager, Sponsored Projects Office (for solicitation and acceptance of all gifts)
- Manager, General Accounting (for financial processing of monetary gifts)

### Glossary

- **BAR:** The Laboratory's PeopleSoft Billing and Accounts Receivable System.
- **Chart fields:** Laboratory general ledger account numbers, B&R codes, resource categories, project and resource types, and DOE reporting codes.
- **Gift:** A gift is anything of assignable value that is voluntarily and legally transferred to the Laboratory's ownership and possession. A gift is a contribution to the Regents of the University of California that is donative in intent, bestowed voluntarily and without expectation of tangible compensation for which, in general, contractual or other requirements are not imposed.

Gifts are awarded irrevocably. Gifts are not Work for Others (WFO), nor an extramural contract or grant; and therefore, impose no contractual requirements. Any proposed gift must support the scientific mission of the Laboratory.



# Financial Systems Data Field Changes

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part II

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Originally issued:	January 31, 2005
Effective Date:	January 22, 2008
Revision Number:	2
Scheduled review date:	January 22, 2010 (every two years)
Primary contact:	Manager, Business Systems Analysis

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## Summary

The purpose of this policy is to establish guidelines for initiating changes (add/activate, close/inactivate or modify) to data fields in PeopleSoft Financial Systems, to ensure consistency, data integrity and control.

## Policy

Whenever a data field needs to be changed, the requestor completes the relevant form (see Financial Data field Modification Forms), and obtains the signature of the requesting Department Manager, and approval from the General Accounting Manager. Other approvals are required as follows:

- If the proposed change is for a General Ledger (GL) Account, approval from the Reconciling Department Manager is required.
- If proposed change affects budgeting, project costing and reporting, approvals from the General Accounting Manager and the Budget Manager (or designee), are required.

The Business Systems Analysis (BSA) Manager will approve the request after both the necessary above approvals are obtained and a BSA analyst has analyzed the potential impacts from implementing the request.

## Procedure

It is the responsibility of requesting and approving managers to thoroughly analyze the impact of the proposed change on functional and business practices, systems and reporting requirements.

## **Financial Policies and Procedures Manual**

In addition, an analyst(s) from Business Systems Analysis (BSA) will also analyze and document recommendation(s) on the proposed change prior to implementation. Where ever required, the BSA Analyst will also obtain inputs from Information Systems (IS) programmers. Based on the recommendations from BSA Analyst, the BSA Manager will approve the change.

Once required approvals are obtained, a BSA Analyst will implement the requested change in PeopleSoft Financial Systems and will communicate the change to the appropriate Data Warehousing (DW)/ BLIS and other systems representatives for necessary updates as required.

### **Contacts**

Manager, Business Systems Analysis ([CAAxthelm@lbl.gov](mailto:CAAxthelm@lbl.gov))

### **Glossary**

- **Data Fields:** GL Account, Management Analysis and reporting Systems (MARS) code, Resource Type, Resource Category, Project Type

### **Related documents**

[Financial Data field Modification forms](#)



## General & Administrative Expenses

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	June 30, 2005
Effective Date:	December 6, 2006
Revision Number:	1
Scheduled review date:	December 5, 2008 (every year)
Primary contact:	Manager, Indirect Budgets

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### Summary

The purpose of this policy is to provide guidance for the accumulation and allocation of General and Administrative (G&A) expenses to final cost objectives.

### Policy

G&A expenses, which represent costs of the management and administration of the Laboratory as a whole, will be:

- Appropriately budgeted and accounted for on a consistent basis
- Accumulated in a separate G&A cost pool
- Allocated in a practical and equitable manner in reasonable proportion to the beneficial or causal relationship of the costs to final cost objectives
- Allocated to LDRD projects pursuant to the Energy and Water Appropriations Act, 2006, PL 109-103, accompanying Conference Report, HR 109-275

### Procedures

- The Budget Office will identify G&A cost elements and group cost elements into a separate G&A cost pool. Applicable costs are those that represent the cost of the management and administration of the Laboratory as a whole.
- Since inclusion of material and subcontract costs would significantly distort the allocation of the G&A expense pool in relation to the benefits received, a value-added cost input is determined to be the allocation base that best represents total activity of the Laboratory. The G&A expense pool for a cost accounting period is allocated to final cost objectives of that cost accounting period by means of a value-added cost input base, except as provided in the following paragraph:

## **Financial Policies and Procedures Manual**

The allocation of the G&A expense pool to any particular final cost objectives which receive benefits significantly different from the benefits accruing to other final cost objectives shall be determined by special allocation.

- Any costs which do not satisfy the *definition* of G&A expenses, but have been *classified* as G&A expenses, can remain in the G&A expense pool, unless they can be allocated to cost objectives on a beneficial or causal relationship which is best measured by a base other than a value added cost input base.
- G&A expenses are allocated to cost objectives using pre-established G&A rates. The rates are based on forecasted costs for the applicable cost accounting period, generally the Laboratory's fiscal year.
- The pre-established rates are monitored throughout the fiscal year. If analysis of anticipated conditions discloses a material variance for the fiscal year, the pre-established G&A rate will be revised to ensure that the anticipated variance is disposed of by allocating them to cost objectives in proportion to the costs previously allocated to these cost objectives by use of the pre-established G&A rate.

### **Roles and Responsibilities**

Formulation and coordination of the G&A expense pool and allocation base will be conducted by the Budget Office. G&A expense rate forecasts, establishment of the pre-determined rate for the applicable cost accounting period(s), and revisions to the pre-established rate will be coordinated and executed through the Budget Office.

### **Authority**

- Department of Energy (DOE) Prime Contract 31
- Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory
- Energy and Water Appropriations Act, 2006, PL 109-103, Conference Report, HR 109-275
- [Cost Accounting Standard 402, Consistency in Allocating Costs Incurred for the Same Purpose](#)
- [Cost Accounting Standards \(CAS\) 410, Allocation of Business Unit General and Administrative Expenses to Final Cost Objectives](#)
- [Cost Accounting Standard 418, Allocation of Direct and Indirect Costs](#)

## Financial Policies and Procedures Manual

- [DOE Order 522.1, Pricing of Departmental Materials and Services](#)

### Contacts

- Manager, Indirect Budgets

### Glossary

- **Allocate:** To assign an item of cost or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
- **Cost input:** The cost, except G&A expenses, which for program costing purposes is allocable to the production of goods and services during a cost accounting period.
- **Cost objective:** A function, organizational subdivision, program or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
- **Final cost objective:** A cost objective which has allocated to it both direct and indirect costs and is one of the final accumulation points.
- **General and Administrative (G&A):** Any management, financial, and other expense which is incurred by or allocated to Laboratory and which is for the general management and administration of the Laboratory as a whole. G&A expense does not include those management expenses whose beneficial or causal relationship to cost objectives can be more directly measured by a base other the established value-added cost input base.
- **Total Cost Input (TCI):** The cost, except G&A expenses, which for costing purposes represent the total activity of the Laboratory during a cost accounting period.
- **Value-added cost input:** Total Cost Input less material and subcontract costs.



# Honoraria

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	December 31, 2004
Revision Date:	January 1, 2008
Revision Number:	4
Scheduled review date:	December 31, 2009 (every two years)
Primary contact:	Manager, Disbursements Office

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## Summary

The purpose of this policy is to define the guidelines for honoraria payments at the Laboratory.

## Policy

### Overview

An honorarium is a payment or an award granted in recognition of a short-term service (such as a lecture or seminar) on which custom or propriety forbids a price to be set.

Typically, an honorarium is paid to guest lecturers or experts for a one-time or brief engagement at the Laboratory. Honorarium payments are **not** to be made in lieu of a reimbursement for expenses (including travel).

### Eligibility

#### *Invited Guests*

Invited guests of the Laboratory may receive an honorarium for short-term services rendered. If the invited guest is employed at 50% or more time by a Department of Energy (DOE) National Laboratory or by a DOE Site Management and Operating (M&O) Contractor, eligibility is **prohibited**. (Services from such individuals are considered part of their primary employment assignment.)

#### *Nonresident aliens*

Nonresident aliens (see Glossary) may also receive an honorarium in accordance with Laboratory policy and procedures, subject to the restrictions of their visa classification. For information on inviting a nonresident alien to LBNL, eligibility and processing requirements, reference the [LBNL Guest Processing](#) website, or contact the International Researchers & Scholars Office (IRSO), [BOrtega@lbl.gov](mailto:BOrtega@lbl.gov).

## **Financial Policies and Procedures Manual**

Nonresident aliens with B-1, B-2, WB or WT visa may be paid an honorarium for an academic activity, provided the services do not exceed **nine days** at a single institution. The payment must be offered by an institution of higher education, a nonprofit or governmental research organization. Nonresident aliens with these types of visas cannot accept an honorarium from **more than five** such institutions or organization in the previous **six-month** period.

Since the academic honoraria provision requires certain payment stipulations, the [UC Certification of Academic Activity](#) form must be completed as documentation to determine whether a nonresident alien is eligible to receive such a payment.

### ***Federal Employees***

Employees of the United States federal government are **prohibited** from receiving an honorarium.

### ***Laboratory Employees***

Laboratory employees may receive an honorarium from outside organizations (with advance approval from the cognizant division director), in accordance with the Laboratory Regulations and Procedures Manual (RPM), Chapter 10.02, Sections C & D, [Outside Employment and Employee Business Activities](#).

### ***Travel Expenses***

An individual receiving an honorarium may also be reimbursed separately for actual travel expenses, in accordance with Laboratory Travel Policies and Procedures (see RPM, Chapter 11.08, [LBNL Travel Policies and Procedures](#)).

### **Internal Revenue Service (IRS) Reporting Requirements**

Payment received for an honorarium is considered income and is taxable by the IRS. *U.S. residents* receiving an honorarium will receive an IRS Form 1099, as required by the IRS. *Nonresident aliens* receiving an honorarium will receive an IRS Form 1042-S, as required by the IRS.

## **Procedures**

### **Documentation**

The requestor must complete the following documentation (with appropriate approvals) and submit to the [Payroll Office](#).

- [UC W-8BEN](#) form (for foreign nationals to determine residency status)
- [Request for Issuance of Check \(RFIC\) for Payment of Honoraria or Stipends form](#)
- Supporting documentation

## Financial Policies and Procedures Manual

- Invitation letter and LBNL or seminar announcement (if applicable)
- Description and justification for the honoraria
- For nonresident aliens
  - Copy of passport
  - Copy of I-94 card (front and back)
  - Visa stamp (if applicable)
  - Visa documentation (i.e., I-20, DS-2019)
- Additional documentation that *may* be required for **nonresident alien** honoraria payments:
  - Social security number, Individual Tax Identification Number (ITIN) or completed [IRS Form W-7](#) (Application for IRS Individual Taxpayer Identification Number).
  - Completed [IRS Form 8233](#), Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, if applicable.

### Approval Guidelines

<u>Approval Authority</u>	<u>Amount of Honoraria (per event)</u>
Division Director (or designee)	\$0 to and including \$500
Associate Laboratory Director (or designee)	Over \$500 to and including \$1,500
Laboratory Director	Over \$1,500*

Approval limits apply to honoraria only, and **do not** include supplementary travel costs.

*\*Per Contract 31 Appendix A, Section J, Section XIII, Special Programs, subparagraph (d)*

### Roles and Responsibilities

The *requestor* is responsible to ensure all of the appropriate approvals are obtained *prior* to submitting the documentation to the [Disbursements Office](#) for payment.

It is the responsibility of the *requestor* to ensure that adequate funding is available and the request complies with the above Laboratory policy and procedures.

If the policy requirements have been met, the [Disbursements Office](#) will obtain [Payroll Office](#) review and will process the request.

# Financial Policies and Procedures Manual

## Authority

- DOE Contract 31, Appendix A, Personnel Administration, Section XVII, Special Programs, subparagraph (d) (Contract 31, Appendix A)
- Regulations and Procedures Manual (RPM), Chapter 11.08, Travel ([LBNL Travel Policies and Procedures](#))

## Contacts

- [Disbursements Office](#)
- [Payroll Office](#)
- [Travel Hotline](#)
- [LBNL Guest Processing](#)
- Manager, Financial Policy and Training
- International Researchers and Scholars Office ([IRSO](#))

## Glossary

- **Honorarium:** An honorarium is a payment or an award granted in recognition of a short-term service (such as a lecture or discussion), on which custom or propriety forbids a price to be set.
- **Nonresident alien:** An individual who is not a citizen, permanent resident or resident alien of the United States.
- **Permanent resident:** An individual who possesses a green card (the popular name for the Alien Registration Receipt Card), which is given to those who become legal permanent residents of the United States.
- **Regulations and Procedures Manual (RPM):** This manual provides Laboratory personnel with a reference to University of California and Lawrence Berkeley National Laboratory policies and regulations.

Much of the information in the manual has been condensed from detail provided in other Laboratory procedure manuals, DOE directives, and Contract DE-AC02-05CH11231. The manual is not intended to replace any of those documents.

- **Resident alien:** A resident alien is an individual who is not a citizen or national of the United States, but meets either the green card test or the “substantial presence test” for income tax purposes for a particular calendar year. For a

## **Financial Policies and Procedures Manual**

detailed explanation of these tests, see [IRS Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities.

- **Substantial presence test** (see *Resident alien*): An alien is considered a United States resident if the individual meets the “substantial presence test” for the calendar year. To meet this test, an individual must be physically present in the United States on at least 31 days during the current year; and 183 days (during the current year and the 2 preceding years), counting:
  - All the days present in the current year
  - 1/3 of the days present in the first preceding year
  - 1/6 of the days in the second preceding year

(Source: [IRS Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities)

### **Related Documents**

- [Request for Issuance of Check for Payment of Honorarium or Stipends](#)
- [IRS Instructions for Form 1099-MISC](#), Miscellaneous Income
- [IRS Instructions for Form 1042-S](#), Foreign Person’s U.S. Source Income Subject to Withholding
- [UC Certification of Academic Activity](#) form



## Invoice Cancellation

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part 1

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Title:	Invoice Cancellation
Originally issued:	October 23, 2006
Effective Date:	December 20, 2007
Revision Number:	1
Scheduled review date:	October 23, 2008 (every two years)
Primary contact:	Manager, Accounts Receivable

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### Summary

The purpose of this document is to provide guidelines for the cancellation of any invoice associated with a Work-for-Others (WFO) award or miscellaneous invoices such as employee debt, Multiple Location Appointment (MLA), Interjurisdictional Exchange (IJE), Intergovernmental Personnel Act (IPA) or other similar invoice requests.

### Policy

#### *WFO Invoices*

Cancellation for invoices generated by the Laboratory's Accounts Receivable (A/R) Department for WFO awards may occasionally, and legitimately, be required to adjust and/or restate receivables. This may be necessary to reflect contractual changes or adjust advance balances (see glossary). Invoice cancellation should only be utilized after A/R conducts a financial review of the WFO award. The review will determine if there will be any further costs on the award above the remaining advance balance. Invoice cancellation may be recommended by the Division Resource Analyst, WFO Sponsor, A/R Manager, and Sponsored Contracts Officer (SPO CO). All parties must concur with the cancellation. Concurrence will be implemented by email.

#### *Miscellaneous Invoices*

For miscellaneous invoices, A/R processes credit memos in lieu of invoice cancellations. The Division or Payroll Department should submit a [Request for Preparation of Miscellaneous Invoice Form](#) for the amount of the credit. Based on the request form, A/R will process a credit invoice.

## **Procedures**

### **Roles and Responsibilities**

#### ***SPO CO and/or Resource Analyst***

Submit WFO invoice cancellation request via email ([ARhelp@lbl.gov](mailto:ARhelp@lbl.gov)). Include:

- “Invoice Cancellation Request” and Award number in Subject line
- Sponsor contact information (name, telephone number, email address)
- Using the [Request for Preparation of Miscellaneous Invoice Form](#), submit to [ARhelp@lbl.gov](mailto:ARhelp@lbl.gov) the amount of the credit invoice to be generated

#### ***Accounts Receivable Staff***

- Reviews requests for appropriateness
- For WFO invoice cancellations (deemed necessary by A/R), obtains the sponsor’s concurrence via email
- Upon receipt of WFO sponsor’s concurrence, notifies Division Resource Analyst, WFO Sponsor, and SPO CO
- Processes a credit invoice during the monthly billing cycle
- Sends credit invoice to the sponsor/customer/employee

### **Authority**

[DOE Accounting Handbook, Chapter 8, Receivables](#)

### **Contacts**

- Manager, Accounts Receivable

## Glossary

- **Accounts Receivable (A/R):** Money owed to LBNL by an employee or other entity for reimbursement of costs; or a WFO sponsor for research, goods, and services provided by LBNL on a specified award.
- **Advance:** Funds paid by a WFO sponsor, usually as a condition of LBNL beginning work on an award. The advance is held in a deferred revenue account until such time as it is drawn down (usually the last 90-120 days of the award).
- **Advance Balance:** The amount of the advance payment remaining on the award.
- **Work-For-Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.



## Invoice Certifications

Lawrence Berkeley  
National Laboratory      Financial Policies and Procedures      Part I - Chapter 4.13

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Title: Invoice Certifications  
Originally issued: April 28, 2006  
Effective Date: April 28, 2006  
Revision Number: 0  
Scheduled review date: April 28, 2008 (every two years)  
Primary contact: Controller

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### Summary

The purpose of this policy is to define the requirements and procedures for certifying vendor invoices received at Lawrence Berkeley National Laboratory (LBNL).

### Policy

When a purchase order is issued at LBNL, a **certifier** may be required to certify that the goods and/or services were satisfactorily received.

The certification must be performed in a timely manner in order to ensure that the vendor is paid within the payment terms of the purchase order/subcontract. Failure to provide timely certification may result in a late payment, which could affect the Laboratory's ability to comply with the purchase order/subcontract and/or DOE requirements.

### Procedure

When a purchase requisition is entered into FMS, the requestor enters the name of the employee identified to certify invoices. It is then submitted to an LBNL Buyer. At that time, a purchase order/subcontract is prepared and the order is processed.

When the vendor invoice is received at LBNL, Disbursements enters the invoice data into the Laboratory's Financial Management System. If certification is required, a system-generated email is sent to the designated certifier for approval. (If required, the certifier may request a copy of the invoice from Disbursements.)

If, for any reason, the certifier **declines to certify** any portion of the invoice, the reason for the declination must be indicated in the electronic response, which serves as documentation and/or justification for denial.

## Financial Policies and Procedures

Certifiers verify that services have been performed or materials have been received. Certification is required for the following types of purchase orders:

- Services in excess of \$5,000.
- Goods (if a certifier is designated on the requisition). For example, an item may require inspection.

### ***Purchase Orders/Subcontracts over \$1M***

For purchase order/subcontracts **over \$1M**, any invoice **over \$100K** requiring certification must also receive **approval** from an employee authorized in the [LBNL Signature Authorization System \(SAS\) Database](#) for the amount of the invoice.

**Buyer** certification is also required on these types of purchase order/subcontracts. The buyer is copied in the electronic certification. The purpose of the buyer certification is to assure that the invoice conforms to the terms and conditions of the purchase order/subcontract.

### ***Travel Costs***

If travel costs are included in the invoice, it is the responsibility of the **certifier** to have the costs reviewed and certified by the Travel Department **prior** to the certification. Any portion of travel costs that are not certified are to be deducted from the total invoice amount.

The certifier requests a copy of the invoice from Disbursements. To obtain approval from the Travel department, the certifier forwards a copy of the claimed travel expenses as detailed in the invoice to the Travel department.

## **Roles and Responsibilities**

- **Certifier** - Verifies that services have been performed and/or goods have been received, in accordance with LBNL policy. The role of the certifier is to validate receipt of goods or services, not to authorize the commitment of funds.
- **Disbursements** - Enters invoice data into the Laboratory's Financial Management System when the invoice is received. If certification is required on an invoice, Disbursements places the invoice on "payment hold" until the certification is received.
- **Procurement** - Determines if a certification is required on a purchase order. When Required, Procurement also certifies that the invoice conforms to the terms and conditions of the purchase order/ subcontract. Enters the name of the certifier on the purchase order.
- **Requestor** – The individual that initiates the purchase requisition. The requestor enters the name of the certifier on the purchase requisition.

## Financial Policies and Procedures

The following table identifies the validations required for the various types of invoices:

Invoice Amount	Certifier	Approver in SAS	Buyer Certification	Travel Validation
Any (no Travel costs)	X	n/a	n/a	n/a
> \$100K with PO/subcontract > \$1M No Travel costs	X	X	X	n/a
Any (with Travel costs)	X	n/a	n/a	X
> \$100K with PO/subcontract > \$1M With Travel costs	X	X	X	X

X = Required  
n/a = Not applicable

### Authority

- [LBNL Procurement Standard Practices Manual](#), SP 32.1, Payments
- [LBNL Procurement Standard Practices Manual](#), SP 31.3, Unallowable Costs
- [LBNL Signature Authority Policy](#)
- Disbursements Manager
- Travel Manager
- Procurement and Property Manager

### Glossary

- **Certifier:** An LBNL employee designated to review and certify invoices, validating receipt of goods or services prior to being paid. The certifier does not authorize the commitment of funds.
- **Requestor:** The person who enters the name of the certifier on the purchase requisition.

### Related documents

[Sample Certification Notice](#), emailed to certifier



## Miscellaneous Invoice Requests and Year-End Accruals

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title: Miscellaneous Invoice Requests and Year-End  
Accruals  
Originally issued: March 31, 2005  
Effective Date: December 1, 2006  
Revision Number: 2  
Scheduled review date: November 30, 2008 (every two years)  
Primary contact: Manager, Accounts Receivable

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### Summary

The purpose of this policy is to provide guidance and establish requirements for the preparation and submission of miscellaneous (manual) invoice requests, and to establish a policy for year-end accruals of payroll and payroll burden costs related to Multiple Location Appointments (MLA), Intergovernmental Personnel Act Assignments (IPA), and Interjurisdictional Employee Exchange (IJE).

### Policy

Accounts Receivable will prepare miscellaneous (manual) invoices, when appropriate, for such items as the following:

- LBNL services provided to universities, agencies, persons, or private entities, outside of the Work for Others (WFO) funding area
- LBNL employee payroll related items
- Patent cost re-billings
- Compensation that exceeds the limits for grants and cooperative agreements (paid for by bestowment funds)
- UCOP bid and proposal preparation costs for the Department of Energy (DOE) contract
- Travel reimbursement (on non Work for Others projects only)

Examples include Multiple Location Appointments (MLA), Intergovernmental Personnel Act Assignments (IPA), and Interjurisdictional Employee Exchange (IJE) and unique reimbursement arrangements with other entities for non-sponsored research work.

## Financial Policies and Procedures Manual

- Accounts Receivable will also prepare year-end accruals for labor and payroll burden on MLA IPA, and IJE agreements.

### **Procedures**

All requests for miscellaneous invoices must be accompanied by a completed [Request for Preparation of Miscellaneous Invoice form](#) and emailed to [Arhelp@lbl.gov](mailto:Arhelp@lbl.gov).

The Request for Preparation of Miscellaneous Invoice form contains the following information:

- Valid project ID (cannot be a WFO project ID)
- Complete billing address (limit of five lines) including telephone and fax
- Telephone number and email for billing contact person
- Quantity and description of item to be billed
- Total amount to be billed

#### *Miscellaneous Invoice Requests for **Non-Payroll** Items*

- The Request for Preparation of Miscellaneous Invoice form must be completed and submitted electronically to [Arhelp@lbl.gov](mailto:Arhelp@lbl.gov) by the 20<sup>th</sup> of the month in order to be processed in the current month.
- Indicate “*Miscellaneous Invoice Request*” on the subject line of the email for timely processing.
- Completed requests received after the 20<sup>th</sup> of the month will be processed the following month.

#### *Miscellaneous Invoices for **Payroll-Related** Items*

- Miscellaneous invoices will be prepared at the request of the Payroll Department.
- Before such invoices are processed, the Payroll Department will submit to Accounts Receivable a completed Request for Preparation of Miscellaneous Invoice form and a Salary Overpayment form.

## Financial Policies and Procedures Manual

- If the overpayment was made via direct deposit, Payroll will indicate “*Direct Deposit*” on the Request for Preparation of Miscellaneous Invoice form.
- If the overpayment was made via check, Payroll will request a copy of the cancelled check (front and back) from General Accounting and attach a copy to the Request for Preparation of Miscellaneous Invoice form.
- If the overpayment was a partial payment and there was no check, Payroll will indicate “*Partial Payment*” on the Request for Preparation of Miscellaneous Invoice form.

### *Miscellaneous Invoices for Compensation for Grants and Cooperative Agreements (that exceed salary limitations)*

- Complete the section of the form relating to Bestowment Funds and submit electronically to [Arhelp@lbi.gov](mailto:Arhelp@lbi.gov) by the 20<sup>th</sup> of the month in order to be processed in the current month.
- Indicate “*Miscellaneous Invoice Request*” on the subject line of the email for timely processing.
- Requests completed and received after the 20<sup>th</sup> of the month will be processed the following month.

### *Miscellaneous **Recurring** Invoices for MLA, IPA, and IJE Labor and Payroll Burden Costs*

- Complete the section of the form relating to recurring invoices and submit electronically to [Arhelp@lbi.gov](mailto:Arhelp@lbi.gov) by the 20<sup>th</sup> of the month in order to be processed in the current month
- The email subject line must include: Recurring Invoice MLA/IPA/IJE Project XXXX
- One purchase order number for one project number only
- Period of performance (POP)
- Purchase order amount
- Valid and open project identification number (non Work for Others project only)
- Billing address and contact (with email and telephone number)
- Name of the person performing the work

## Financial Policies and Procedures Manual

- When POP and/or amount changes, amend form and submit electronically to [Arhelp@lbl.gov](mailto:Arhelp@lbl.gov)
- **Do not** request a miscellaneous invoice for projects set-up for recurring invoicing to avoid duplicating invoices
- **Purchase order and project must be managed so purchase order amount is not overspent**

### *Year-end Accruals for MLA, IPA, and IJE Labor and Payroll Burden Costs*

- At year-end, the Division will estimate the amount of payroll and payroll burden to be accrued on the MLA, IPA, or IJE agreement. The minimum accrual amount is \$1,000. Accruals for less than \$1,000 are not accepted. The Division will fill out a Request for AR Accrual and submit it to AR prior to the deadline which is the same day requests for miscellaneous invoices are due (refer to year-end schedule). All accruals will reverse in the subsequent period.

### **Roles and Responsibilities**

#### **Requestors**

Complete the Request for Preparation of Miscellaneous Invoice request form, and submit as an email attachment to Account Receivable. Indicate the type of "*Miscellaneous Invoice Request*" on the subject line of the email.

If requesting a year-end accrual for labor and payroll burden costs for an MLA, IPA, IJE agreement, submit to [Accounts Receivable a Request for Accounts Receivable Accrual form](#) by the 20<sup>th</sup> of September.

## **Financial Policies and Procedures Manual**

### **Accounts Receivable**

#### *Billing*

- Prepare and enter all miscellaneous invoices one day prior to the pre-close.
- Print invoices after the month-end close.
- Mail invoices by the first week of the month.
- At year-end, enter by journal entry to the general ledger year-end accruals for labor and payroll burden for MLA, IPA, IJE agreements based on the "Request for Accrual" form submitted by the Division

#### *Collections*

- Invoice terms are due upon receipt. To comply with DOE guidelines, a dunning notice and telephone call will be placed to appropriate party at 30 days past due.
- A second dunning notice and telephone call will be placed at 60 days past due.
- If 60 days past due, Accounts Receivable will request collection assistance from the Department, Division or Payroll as appropriate.
- If a miscellaneous invoice remains unpaid after 120 days, it will be transferred to the DOE Chicago Operations Office for submission to the Department of Treasury, unless there is a written and approved promise to pay on file.

### **Disbursements**

#### *Receipts*

Payments received for miscellaneous invoices are usually made in the form of check or electronic funds transfer. Invoice payments received by the Department, Division or Payroll should be forwarded directly to Disbursements, who will process and forward to Accounts Receivable.

### **Authority**

- [DOE Accounting Handbook, Chapter 8, Receivables](#)

## Financial Policies and Procedures Manual

### References

- [Request for Accounts Receivable Accrual form](#)
- [Request for Preparation of Miscellaneous Invoice form](#)
- [Sample of miscellaneous billing entry in the Cost Browser](#)
- [Sample of miscellaneous invoice](#)

### Contacts

- Manager, Accounts Receivable
- Principal Accountant, Accounts Receivable

### Glossary

- **Bestowment funds:** Funds (e.g., Donner Funds) provided to a specific Department, Division or program by grant, donation, or gift from public or private foundations, corporations, or individuals for the purpose of furthering research, development, and/or education.
- **Cooperative agreement:** An agreement between the University of California and one or more participants under which the government (through the Laboratory) provides personnel services, facilities, equipment, or other resources (with or without reimbursement) towards the conduct of specified research or development efforts that are consistent with the mission of the Laboratory.
- **Cost Browser:** A web-based tool for accessing project costing information at the Laboratory, sourced from the Integrated Reporting and Information System (IRIS).
- **Grant:** An award of financial assistance, including cooperative agreements, in the form of funds, or property in lieu of funds, by the federal government to an eligible grantee (where involvement in the project by the federal government is expected to be minimal).
- **Work for Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

## **Financial Policies and Procedures Manual**

### **Related Documents**

- [Request for Preparation of Miscellaneous Invoice form](#)
- [Financial Policies & Procedures, Part I – Chapter 2.02, Compensation Above Salary Limits for Grants and Cooperative Agreements](#)



# Stipends for Non-Employees

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Stipends for Non-Employees
Originally issued:	June 1, 2006
Effective Date:	June 1, 2007
Revision Number:	3
Scheduled review date:	June 1, 2009 (every two years)
Primary contact:	Controller

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## Summary

The purpose of this policy is to identify, define and provide guidance for the various types of non-employee stipend payments at the Laboratory.

## Overview

A stipend can either be an allowance to offset certain expenses (such as subsistence or travel) or a payment for services (in certain circumstances, such as an honorarium). It may also be a one time payment or a fixed sum paid periodically (or regularly). A stipend is not to be made in lieu of a salary. To meet allowability requirements, stipend payments to non-employees must meet the criteria specified in this policy.

## Types of Stipends

### Fellowship

A payment made to an individual in support of their pursuit of study or research.

### Guest Lecturer

An individual invited to the Laboratory to give a lecture or a discussion. Guest lecturers may receive a stipend in lieu of an honorarium. To qualify as a stipend for a guest lecturer, the honorarium payment and travel costs must be **combined**. Otherwise, payment must be made as an *honorarium* (i.e., travel costs are paid separately).

### Non Fellowship

Any other type of stipend payment or award (i.e., for **per diem or subsistence**) that does not meet the criteria of a fellowship or guest lecturer.

## Financial Policies and Procedures Manual

### Type of Assignments

#### Special Programs

##### *Academic Cooperation (coop partnerships)*

An academic cooperation (coop partnership) is a type of program agreed upon by an academic institution (college or university), the student(s) and the Laboratory. Students may be assigned to a project at the Laboratory which is proposed by an academic institution and approved by the Laboratory Director (or designee). Students under academic cooperation programs may receive a stipend as a **daily subsistence** allowance for each day of Laboratory attendance. This type of program is primarily intended to further the **student's** experience, education and training and is credited by the academic institution.

Nonresident aliens (see Glossary) may also receive a stipend for participation in an Academic Cooperation/Partnership Agreement in accordance with Laboratory policies and procedures, subject to the restrictions of their visa classification.

For information on inviting a nonresident alien to LBNL, eligibility and processing requirements, reference the [LBNL Guest Processing](#) website, or contact the International Researchers & Scholars Office (IRSO), [BO Ortega@lbl.gov](mailto:BO Ortega@lbl.gov).

##### *Invited Guest Lecturer (in lieu of honoraria)*

Stipends in lieu of **honoraria** (and separate reimbursement of travel expenses) are allowable for individuals invited to the Laboratory to give a lecture or discuss items of interest, as defined under Department of Energy Contract 31, Appendix A, Personnel Administration.

Honoraria are **not appropriate** for guests invited to **collaborate** with LBNL or to provide **services to further research** (see "collaboration" in the Glossary).

- **United States Citizens and Resident Aliens**

Invited guests that are United States citizens or resident aliens may receive a stipend **in lieu of an honorarium** for short-term services rendered. If the invited guest is employed at **50%** or more time by a Department of Energy (DOE) National Laboratory or by a DOE Site Management and Operating (M&O) Contractor, eligibility is **prohibited**. (Services from such individuals are considered part of their primary employment assignment.)

- **Nonresident Aliens**

A nonresident alien is an individual who is not a citizen, permanent resident or resident alien of the United States. Laboratory guests who are nonresident aliens may receive a stipend **in lieu of an honorarium**, in accordance with Laboratory policies and procedures, subject to the restrictions of their visa classification.

## Financial Policies and Procedures Manual

For information on inviting a nonresident alien to LBNL, eligibility and processing requirements, reference the [LBNL Guest Processing](#) website, or contact the International Researchers & Scholars Office (IRSO), [BO Ortega@lbl.gov](mailto:BO Ortega@lbl.gov).

### **Work-for-Others (WFO)**

WFO stipends for services and/or expense reimbursements are allowable as a *direct* cost, if paid in accordance with a WFO grant (see Glossary), other cooperative agreement, or non-DOE contract.

Nonresident aliens may receive a WFO stipend in accordance with Laboratory policies and procedures, subject to the restrictions of their visa classification. For information on inviting a nonresident alien to LBNL, eligibility and processing requirements, reference the [LBNL Guest Processing](#) website, or contact the International Researchers & Scholars Office (IRSO), [BO Ortega@lbl.gov](mailto:BO Ortega@lbl.gov).

Unless allowability is established elsewhere in this policy, eligibility to receive a stipend will be determined in accordance with the WFO grant, other cooperative agreement, or non-DOE contract.

If an individual is **ineligible** to receive a stipend, the requestor should consult with the Laboratory [Procurement Department](#) for assistance in determining the appropriate Procurement action.

As referenced above, Laboratory resources may only be committed by individuals with requisite Procurement authority, or it may be considered an **unauthorized commitment** (see Laboratory Procurement Standard Practices, [SP 1.3, Ratification of Unauthorized Commitments](#)).

### **Students and Researchers working on DOE programs**

- **Non-employee** students and researchers working on **DOE programs** may receive a stipend if it is paid to *reimburse travel and expenses*. This applies to non-employee students and researchers participating in research, educational or training activities in connection with a fellowship (see Glossary) or other research, educational, or training program approved under the Department of Energy Contract 31.
- **Nonresident alien** researchers and students working on **DOE programs** may receive a stipend in accordance with Laboratory policies and procedures, subject to the restrictions of their visa classification. For information on eligibility, contact the International Researchers & Scholars Office (IRSO), [BO Ortega@lbl.gov](mailto:BO Ortega@lbl.gov).

### **Payment Eligibility Determination**

Requestors should consult with the Laboratory [Procurement Department](#) for assistance in determining if a potential **honoraria** payment should be handled as a procurement (i.e., a consulting agreement). Human Resources may also be contacted to determine if the recipient should be paid as a Laboratory employee.

## **Financial Policies and Procedures Manual**

Laboratory resources may only be committed by individuals with requisite Procurement authority, or it may be considered an **unauthorized commitment** (see Laboratory Procurement Standard Practices, [SP 1.3, Ratification of Unauthorized Commitments](#)).

Stipends can include reasonable **subsistence allowances** for visiting researchers and students. Unless there are circumstances and conditions that dictate otherwise, subsistence allowances for temporary assignments that are **30 days or more** are considered *reasonable* for **up to 55%** of the maximum per diem rate.

Subsistence allowances for temporary assignments that are **30 days or more and exceed 55%** of the normal per diem rate require additional explanation/justification. The maximum allowable is the maximum per diem rate applicable to the location of the temporary assignment.

Allowances for assignments **less than 30 days** are reimbursable at the maximum per diem rate applicable to the location of the temporary assignment.

Payments for **services** that are not allowable by provisions elsewhere in this policy for researchers and students participating in approved research, educational or training activities are **not appropriate as stipends**. Requestors should consult with the Laboratory [Procurement Department](#) for assistance in determining the appropriate Procurement action.

As referenced above, Laboratory resources may only be committed by individuals with requisite Procurement authority, or it may be considered an **unauthorized commitment** (see Laboratory Procurement Standard Practices, [SP 1.3, Ratification of Unauthorized Commitments](#)).

### **Procedures**

#### ***Documentation Requirements***

The **requestor** (see Glossary) or **designee** should ensure the following required documentation is complete prior to submitting to the [Payroll Office](#):

- [UC W-8BEN](#) form (for foreign nationals to determine residency status)
- [Request for Issuance of Check \(RFIC\) for Payment of Honoraria or Stipends form](#)
- Supporting documentation
  - Invitation letter or email
  - Description and justification for the stipend
  - For nonresident aliens
    - Copy of passport
    - Copy of I-94 card (front and back)
    - Visa stamp (if applicable)
    - Visa documentation (i.e., I-20, DS-2019)

## Financial Policies and Procedures Manual

- Sponsored Projects Office authorization if applicable
- Additional documentation **required** for **per diem based** subsistence stipends:
  - Expected **start and end dates** for which the stipend covers
  - Description of the **place or area** of assignment (city, town, or other designation)
  - For **periodic** payments, validation of the place or area of assignment and business dates of the prior stipend period
  - Explanation/justification for the stipend if **in excess of 55%** of the maximum per diem rate.

Note:

- If documentation in this subsection is not provided or available at the time of the request, the payment(s) will be treated as **taxable**, subject to withholding and documentation requirements for taxable payments.
- Reimbursement of **subsistence and travel** expenses are **not taxable** if the temporary assignment in a single location lasts (or is expected to last) for **one year or less**.
- If the temporary assignment lasts (or is expected to last) for **over one year**, reimbursement for **subsistence and travel** expenses are **taxable**.
- An assignment in a single location is considered **indefinite** by the IRS if it is realistically *expected* to last for more than one year (whether or not it actually does last for more than one year).

Additional documentation that *may* be required for **nonresident alien** stipend payments:

- Social security number, Individual Tax Identification Number (ITIN) or completed [IRS Form W-7](#) (Application for IRS Individual Taxpayer Identification Number).
- Completed [IRS Form 8233](#), Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, if applicable.

## Financial Policies and Procedures Manual

### Roles and Responsibilities

#### *Requestor (or designee)*

- Ensures appropriate documentation and approvals are obtained *prior* to submitting request for payment to the Disbursements Office.
- Ensures adequate documentation is maintained including the location of work and days on assignment.
- For **non-taxable** periodic stipends for subsistence, provides the following to the Disbursements Office at or near the **end of the current stipend period** (and **prior to the next** stipend payment):
  - Validates that the stipend recipient *was on assignment* during the current period of the stipend payment. (If applicable, identifies any actual days **not** on assignment during the current period).
  - Confirms that the stipend recipient is **expected to continue** on assignment through the **next period** of the stipend payment. If the assignment is **ending** in the next period, the termination date is provided.
- For **taxable** stipend payments, obtains the required taxpayer identification information *prior* to payment.

#### *Approver*

- Ensures that adequate funding is available and the request complies with Laboratory policy and procedures.
- Has the appropriate level of signature authority in the ([Signature Authorization System \(SAS\)](#) database).

#### *Payroll Office*

- Verifies with the Payroll Office that the payee is not a Laboratory employee.
- Provide nonresident alien IRS tax reporting consultation.
- Verifies tax treaty exemption status for nonresident aliens.
- Prepares and issues IRS Form 1042S, as appropriate, for nonresident aliens.

#### *Disbursements Office*

- Processes the request for payment, providing the requirements have been met. Payment will be issued according to the information provided on the [Request for Issuance of Check for Payment of Honoraria or Stipends form](#).

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- Withholds and refunds the appropriate tax, as applicable.
- Prepares and issues IRS Form 1099, as appropriate, for US citizens and resident aliens.

### ***Internal Revenue Service (IRS) Reporting Requirements***

- Stipends for subsistence reimbursements for **over one year** made to US citizens or resident aliens for *scholarships or fellowships* may be considered as income and **taxable** by the IRS, but are not reportable on any form. **The Laboratory will not issue any IRS form** in this case.
- Stipends for subsistence reimbursements for **over one year** made to US citizens or resident aliens that are **not** *scholarships or fellowships* may be considered as income, **taxable**, and **reportable**. If the payment is taxable, an **IRS Form 1099 will be issued by the Laboratory**.
- Stipends for subsistence reimbursements for **over one year** made to nonresident aliens may be considered as income and **taxable**, subject to withholding. If the payment is taxable, an **IRS Form 1042S will be issued by the Laboratory**.
- Individuals should consult with their tax professional to determine their income tax reporting applicability.

### **Authority**

- Department of Energy Contract 31, Appendix A, Advance Understanding of Human Resources

### **References**

- LBNL Procurement Standard Practices, [SP 1.2, Delegation of Procurement Authority](#)
- LBNL Procurement Standard Practices, [SP 1.3, Ratification of Unauthorized Commitments](#)
- Regulations and Procedures Manual (RPM), [Chapter 11.08, Travel](#)
- IRS [Publication 463](#), Travel, Entertainment, Gift, and Car Expenses
- IRS [Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities
- IRS [Publication 970](#), Tax Benefits for Education
- IRS [Instructions for Form 1042-S](#), Foreign Person's U.S. Source Income Subject to Withholding
- IRS [Instructions for Form 1099-MISC](#), Miscellaneous Income

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- IRS [General Instructions for Forms 1099, 1098, 5498, and W-2G](#)
- IRS [Instructions for Form 8233](#), Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

### Contacts

- [Payroll Office](#)
- [Disbursements Office](#)
- Controller
- [Procurement Department](#)
- Travel Department Help Desk ([Travel Hotline](#))
- International Researchers & Scholars Office (IRSO) [BOrtega@lbl.gov](mailto:BOrtega@lbl.gov)
- [Sponsored Projects Office \(SPO\)](#)
- Financial Policy Office

### Glossary

- **Accountable Plan Reimbursement:** An IRS expense reimbursement allowance that meets **all** of the following IRS documentation requirements:
  - 1 - Amount of expense incurred
  - 2 - Number of days spent on business
  - 3 - Business place or location
  - 4 - Business purpose
- **Collaboration:** Working jointly or together with LBNL in an intellectual endeavor with a set goal or purpose, such as furthering the research or accomplish the objective(s) of the research.
- **Cooperative agreement:** An agreement entered into between the University of California (as operator of the Laboratory) and one or more participants under which the government, through the Laboratory, provides personnel services, facilities, equipment or other resources with or without reimbursement towards the conduct of specified research or development efforts that are consistent with the mission of the Laboratory.
- **Fellowship:** Generally, a payment made to an individual in support of their pursuit of study or research.

## Financial Policies and Procedures Manual

- **Grant:** A financial assistance mechanism that provides money, property, or both to an eligible entity to carry out an approved project or activity. A grant is used whenever the grantor anticipates no substantial programmatic involvement with the recipient during performance of the financially assisted activities.
- **Green card test** (see *Resident alien* below): An alien is considered a United States resident if the individual was a lawful permanent resident of the United States at any time during the calendar year. This is known as the “green card test” because the alien holds an immigrant visa (green card).
- **Honorarium:** A payment or an award granted in recognition of a short-term service (such as a lecture or discussion), on which custom or propriety forbids a price to be set.
- **Non-Accountable Plan Reimbursement:** An IRS expense reimbursement that **does not meet at least one** of the following IRS documentation requirements:
  - 1 - Amount of expense incurred
  - 2 – Number of days spent on business
  - 3 – Business place or location
  - 4 - Business purpose
- **Nonresident alien:** An individual who is not a citizen, permanent resident or resident alien of the United States.
- **Permanent resident:** An individual who possesses a green card (the popular name for the Alien Registration Receipt Card), which is given to those who become legal permanent residents of the United States.
- **Requestor:** The person responsible for inviting the stipend recipient.
- **Resident alien:** A resident alien is an individual who is not a citizen or national of the United States, but meets either the green card test or the “substantial presence test” (see below) for income tax purposes for a particular calendar year. For a detailed explanation of these tests, see [IRS Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities.
- **Stipend:** An allowance to offset certain expenses (such as subsistence or travel) or a payment for services (in certain circumstances). It may also be a one time payment or a fixed sum paid periodically (or regularly).
- **Subsistence:** An allowance granted for the reasonable cost of temporary housing, meals and living expenses incurred in connection with a temporary assignment or appointment.
- **Substantial presence test** (see *Resident alien*): An alien is considered a United States resident if the individual meets the “substantial presence test” for the calendar year. To meet this test, an individual must be physically present in the United States on at least 31 days during the current year; and 183 days (during the current year and the 2 preceding years), counting:

## Financial Policies and Procedures Manual

- All the days present in the current year
- 1/3 of the days present in the first preceding year
- 1/6 of the days in the second preceding year

(Source: [IRS Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities)

- **Tax Treaty:** Agreement between two countries specifying what items of income will be taxed by the authorities of the country where the income is earned.
- **Unauthorized commitment:** A written or oral commitment made by an individual to commit funds on behalf of the Laboratory without adequate authority.

### Related Documents

- [Financial Policies & Procedures, Part I, Honoraria](#)
- [Request for Issuance of Check for Payment of Honorarium or Stipends form](#)

## Financial Policies and Procedures Manual

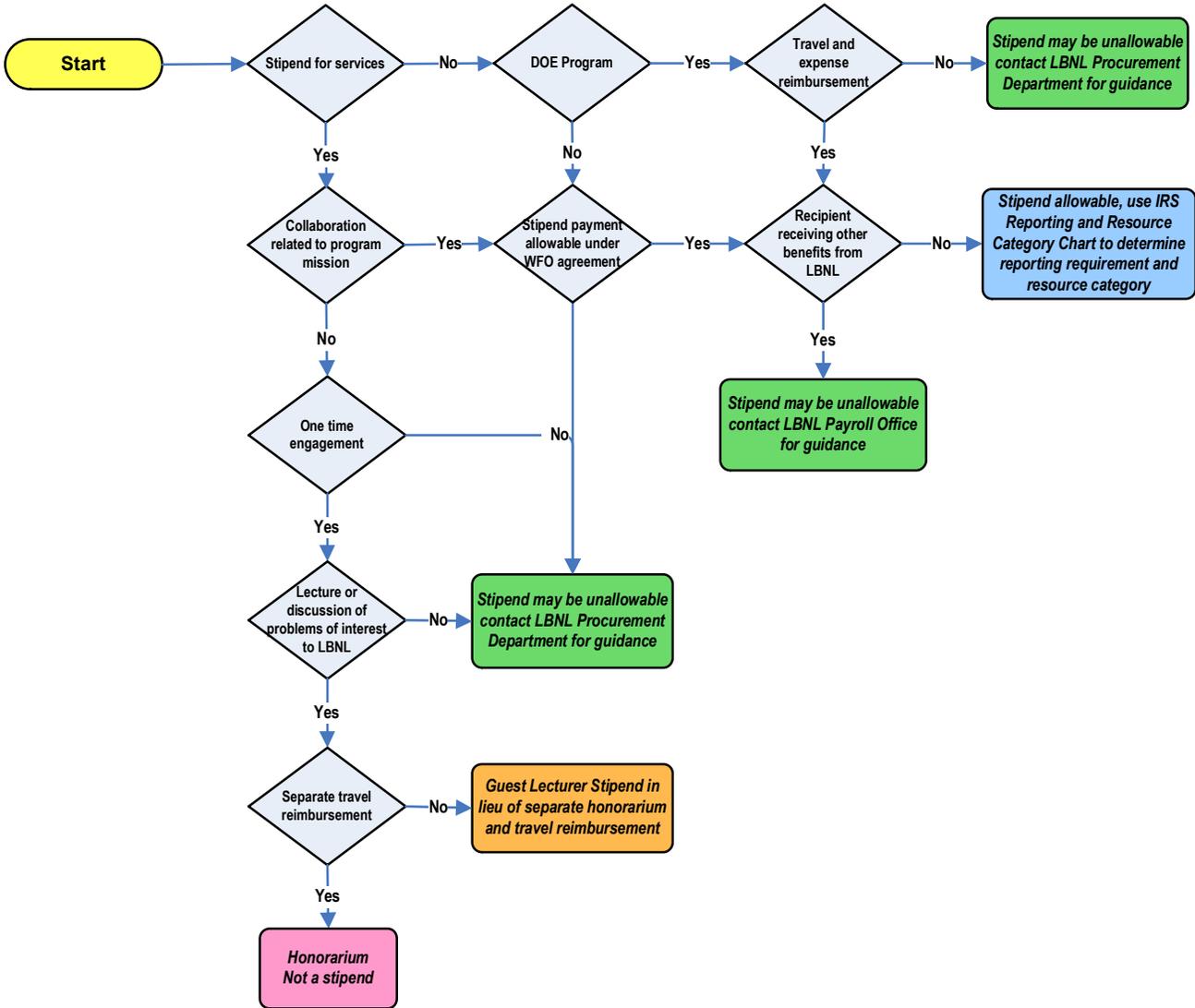
### Approval Limits for TOTAL (*not partial*) Stipends

Type of Stipend	Resource Category	Division Designee	Division Director*	Associate Laboratory Director	Laboratory Director (per Contract 31)
<b><u>Fellowships</u></b> US Citizens, Permanent Residents and Resident Aliens	35300 or 35500	Up to \$10,000 per stipend	Up to \$50,000 per stipend	Unlimited	n/a
Nonresident Aliens (tax treaty exempt)	35350	Up to \$10,000 per stipend	Up to \$50,000 per stipend	Unlimited	n/a
Nonresident Aliens (Not tax treaty exempt)	35360	Up to \$10,000 per stipend	Up to \$50,000 per stipend	Unlimited	n/a
<b><u>Non Fellowships</u></b> US Citizens, Permanent Residents and Resident Aliens	35100 or 35400	Up to \$10,000 per stipend	Up to \$50,000 per stipend	Unlimited	n/a
Nonresident Aliens	35150 or 35450	Up to \$10,000 per stipend	Up to \$50,000 per stipend	Unlimited	n/a
<b><u>Guest Lecturers</u></b> US Citizens, Permanent Residents and Resident Aliens	35200	n/a	\$500 and under	Over \$500 up to \$2,000	Over \$2,000
Nonresident Aliens	35250	n/a	\$500 and under	Over \$500 up to \$2,000	Over \$2,000

\* Or designee

# Financial Policies and Procedures Manual

## NON EMPLOYEE STIPENDS Allowability Determination

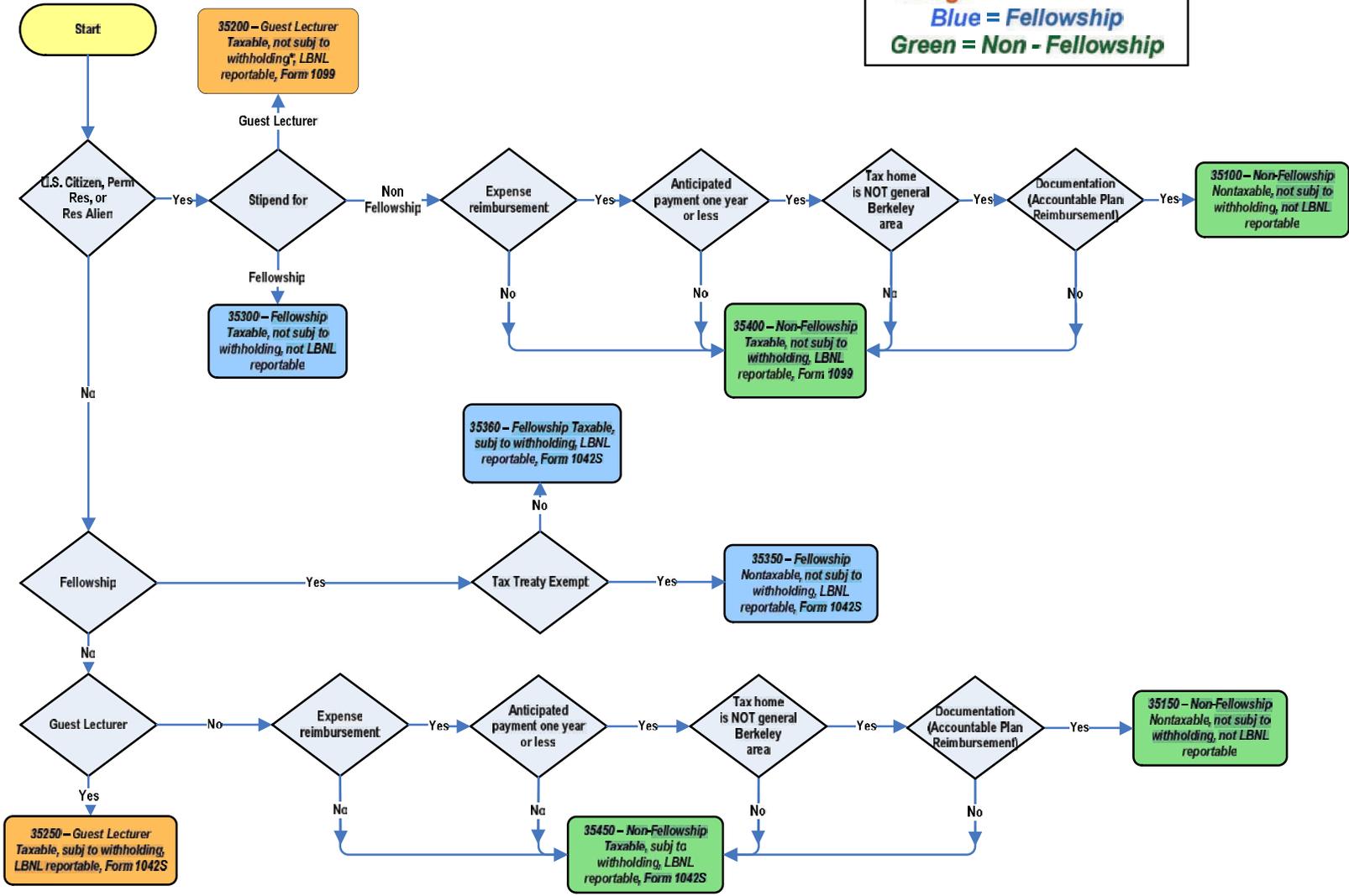


**Legend**

Orange = Guest Lecturer  
 Blue = Allowable  
 Green = Unallowable  
 Pink = Honorarium

# NON EMPLOYEE STIPENDS IRS Reporting and Resource Category Determination

**Legend**  
Orange = Guest Lecturer  
Blue = Fellowship  
Green = Non - Fellowship



**LBNL Reporting Requirements to IRS and LBNL Resource Categories**

<i>U.S. Citizen, Permanent Resident or Resident Alien</i>						
Type	Additional Information Required	Taxable for Payee?	Subject to Withholding?	Reportable to IRS by LBNL?	IRS Form Submitted by LBNL	Resource Category
Fellowship	n/a	Yes (in most cases)	No	No	n/a	35300
CSEE Fellowship	n/a	Yes (in most cases)	No	No	n/a	35500
Non-Fellowship	Documentation (Accountable Plan Reimbursements) <sup>1</sup> for ≤ one year (if tax home is NOT in the general Berkeley area)	No	No	No	n/a	35100
Non-Fellowship	1) Accountable Plan Reimbursement for ≤ one year (if tax home <b>IS</b> in the general Berkeley area) - or - 2) Accountable Plan Reimbursements <sup>1</sup> planned (or actually paid) for > one year - or - 3) Insufficient Documentation (Non Accountable Plan Reimbursements) <sup>2</sup> - or - 4) WFO Services (non expense reimbursement payment)	Yes	No*	Yes	Form 1099	35400
Guest Lecturer	Combined honorarium and travel allowance (in lieu of separate honorarium and travel reimbursement)	Yes	No*	Yes	Form 1099	35200

\*Subject to withholding if no Taxpayer ID Number or Social Security Number provided.

<i>Nonresident Alien</i>						
Type	Additional Information Required	Taxable for Payee?	Subject to Withholding?	Reportable to IRS by LBNL?	IRS Form Submitted by LBNL	Resource Category
Fellowship	Tax Treaty Exempt	No	No	Yes	Form 1042S	35350
Fellowship	Not Tax Treaty Exempt	Yes	Yes	Yes	Form 1042S	35360
Non-Fellowship	Accountable Plan Reimbursement for ≤ one year (if tax home is <b>NOT</b> in the general Berkeley area)	No	No	No	n/a	35150
Non-Fellowship	1) Accountable Plan Reimbursement for ≤ one year (if tax home <b>IS</b> in the general Berkeley area) - or - 2) Accountable Plan Reimbursements <sup>1</sup> planned (or actually paid) for > one year - or - 3) Insufficient Documentation (Non Accountable Plan Reimbursements) <sup>2</sup> - or - 4) WFO Services (non expense reimbursement payment)	Yes	Yes	Yes	Form 1042S	35450
Guest Lecturer	Combined honorarium and travel allowance (in lieu of separate honorarium and travel reimbursement)	Yes	Yes	Yes	Form 1042S	35250

<sup>1</sup>**Accountable Plan Reimbursement**

An expense reimbursement allowance that meets all of the IRS documentation requirements (see right)

<sup>2</sup>**Non-Accountable Plan Reimbursement**

An expense reimbursement allowance that **does not** meet one or more of the IRS requirements (see right)

**IRS Accountable Plan Documentation Requirements**

- 1 - Amount of expense incurred
- 2 - Number of days spent on business
- 3 - Business place or location
- 4 - Business purpose



## Office of Homeland Security Charge

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part 1

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Originally Issued:	December 1, 2006
Effective Date:	December 1, 2007
Revision Number:	1
Scheduled Review Date:	December 1, 2008 (Every two years)
Primary Contact:	Manager, Indirect Budgets

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### Summary

The purpose of this policy is to provide guidance to ensure that the costs for the Laboratory's Office of Homeland Security (OHS) technical programmatic management oversight are accumulated in homogeneous indirect cost pools and allocated in a reasonable proportion to the beneficial or causal relationship of the costs to cost objectives.

For the purpose of this policy, Homeland Security, Proliferation Detection, Counterterrorism and Intelligence research and development projects are defined if **one** or more of the following activities exist:

- Weapons of mass destruction, including but not limited to chemical, biological or nuclear weapons research or production.
- Threat analysis or threat detection or to technologies to analyze and mitigate threats (nuclear/radiological, biological, chemical, unexploded ordinance [UXO], mines and mine detection, and the like).
- Homeland security, proliferation detection, counterterrorism, or intelligence-related work from any source of funding and from any sponsor.

This policy supersedes the Nuclear Nonproliferation policy established in March 1998.

### Policy

The OHS Charge, which represents costs of the OHS' technical programmatic oversight of the Laboratory's Homeland Security, Proliferation Detection, Counterterrorism and Intelligence research and development will be:

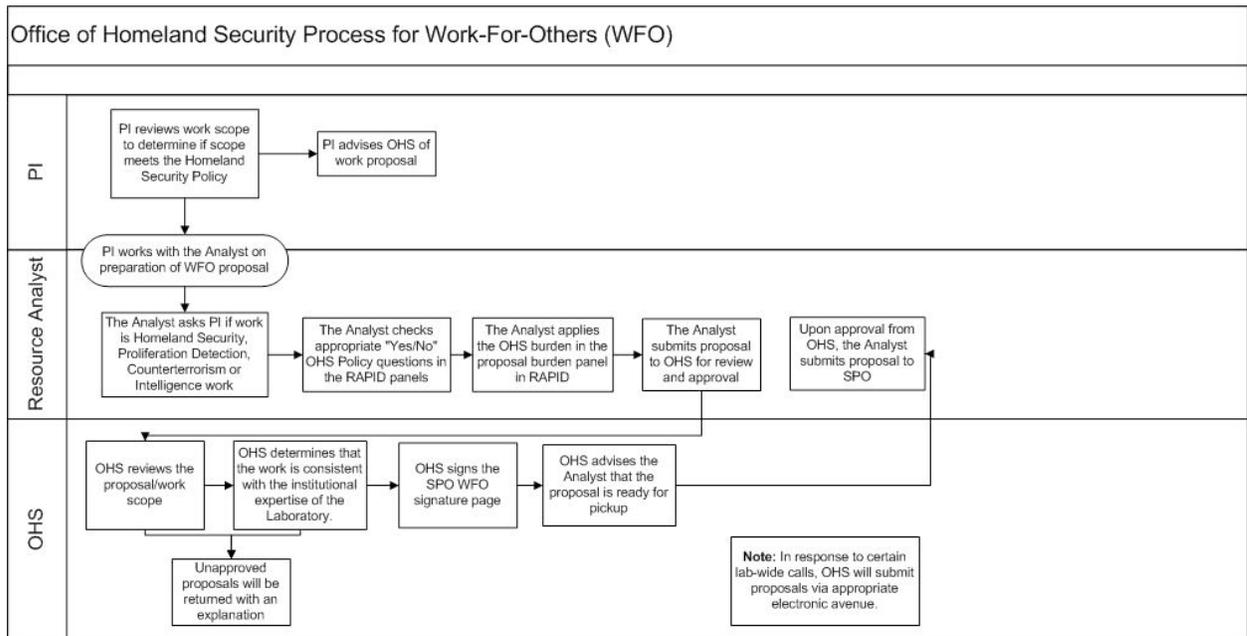
- Appropriately budgeted and accounted for on a consistent basis
- Accumulated in homogeneous indirect cost pools
- Allocated in a practical and equitable manner in reasonable proportion to the beneficial or causal relationship of the costs to cost objectives

# Financial Policies and Procedures Manual

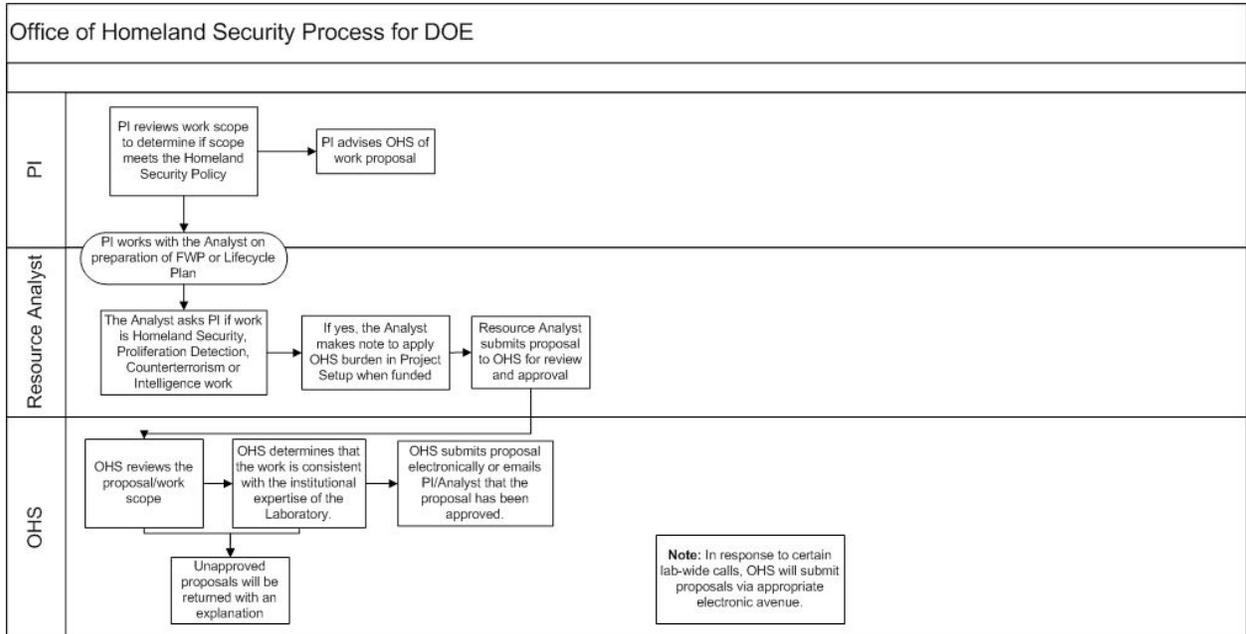
## Procedures

- Elements of cost include: labor, payroll burden, materials and supplies, travel, service center charges, facilities use, plus applicable burdens including organization burden, travel and procurement charge, which are associated with the OHS' technical programmatic oversight.
- The OHS' allocation base for the OHS' charge includes the total operating costs less the General and Administrative (G&A), LDRD, IGPP, research and development subcontracts, honoraria, stipends, fellowships, electricity, conferences, and workshops.
- OHS' expenses are allocated to cost objectives using pre-established OHS' rate. The rate is based on forecasted costs for the applicable cost accounting period, generally the Laboratory's fiscal year.
- The pre-established rate is monitored throughout the fiscal year. If analysis of anticipated conditions discloses a material variance for the fiscal year, the pre-established OHS rate will be revised to ensure that the anticipated variance is disposed of by allocating it to cost objectives in proportion to the costs previously allocated to these cost objectives by use of the pre-established OHS rate.

The following is the criteria for determining whether the project is subject to the OHS rate includes all Department of Energy (DOE) (except DOE Initiation for Proliferation Preventions DOE Budget and Reporting code NN-4101) and non-DOE sponsors of Homeland Security, Proliferation Detection, Counterterrorism, and Intelligence work approved by DOE.



## Financial Policies and Procedures Manual



### Roles and Responsibilities

- Formulation and coordination of the OHS expense pool and allocation base will be conducted by the Budget Office. OHS expense rate forecasts, establishment of the pre-determined rate for the applicable cost accounting period(s), and revisions to the pre-established rate will be coordinated and executed through the Budget Office.
- The Laboratory Director delegated, Office of Homeland Security (OHS) technical programmatic management oversight to include the review and approval of all proposals' work scope from DOE and non DOE sponsors. The OHS is to ensure that the work is consistent with institutional expertise and is consistent with the mission of the Laboratory as it relates to Homeland Security, Proliferation Detection, Counterterrorism and Intelligence research and development.

### Authority

- Department of Energy (DOE) Prime Contract 31
- Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory
- [Cost Accounting Standard 401, Consistency in Estimating, Accumulating and Reporting Costs](#)
- [Cost Accounting Standard 402, Consistency in Allocating Costs Incurred for the Same Purpose](#)

## Financial Policies and Procedures Manual

- [Cost Accounting Standard 418, Allocation of Direct and Indirect Costs](#)
- [Dr. Steven Chu's memorandum in Today at Berkeley Lab, January 23, 2006](#)

### Contacts

- Manager, Indirect Budgets
- Program Head, Office of Homeland Security

### Glossary

- **Allocate:** To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
- **Cost objective:** A function, organizational subdivision, program or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.
- **Field Work Proposal (FWP):** Proposal forms that are frequently used in responding to request for proposal to DOE.
- **Final cost objective:** A cost objective which has allocated to it both direct and indirect costs and is one of the final accumulation points.
- **Indirect cost:** Any cost not directly identified with a single final cost objective, but identified with two or more final cost objectives, or with at least one intermediate cost objective.
- **Indirect cost pool:** A grouping of incurred costs identified with two or more cost objectives, but not identified specifically with any final cost objective.
- **RAPID:** Research Administration, Proposal/Project Information Database maintained by Sponsored Projects' Office and utilized by SPO and Divisions for WFO proposals and awards.
- **Work-For-Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

### Related documents

[Cost Accounting Standards Board Disclosure Statement](#)



## Organization Burden

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Organization Burden
Originally issued:	June 30, 2005
Effective Date:	January 20, 2006
Revision Number:	1
Scheduled review date:	June 30, 2009 (every two years)
Primary contact:	Manager, Indirect Budgets

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### Summary

The purpose of this policy is to provide guidance to ensure that costs for the general management and administration of the Laboratory's scientific and support divisions or departments are accumulated in homogeneous indirect cost pools and allocated in reasonable proportion to the beneficial or causal relationship of the costs to cost objectives.

### Policy

The Organization Burden, which represents costs of the general management and administration of the Laboratory's scientific and support divisions or departments will be:

- Appropriately budgeted and accounted for on a consistent basis
- Accumulated in homogeneous indirect cost pools
- Allocated in a practical and equitable manner in reasonable proportion to the beneficial or causal relationship of the costs to cost objectives

### Procedures

Identify organization burden costs by cost element and group cost elements into indirect cost pools. Applicable costs are those administrative and other indirect costs associated with each of the Laboratory's scientific and support divisions or departments which cannot be directly identified with a specific cost objective.

## **Financial Policies and Procedures Manual**

### *Payroll Expenses*

Includes wage expenses of the Division Director and the Division or Department Deputies, and/or assistants and related office staff that cannot be directly identified to a specific project.

Includes wage expenses of other staff, including consultants, whose appointment or assignment is of a division or department-wide nature. Wage expenses of other staff include costs of employees between assignments.

### *Operating Costs*

Includes telephone, printing, copying, travel, non-capital equipment purchases, equipment rental/maintenance, computing, supplies and expenses (S&E), seminars, space, and electricity expenses related to the Division or Department Office personnel listed under Payroll Expenses above.

May also include expenses related to building managers and related supplies and equipment, repair of "general" use equipment, non-capital space alterations, and division-initiated moves.

### *Other Expenses*

Organization Burden cost pools for support divisions may include activities such as production control, rework, scheduling, and related supervision, staff between assignments, conference and workshops, and professional research and teaching leave may be charged to Organization Burdens for scientific divisions.

Research and Development expenses are not appropriate for Organization Burden costs.

The basis of allocation of pooled Organization Burden costs to cost objectives is wage expenses. Costs included in the cost pool are mainly costs of management and support activities involving Division or Department wide labor. Thus, allocation of pooled costs using wage expense results in an equitable allocation of pooled costs to cost objectives.

Organization Burden costs are allocated to cost objectives using pre-established rates. The rates are based on forecasted costs for the applicable cost accounting period, generally the Laboratory's fiscal year.

A preliminary rate is developed on a break-even basis. The objective is to establish a rate that will recover exactly the costs in the cost pool. Every effort will be made to ensure that at fiscal year end, cumulative recovery equal cumulative costs. If a material variance accumulates, the rate and/or budget will be appropriately revised to allocate the variance.

## Financial Policies and Procedures Manual

Organization Burden rate forecasts, establishment of pre-determined rates for the applicable cost accounting period(s), and revisions to pre-established rates will be coordinated and executed through the Budget Office.

### Authority

- Department of Energy (DOE) Prime Contract 31
- Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory
- [Cost Accounting Standard 401, Consistency in Estimating, Accumulating and Reporting Costs](#)
- [Cost Accounting Standard 402, Consistency in Allocating Costs Incurred for the Same Purpose](#)
- [Cost Accounting Standard 418, Allocation of Direct and Indirect Costs](#)
- [DOE Order 522.1, Pricing of Departmental Materials and Services](#)

### Contacts

- Manager, Indirect Budgets

### Glossary

- **Allocate:** To assign an item of cost, or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
- **Burdened labor:** The sum of the costs for salaries, wage expenses, payroll taxes, insurance, and benefits.
- **Cost objective:** A function, organizational subdivision, program or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.

## Financial Policies and Procedures Manual

- **Direct cost:** Any cost which is identified specifically with a particular final cost objective. Direct costs are not limited to items which are incorporated in the end product as material or labor. Costs identified specifically with a contract are direct costs of that contract. All costs identified specifically with other final cost objectives of the contractor are direct costs of those cost objectives.
- **Final cost objective:** A cost objective which has allocated to it both direct and indirect costs and is one of the final accumulation points.
- **Indirect cost:** Any cost not directly identified with a single final cost objective, but identified with two or more final cost objectives, or with at least one intermediate cost objective.
- **Indirect cost pool:** A grouping of incurred costs identified with two or more cost objectives, but not identified specifically with any final cost objective.
- **Wage expense:** Salary multiplied by Paid Leave Factor multiplied by one plus the Payroll Burden Rate {Salary x Paid Leave Factor x (1+ Payroll Burden Rate)}.



# Business System Ownership and Management

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part II

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Title:	Business System Ownership and Management
Originally issued:	May 1, 2007
Effective Date:	December 7, 2007
Revision Number:	1
Scheduled review date:	December 7, 2008 (yearly)
Primary contact:	Manager, Business Systems Analysis

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## Summary

The purpose of this policy is to establish the Office of Chief Financial Officer (OCFO) business system ownership and management responsibilities. Every OCFO business system must have a designated Business Owner. The business system owner is responsible for ensuring that the functionality of the system module meets the Laboratory's business needs to include:

- Available to users
- Secure and controlled
- Contains accurate data
- Maintainable
- Appropriately documented
- Adequately tested

## Policy

The owner of a business system module has ultimate responsibility for managing the assigned system. The Business Owner of an OCFO information system is usually the owner of the primary business functions served by the system module and is, therefore, that system's largest stakeholder.

As detailed under Roles and Responsibilities below, the Business System Owner is responsible for providing leadership, direction and recommendations regarding the development, enhancement and maintenance required for the system to meet the Business System Owner's operational objectives. This policy acknowledges that the execution of these responsibilities requires resources and support from OCFO Business Systems Analysis, OCFO Financial Policy and Training (FPTO), and the Information Technology (IT) Division.

## **Financial Policies and Procedures Manual**

This policy applies to all OCFO computerized systems involved with the creation, updating, processing, outputting, distribution, and other uses of business information. This policy applies to OCFO business systems developed at the Laboratory, acquired from external vendors, built from open-source components, as well as those extended from existing or purchased systems.

### **Procedures**

### **Roles Responsibilities**

#### ***Business System Owner***

##### **General**

- Defines the scope and strategic objectives of the business system. Establishes objectives and plans for the ongoing support, maintenance and enhancement of the application.
- Learns and understands the overall purpose and sufficient details of the system to manage or direct the day-to-day business operations of the system.
- Conducts periodic reviews of the system operations to ensure system is working as intended.
- When systems issues arise, ensures appropriate root cause problem resolution has occurred and that system issues are addressed and communicated accordingly.
- Makes final decisions in situations where stored system data is inaccurate after appraising the impact to system customers versus resources and time available to fix the problem.
- Collaborates with the IT and Facilities Divisions to develop and maintain a system business continuation plan including business-operating procedures.

##### **System Changes and Enhancements**

- Defines system requirements for new systems and system enhancements.
- Reviews and prioritizes requests for new systems and system enhancements and considers options including process reengineering prior to recommending a system change.
- For system changes, coordinates with Business Systems Analysis to ensure an adequate test plan is prepared and executed, and monitors the testing and review of the system during development.
- Provides final approval for implementing changes to the production system. Formally accepts the system as complete and ready for production.

## **Financial Policies and Procedures Manual**

- Ensures the implementation of effective system roll-out plans to include:
  - Adequate user communications
  - Quality of user training and the related training documents
  - Preparedness of help desk support
- Communicates planned and completed changes, improvements, and other important information about the system to users and support personnel as needed.
- Participates in planning for enterprise system-wide upgrades.

### **User Access Control**

- Establishes criteria for controlling user access to the various features of the system including the prerequisites for users who need read/write access.
- Controls access to personal identity information (PII).

### **User Training and Support**

- Establishes and maintains a training program for all staff updating data in the system and provide other training as needed for users who will be accessing and reviewing information in the system.
- Ensures the availability and quality of user training and related materials, reliability and the preparedness of help desk and other technical support processes and personnel.

### **Data Integrity**

- Ensures the availability, reliability and security of the business data stored in the system.
- Recommends improvements to the system to maintain an efficient and accurate process for providing customer-oriented information.
- Documents processes using personal identity information (PII) and control the security of PII.
- Oversees the maintenance and reviews data security, reliability, and integrity.
- Conducts periodic reviews of the data to ensure data is accurate and secure.
- Ensures data input controls are documented, effective, and tested periodically.
- Establishes and maintains useful data hierarchies for use in summarizing transaction details.
- Reviews and, if acceptable, approves requests to use data in standard management reports, or as inputs to other systems. Participates in the development and maintenance of standard management reports based on system data.

***OCFO Business Systems Analysis (BSA)***

**General**

- Monitors system operations.
- Communicates system problems/resolutions.
- Conducts root cause analysis of problems; provide options/recommendations about solutions.

**System Changes and Enhancements**

- Defines and monitors process and procedures for requesting, approving and tracking system changes.
- Develops and coordinates system upgrade and enhancements plans: integrates functionality mandated by business requirements and vendor upgrades into the production system.
- Identifies opportunities for process/system improvements.
- Assist owners in defining and model requirements for new systems or system enhancements.
- Partners with OCFO and IT to plan, develop and execute system upgrades and enhancements.
- Ensures changes are adequately tested and obtains owner approvals before moving them to production. Coordinates with the System Owner and functional staff in the preparation and execution of system change test plans.
- Supports system change roll-outs.

**User Access Control**

- Establishes and maintains a policy and procedures for controlling user access to systems including a process for conduction periodic reviews of user access.
- Conducts validation reviews of user access at least annually.
- Identifies personal identity information (PII) issues and make recommendations for corrective actions including access controls.

## Financial Policies and Procedures Manual

### **User Training Support**

- Provides end user support.

### **IT Institutional Systems (ITIS)**

#### **General**

- Provides technical project management leadership and services including development of project proposals and project plans.
- Conducts major system development based on customer specifications.
- Provides input to customers on options and considerations for system change requests.
- Performs system maintenance to accommodate vendor upgrades, software fixes and security patches.
- Provides system enhancements to accommodate DOE mandates, regulatory/policy changes, interface changes, and business process changes.
- Prepares documentation and exerts software change control as required by department standards.

### **Authority**

- Not applicable

### **Contacts**

- Manager, OCFO Business Systems Analysis

### **Glossary**

- ***Business System:*** A computerized information system or business application that provides the end to end delivery of information. Data is an integral part of running the business including all computerized processes and the software needed to satisfy business requirements. A business system is comprised of computerized processes, input controls, the stored business data, and reports and other output formats.

## **Financial Policies and Procedures Manual**

- **User:** An individual (e.g., employees of an OCFO functional unit) who interacts with the computer at an application level. Programmers, System Administrators/Managers, and other technical personnel are not considered users when working in a professional capacity on the computer system. System users must use the application in the manner and for the business purpose it was designed, and comply with all specified control and security requirements.

## Financial Policies and Procedures Manual

- **System Administrator/Manager:** IT manages the day-to-day technical operation of the business system: database management, software distribution and upgrading, version control, backup and recovery, virus protection and performance and capacity planning. User profile management is performed by BSA.
- **Business Systems Analysis (BSA) Unit:** Responsible for ensuring that OCFO business systems are responsive to the needs of the Laboratory, the return on systems investment is maximized, and that systems strategies and plans are effectively communicated. The BSA Unit is comprised of a team of professional business analysts who partner with OCFO functional units and IT Division professionals in the planning, design, testing, implementation and maintenance of automated information systems.

### Related Documents

- [OCFO Business System Owner Assignments](#)
- [OCFO Business System Ownership Acknowledgement Memo](#)



# Write Off Accounts Receivable

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part II

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Title:	Write Off Accounts Receivable
Originally issued:	May 1, 2007
Effective Date:	May 1, 2007
Revision Number:	0
Scheduled review date:	April 30, 2008 (yearly)
Primary contact:	Manager, Accounts Receivable

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## Summary

A write off of an accounts receivable is an accounting procedure removing balances from the accounts of record in order to accurately portray the records' true economic value on the balance sheet. This policy applies to write offs under or over recovery of non-Department of Energy (DOE) agreements and employee bad debts. Additionally, in order to limit the write-off activity, the Accounts Receivable Department (AR) aggressively takes collection actions to resolve all delinquent debt.

## Policy

This policy applies to the following types of non-DOE agreements:

- Federal Work for Others (WFO) awards
- Non-federal WFO awards with the exception of State of California
- Cooperative Research and Development Agreements (CRADAs)
- User agreements
- Receivables due from employees (salary overpayment)

An exception to the process, are refunds for State of California. If there are remaining advances or overpayments, the State of California, including University of California (UC), requires refunds. Some federal agencies reject refunds, via IPAC, if the expired awards are closed. Refunds are written off to miscellaneous revenue, type fund 58.

This policy conforms to the [DOE Accounting Handbook, Chapter 8, Receivables](#) and the [DOE Contract 31, Contract Clauses, Clause I.102](#).

The AR Department reviews the aging reports, allowance for doubtful accounts, WFO funding and cost reports, and the unbilled account on a regular basis. The AR Department analyzes for allowability and materiality. Initiates write offs considered uncollectible and/or for amounts considered immaterial.

Uncollectible accounts receivable and an excess of costs over income are unallowable. All amounts are written off when approved per the criteria noted in chart below. When an entry is made to the allowance for doubtful accounts, there must be appropriate supporting documentation (e.g., UC approval, invoices).

Any uncollectible receivables over \$50 are submitted to UC for approval. It is not necessary to request formal approval from UC when writing off immaterial balances (less than or equal to \$50). Upon UC approval, reimbursement is processed, via pre-fee deduction, for costs incurred in current fiscal year. For costs incurred in prior fiscal years, UC wires the payment to the Laboratory.

**Procedures**

**Roles and Responsibilities**

**Write off Billed Receivables – Non-DOE Agreements**

Approval criteria	<b>Receivables over \$50 – Debit (unallowable)</b>	<b>Receivables under \$50 – Debit (unallowable)</b>	Receivable/ Advance <b>under \$50 - Credit (Refund)</b>	<b>Unbilled under \$50 – Debit(unallowable)/ Credit</b>
Federal/Non-Federal/CRADA /User agreement	UC approval	UC blanket approval	n/a	Debit – UC blanket approval
Employee	UC approval	UC blanket approval	n/a	n/a

**For Billed Receivables over \$50:**

A write off may occur when the AR Department determines that the chance of collecting the debt is minimal or less than 50 percent. The debt must have been transferred to the Department of Treasury for collection. Federal and UC debts cannot be transferred to the Department of Treasury.

**Accounts Receivable**

- Reviews, on a regular basis, the aging report and determines the uncollectible receivables
- Prepares a letter of disclosure and approval to the UC. The letter should clearly state:
  - Amount
  - Circumstance for declaring item an unallowable bad debt
  - Corrective action plan to ensure a repeat does not occur

- Submits letter to Controller for signature and approval
- Reserves the debt in the allowance account upon authorization by the UC
- Notifies General Accounting

#### **General Accounting**

- Processes reimbursement, via pre-fee deduction, upon UC approval for cost incurred in current fiscal year, or applies reimbursement against the project for cost incurred in prior fiscal years

#### **For Billed Receivables under \$50:**

Immaterial amounts remaining on receivables are aggregated for write off on a periodic basis.

#### **Accounts Receivable**

- Reviews, periodically, the aging report to determine the immaterial receivable balances
- Submits request to UC for reimbursement and provides a summary disclosure
- Notifies General Accounting

#### **General Accounting**

- Processes reimbursement, via pre-fee deduction, upon UC approval for cost incurred in current fiscal year, or applies reimbursement against the project for cost incurred in prior fiscal years

#### **For Write offs on refunds under \$50:**

Upon completion of the project, there is a reconciliation of total costs incurred to total payment. Any remaining advance or overpayment is returned to the sponsor. If the sponsor waives the refund, refunds are offset to UC funds.

#### **Accounts Receivable**

- Contacts the sponsor for the low dollar refund. If the sponsor does not respond in 30 days, a refund is offset to UC funds. However, if a sponsor claims the refund after 30 days, a refund is still issued even though the refund was previously written off

#### **For Write offs unbilled cost under \$50:**

Unbilled costs are the results of: costs incurred beyond period of performance; costs in

excess of the agreement value; credit costs re-allocated to the project; and/or the award in negative cash position. On a monthly basis, unbilled costs are charged to an unbilled receivable account until the divisions prepare a resource adjustment to offset the costs or notify AR to invoice the costs. On a periodic basis, low dollar unbilled costs are aggregated for write off.

### **Accounts Receivable**

- Reviews, periodically, the WFO funding and cost reports to determine the low dollar unbilled cost for the expired awards
- Submits request to UC for reimbursement and provides a summary disclosure
- Notifies General Accounting

### **General Accounting**

- Processes reimbursement, via pre-fee deduction, upon UC approval for costs incurred in current fiscal year, or applies reimbursement against the project for cost incurred in prior fiscal years

### **Authority**

- [DOE Accounting Handbook, Chapter 8, Receivables](#)
- [OMB Circular A-129 provides that Federal agencies write-off delinquent debt over two years old](#)
- [DOE Contract 31, Contract Clauses, Clause I.102-DEAR 970.5232-2 Payments & Advances \(12/02\)](#)
- [Federal Acquisition Regulation, FAR31.205-3, Bad Debts](#)

### **Contacts**

- Manager, Accounts Receivable
- Manager, General Accounting
- Controller

### **Related documents**

- [OCFO Financial Policy, Allowance for Doubtful Accounts](#)

### **Glossary**

- **Work for Others:** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.
- **Cooperative Research and Development Agreements (CRADAs):** An agreement entered into between the University of California, as operator of the Laboratory, and one or more participants including at least one non-federal party under which the government, through the Laboratory, provides personnel services, facilities, equipment or other resources with or without reimbursement towards the conduct of specified research or development efforts that are consistent with the mission of the Laboratory. The Laboratory is precluded from contributing funds to other sponsors in support of a CRADA.
- **Over Recovery:** Credit balance created by payments exceeding invoice costs.
- **Under Recovery:** *Debit balance created by costs exceeding funding.*
- **Pre-fee deduction:** This method of payment may only be used for costs which cannot be incurred on government funds. Deductions may be made only with the appropriate approvals and documentation. Approved costs are paid with funds which would otherwise have been paid to the University as part of the monthly fee payment.
- **User Agreements:** Any DOE facility, including associated equipment and instruments, officially designated as either a national research facility or locally designated user facility. At the Laboratory, designated research facilities are: Advance Light Source (ALS), National Center for Electron Microscope (NCEM), the Molecular Foundry, National Energy Research Scientific Computing Center (NERSC) and the Joint Genome Institute (JGI). The 88 Cyclotron is a locally designated User facility.

# §11.38

## Obtaining Goods and Services

*[Responsible Manager](#)*

Revised 09/07

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## A. GENERAL POLICY

In support of Lawrence Berkeley National Laboratory's research, the total value of purchases for the last few years has been in excess of \$190 million per fiscal year. Because procurement transactions account for a significant portion of the Laboratory's annual budget, the Department of Energy and University of California exercise rigorous control over the Laboratory purchasing system. In particular, the Laboratory has a responsibility to ensure that:

- Procurements are competed, to the maximum extent possible, consistent with the Laboratory's performance of its mission and the nature of the goods and services to be procured.
- Costs paid by the Laboratory are fair, reasonable, and appropriate for expenditure of government funds.
- All procurement actions comply with applicable federal laws and regulations and the [Prime Contract](#) for operation of the Laboratory.
- Subcontractors are treated fairly and impartially.
- Small business concerns are provided an equitable opportunity to compete for procurements.

Authority to make contractual commitments for the expenditure of Laboratory funds is held only by specifically delegated individuals primarily assigned to the Office of the Chief Financial Officer/Procurement and Property Department. Only these formally designated individuals may commit the Laboratory to the expenditure of funds. Purchases or commitments made by individuals without delegated procurement authority to commit the Laboratory must undergo a ratification process to determine whether the purchase would otherwise have been proper and in the best interests of the Laboratory. Individuals making commitments without delegated authority are subject to disciplinary action.

Many laws have been enacted to curb the fraud, waste, and abuse associated with unethical procurement practices at the federal level, and some apply to the Laboratory as a DOE contractor. Further, state laws and University regulations also establish criteria for ethical conduct and penalties

for violations. In some cases, Laboratory employees may be held personally and/or criminally liable for actions that are not consistent with the equitable treatment of contractors and the appropriate expenditure of government dollars.

The information provided in this section encompasses general rules governing the procurement process; it is *not* intended to be an exhaustive guide to procurement requirements. Laboratory employees should address specific questions to Procurement. Procurement information is available on Procurement's Web page, which may be accessed from [Berkeley Lab's Web page](#).

## **B. STOCK ITEMS**

### **1. General Stores**

Over 12,000 items are available through the Laboratory storeroom system. Additional items such as office supplies and chemicals are available from just-in-time (JIT) systems agreements. The Laboratory Facilities Inventory Management/Stores groups are responsible for maintaining this stock. Berkeley Lab and Lawrence Livermore National Laboratory (LLNL) no longer share the same Stores system. A limited number of items may be requested from LLNL storerooms when needed. Stores catalogs are available from the Central Storeroom. JIT systems catalogs are available from the Procurement/JIT Systems group. Stock items may be requested by any employee or authorized nonemployee furnishing an employee number, an appropriate account number, and (when applicable) a job-order number. Certain sensitive items are subject to special authorization or other forms of issue control. Supervisors receive a monthly statement of charges against their accounts.

### **2. Shop Stocks**

Supplies of low-value, high-use stock items are maintained in many of the Laboratory shops or scientific research areas for use only by those in the program or immediate area. Personal use of these supplies, as with all government property, is prohibited. See [RPM §11.39](#) (*Use of Laboratory Property and Supplies*).

### **3. Precious Metals**

- a. Eight DOE-identified precious metals — gold, silver, platinum, rhodium, palladium, iridium, osmium, and ruthenium — are restricted-issue items. Purchase of precious metals is limited to Career Laboratory employees and must be made through Procurement's designated Precious Metals Buyer.
- b. Precious Metals must be secured in a safe or locked cabinet at all times when not in use. Custodians (Career employees) are responsible for unaccounted-for losses.
- c. Custodians must keep activity records that are available for on-demand review by DOE/BSO and LBNL Property Management.
- d. Precious metals that are no longer needed, including any scrap amounts, must be cleared for radioactivity by the Environment, Health & Safety Division (EH&S) before they are transferred to the DOE Business Center for Precious Metals at Oak Ridge National Laboratory.

## C. FABRICATIONS

Equipment or materials unavailable from commercial sources may be fabricated at the Laboratory by job order or outside the Laboratory by purchase order or subcontract. See [Property Management Guide §3, IV-C \(Make or Buy Decisions\)](#).

The Office of the Chief Financial Officer/Budget will determine whether a fabrication should be charged to an operations equipment account. Requests for such determinations should be accompanied by a statement indicating the need for the item, a description or drawing, the desired fabrication schedule, and a cost estimate for fabrication or installation.

## D. CONSTRUCTION AND ARCHITECT-ENGINEER (A/E) SUBCONTRACTS

Subcontracts for architect-engineer services will be performed in accordance with the requirements of the University of California Procurement Policy and Standard Practices Manual. Selection of subcontractors will be based primarily on the offerer's qualifications. Cost, price, or other factors may also be considered in the selection of A/E subcontractors. With the exception of turnkey subcontracts, no subcontract for the construction of a project will be awarded to the subcontractor who designed the project or its subsidiaries or affiliates unless approved by DOE.

Subcontracts for construction will be performed in accordance with the requirements of the Manual and the State of California. In the event of a conflict between California and federal requirements, federal requirements will take precedence.

## E. BLANKET SUBCONTRACTS

A blanket subcontract is a type of subcontract that:

- Permits Laboratory stocks to be maintained at minimum levels with direct shipments to users and provides flexibility in ordering quantities and scheduling deliveries
- Provides for delivery of a definite quantity of specific goods or services for a fixed period, with deliveries to be scheduled at designated locations on placement of a release
- Provides for an indefinite quantity, within stated limits, of specific goods or services to be furnished during a fixed period
- Provides for filling purchasing needs for specific goods or services scheduled by placing releases with a subcontractor during a specified subcontract period

Blanket subcontracts are used to avoid the administrative cost of issuing multiple subcontracts and to obtain quantity discounts when a recurring need for goods or services is anticipated. Product analysis, market analysis, and/or prior purchasing history is used to determine whether a blanket subcontract is advantageous to the Laboratory. Consideration is also given to socioeconomic goals. Blanket subcontracts are often placed by the Office of the Chief Financial Officer/Procurement for Laboratory-wide requirements. Any product or service requested by an authorized technical coordinator under a blanket subcontract is called a "release." Each blanket subcontract has a listing of Laboratory

personnel authorized to make releases and their level of authority.

## F. ACQUISITION OF EXCESS PROPERTY

The Laboratory is authorized to obtain used equipment or materials from government excess material lists. EH&S must be consulted when such an acquisition involves a potential hazard. Capital equipment or property must be coordinated with the Office of the Chief Financial Officer/Property Management Group after or concurrent with these consultations. Requests for excess property are processed by Procurement.

## G. EMERGENCY AND UNUSUAL CIRCUMSTANCES

In the event of emergency or unusual circumstances, employees are permitted to purchase low-value items not available through normal procurement methods using an LBNL travel charge card when on travel status or a personal credit card or cash when in the local area. Additionally, if the division/department requesting reimbursement is located on site, a Request for Issuance of Check may be used where normal procurement methods are not practical.

**Travel Charge Card.** When on travel status, employees are allowed to use their LBNL travel charge card for the purchase of low-value items needed in the course of their work. The limit on miscellaneous business expenses while on travel is determined by the traveler's division/department based on business need. Reimbursement requires submission of a travel expense report approved by the original approver of the trip. Pre-trip approval is required. The required documentation (receipts, etc.) and limit are governed by the LBNL travel policies contained in RPM [§11.08 \(Travel Policy\)](#).

**Personal Credit Card or Cash.** In the event of time constraints caused by emergency or unusual circumstances, employees are allowed to purchase goods not available through normal procurement methods using their personal credit card or cash. Such purchases are limited to \$300 and are reimbursable by filling out a "Request for Issuance of Check" (see below), which must be approved by an authorized signer on the Laboratory's Signature Authorization System. The Request for Issuance of Check form requires the employee to certify that the expense is allowable and represents official Laboratory business. Although prior approval is not required, the form must be signed by the employee's group leader or a higher level official. Original receipts are required.

**Request for Issuance of Check.** The use of Requests for Issuance of Check is restricted to on-site Laboratory locations, where other means of procurement are not possible. Requests for reimbursement for items purchased by a Laboratory employee are prepared on a *Request for Issuance of Check* form, which includes the appropriate authorization from the issuing division/department. The request is then submitted to the Office of the Chief Financial Officer/Accounts Payable for approval and processing.

In order to receive reimbursement, the following must apply.

- The item is not available through Stores; Stores cannot accommodate the required delivery date; or the item must be purchased after hours or while out of town.
- The item is not available for purchase through a current blanket order.

- The item is not available through other normal procurement procedures due to time constraints caused by an emergency or operational necessity.
- The item is a standard, off-the-shelf article.
- The item is not on the [Restricted Items list](#), except for properly authorized employee safety shoes.
- The vendor from which the purchase is made is not on the [Procurement Employee-Vendor list](#) of potential conflicts of interest.
- The purchase is supported by a cash receipt or other appropriate proof of payment.

When an item is purchased for reimbursement, the vendor must be advised that Berkeley Lab has been granted California State Sales permit SR CH 21-835970 (also known as a Resale Certificate) so that the tax will qualify for exemption.

## H. OVERVIEW

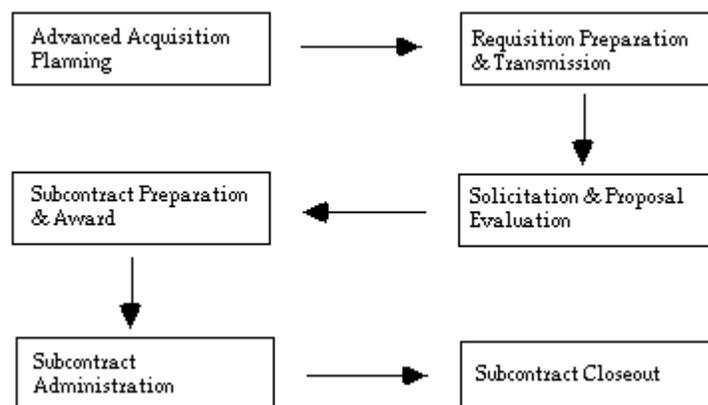
### 1. Starting the Procurement Process

Generally, procurements at the Laboratory can be initiated by:

- Submitting an electronic requisition through Peoplesoft Purchasing Receiving Payables (PRP) System, the Office of the Chief Financial Officer/Procurement's on-line computerized system
- Sending a completed requisition (Stock Form 7600-55438 (*Purchase Requisition*) or Stock Material Order Form 7600-55659) with all the appropriate documentation
- Mailing or faxing a Stock Material Order Form to Central Stores (see [Paragraph \(B\)](#), above)
- Placing a release against a pre-established blanket subcontract or JIT Systems Agreement, if authorized

### 2. Procurement Process Flowchart

Following is a flowchart of the Laboratory's overall procurement process:



### 3. Purchase Actions Placed by Office of the Chief Financial Officer/Procurement

The Office of the Chief Financial Officer/Procurement processes all purchase actions listed below:

- Architect and engineer services
- Aviation services (special purchases)
- Blanket subcontracts
- Books, periodicals, and other publications procured by the Technical and Electronic Information Department library under blanket subcontracts established by Procurement
- Chemicals (special purchases)
- Computer or ADP equipment (special purchases)
- Consultant agreements
- Contract labor (special purchases)
- Cost-type subcontracts (primarily for research and development)
- Environmental subcontracts
- Fabrications
- Firm-fixed-price or firm-fixed-price level of effort (LOE) subcontracts
- Gases, e.g., helium (special purchases)
- Intra-University transactions (IUTs) for work at University of California campuses
- Isotopes (special purchases)
- Leases (special purchases)
- Leases for real estate rental (special purchases)
- Maintenance (some items)
- Personal service agreements
- Precious metals (special purchases)
- Repairs (some items, special purchases)
- Software licenses (special purchases)
- Stores catalog items, office equipment, and standard furniture (special purchases) procured under subcontracts established by Procurement. Day-to-day ordering against existing Stores agreements is performed by Facilities Inventory Management.
- Subcontracts with other DOE Laboratories, facilities, or contractors. These subcontracts are sometimes called Memorandum Agreements.
- Subcontracts with government agencies or organizations for special materials not commercially available, but obtainable from government sources. DOE approval is required. These subcontracts are also referred to as Memorandum Agreements (special purchases).
- Telecommunications (special purchases)
- Utility services (special purchases)

#### **4. Purchase Actions Not Placed by the Office of the Chief Financial Officer/Procurement**

- Advertising (except for Procurement actions and Berkeley Lab employment)
- Aircraft (unallowed under [the DOE/LBNL Contract](#) between DOE and the University of California for operation of Berkeley Lab)
- Alcoholic beverages (unallowed under [the DOE/LBNL Contract](#))
- Business cards (unallowed under [the DOE/LBNL Contract](#))

- Contingent fees (unallowed under [the DOE/LBNL Contract](#))
- Contributions or donations (unallowed under [the DOE/LBNL Contract](#))
- Entertainment expenses (unallowed under [the DOE/LBNL Contract](#))
- Equipment and material borrowed from outside sources. Employees must contact the Office of the Chief Financial Officer/Property Management Group to complete a Borrow Agreement.
- Fines or penalties (unallowed under [the DOE/LBNL Contract](#))
- Lobbying costs (unallowed under [the DOE/LBNL Contract](#))
- Memberships in social, dining, or country clubs
- Motor vehicles
- Narcotics (illegal) (unallowed under [the DOE/LBNL Contract](#))
- Ornamental items (e.g., pictures, plants) (unallowed under [the DOE/LBNL Contract](#))
- Parking spaces on an individual basis (unallowed under [the DOE/LBNL Contract](#))
- Promotional items, memorabilia, models, gifts, and souvenirs (unallowed under [the DOE/LBNL Contract](#))
- Subcontracts *over* \$250,000 with other DOE laboratories, facilities, or contractors. Those subcontracts are handled as Intra-DOE Work Orders through the Office of the Chief Financial Officer/Budget.
- Trade of government property. See [RPM §11.40](#) (*Property Management*).

## 5. Special Purchases

Some commodities, such as isotopes, are subject to special treatment, Laboratory approval, and/or DOE approval before award of the subcontract. Questions regarding these types of purchases should be directed to Procurement.

## 6. Lead Times

For the procurement process to work most efficiently, three procurement lead times must be considered:

- The requisition lead time (i.e., the time it takes the requester to prepare and submit a complete and approved requisition package to the Office of the Chief Financial Officer/Procurement)
- The lead time that Procurement needs to obtain and evaluate offers, conduct negotiations as necessary, and award the requirement
- The subcontractor's performance lead time necessary to deliver the required goods or services

When establishing a delivery date or a date for services to commence, employees must remember to consider *all* these lead times. If the requirement is urgent, explain the emergency to the Procurement Specialist as soon as possible. If accelerated performance from a subcontractor is required, the requesting organization may have to pay for premium time, and costs may increase substantially.

Procurement lead times vary from one to three days for a telephone order and over 30 days to several months for complex and/or high-dollar subcontracts. Some subcontracts or purchase orders and some change orders over \$500,000 are subject to development of an Advanced Acquisition Plan (AAP). See

[Paragraph \(I\)\(1\)](#), below.

The procurement lead times given above do not include other Laboratory, University, DOE, or United States Department of Labor approvals required before subcontract award associated with the following:

- Architect-engineers (\$1 million)
- Construction (\$1.5 million)
- EEO pre-award clearance (for procurements over \$1 million, except construction subcontracts, work performed outside the United States, and work performed on American Indian land)
- Environmental hazards
- Foreign ownership of the company proposed for award
- Nonprofessional labor services (e.g., truck drivers, inspectors, laborers, computer repair technicians) when the subcontract exceeds \$2,500, which under the Service Contract Act of 1965 (SCA) requires a Department of Labor wage determination before award
- Organizational conflicts of interest (OCIs)
- Signature approvals

Certain factors in a requisition may affect procurement lead time:

- The delivery date is critical or would alleviate a major emergency.
- The commodity is a hazardous material.
- The commodity needs special handling because of its perishable nature.
- Government-furnished property will be provided.
- Subcontractor-acquired property will be a requirement.
- Subcontractor performance is on site.
- The performance of the subcontract will involve access to classified material, special nuclear materials, or security areas.
- There are special quality-assurance requirements.
- There is a potential organizational conflict of interest.
- Cost is not the only factor in the selection for award.

When such conditions exist, the appropriate section of the requisition or the accompanying documentation should be highlighted for better processing of the procurement.

A procurement specialist knowledgeable in the specific type of procurement requirement and the associated industry can be consulted to obtain an estimate of the subcontractor's performance time before submitting the requisition to Procurement.

## **I. PROCUREMENT PROCESS**

### **1. Procurement Planning**

The procurement process starts with good planning. The level of procurement planning is dependent on the dollar value and complexity of a proposed subcontract.

Procurement planning is an essential tool for both requisitioning organizations and the Office of the Chief Financial Officer/Procurement because it provides a method for early notification of intended requirements and an understanding of the entire procurement process from inception through completion. The information gathered at this stage can also be used for budgeting and scheduling purposes. Procurement uses such information for:

- Planning and estimating workload
- Identifying opportunities for awards to small, small-disadvantaged, and women-owned businesses
- Identifying opportunities for competition
- Consolidating like requirements on an institution-wide basis

Procurement planning also enables procurement specialists to become involved in the procurement process as early as possible. This early involvement helps ensure that the work meets the mission or program needs.

Procurement planning at the Laboratory is addressed by submission of an Advanced Acquisition Plan (AAP) by the requestor for each purchase of \$500,000 or more. For transactions of \$500,000 or more, the program/technical division requesters also enter the acquisition information electronically into a Web-based AAP database that lists the purchasing requirements and schedule for acquisitions at various dollar levels. The database is accessible from the [Procurement home page](#).

The AAP system requires that these transactions be entered into the AAP database at least 30 days before the time the purchase requisition will be issued to the Office of the Chief Financial Officer/Procurement. If this procedure is not followed, Procurement reserves the right to add 30 days to the Procurement Plan to compensate for the lack of advance notice. The 30-day period will be used by Procurement to review the requester's description and requirements and develop a Procurement Plan. This procedure enhances socioeconomic and competitive opportunities by providing lead time for the development of source lists from, e.g., market research, market surveys, public notices, and advertisements.

## **2. Requisition Submittal**

Requisitions must be submitted electronically to the Office of the Chief Financial Officer/Procurement via Peoplesoft PRP. Requisitions will be screened to ensure that they are correctly filled out and that all necessary approvals are present. An incomplete requisition will be returned to the requester with a notice of its deficiencies.

## **3. Requisition Change**

Any change modifying the quantity, funding, account number, terms, or specifications of a *requisition already submitted* may require either resubmittal of the requisition or, minimally, a supporting memo explaining the change.

Changes to existing or expiring subcontracts are also initiated by a purchase requisition.

Things to remember when submitting a change/modification requisition:

- Indicate "CHANGE" on the requisition.
- Refer to the original requisition number, subcontract number, and/or buyer's name.
- Fully explain in the description field what the change/modification covers and, if applicable, provide a new scope or statement of work.
- If there is a change in price, supply the account number.
- In the "Cost Not to Exceed" field of the requisition, write the amount of the change only. In the body of the requisition note, describe (a) the original requisition amount before the change, (b) the increase or decrease of the proposed change, and (c) the new total.

The authorized signatory must have authority for the dollar amount of the change.

#### **4. Information Required for Requisitions**

Incomplete information may lead to delays in processing the requisition. Because delays may also result if the requisition is illegible, the requisition should be typed whenever possible. The following fields on the requisition form must be completed by the requisitioning organization:

- Requested by, Bldg., Room
- Delivery to Bldg.
- Notify
- Approved by
- Account No. and Subaccount
- Requisition Date
- Date Needed
- Cost Not to Exceed (On a requisition with incremental funding, the amount shown in the "Cost Not to Exceed" block is the amount of funding currently available; the total estimated cost, with a breakdown of future funding, must be shown in the body of the requisition)
- Item, Specifications, Catalog Reference (Description)
- Quantity

Always provide the name and telephone number of the individual technically qualified to answer questions relating to the requisition.

The program/technical division requester must review purchases for potential hazards and select one or more of the nine appropriate choices indicated on the requisition. The Office of the Chief Financial Officer/Procurement will not process the requisition until this information is obtained.

The requisition hazard review box states the hazard(s) as follows:

- Biological
- Chemical (solid, liquid, or gas)
- Laser
- Microwave (or radio-frequency (RF) radiation source equipment, other than a food oven)

- Other hazards
- Radiological
- X-ray
- Service contracts (e.g., involving hazards such as waste removal, biohazards, chemicals)
- No hazard

Every individual performing work at the Laboratory or at one of its off-site locations is responsible for understanding the properties of the hazards with which they will work. Before ordering such hazards, the employee should review all requirements mandated in the Laboratory [Health and Safety Manual](#) (LBNL/PUB-3000), Chemical Hygiene and Safety Plan (CHSP) (LBNL/PUB-5341), and Facilities Notebook. Each department is responsible for ensuring that the quality assurance, LBNL/PUB-3000, and CHSP requirements are met in handling all materials.

## **5. Requisition Approvals**

Beyond Laboratory procurement, the purchase of many commodities and services must be approved by various organizations (e.g., the Office of the Chief Financial Officer/Budget, OCR, EH&S). These approvals should be obtained before forwarding the requisition to the Office of the Chief Financial Officer/Procurement. Any requisition that does not have the appropriate approvals will be returned to the requisitioning division.

## **6. Defining the Requirement**

Adequately describing the purchase requirement helps ensure timely requisition processing. Purchase requirements must be clearly defined on the requisition or an attached specification, Scope of Work, or Statement of Work. Items should be identified by generic noun ("personal computer"), defining adjective, and any other useful description. List the model number and manufacturer when applicable with use of the phrase "or equal" to allow for fair and effective competition if another brand of equal capability can be accepted. The Laboratory's minimum requirements must be described in detail to fairly evaluate any offers received for that product or service.

## **7. In-House Cost/Price Estimates**

Before solicitation, the Laboratory should have an estimate of the proper price level or value of the supplies or services to be purchased, i.e., the estimated price of the subcontract. It is generally the requester's responsibility to develop these estimates. Estimates can range from simple budgetary estimates to complex estimates based on the requester's assessment of the labor, materials, and other quantitative elements of performance.

## **8. Quality Assurance**

The requester must identify any quality requirements for the subcontract on the purchase requisition. The need for, type of, and extent of quality requirements to be included in a specification or Statement of Work depend on the particular circumstances and may range from inspection at the time of

acceptance to a requirement for a subcontractor's implementation of a comprehensive quality assurance program.

Subcontract quality requirements fall into three general categories, depending on the extent of quality assurance the Laboratory needs for the acquisition involved:

- Reliance on inspection by the subcontractor
- Standard inspection requirements, where the Laboratory has the right to test and inspect to the extent practicable at all places and times, including during manufacture and in any event before acceptance
- Higher-level subcontract quality requirements, such as MIL-I-45208 and MIL-Q-9858, or even ANSI/ASQC Q90-94/ISO 9000 or ANSI/ASME NQA-1

In identifying quality requirements in the Statement of Work, the requester should consider:

- The degree to which failure of the product or service could cause undue risks to employees or public health and safety
- The degree to which failure of the product or services would cause degradation of required performance or reliability to operations, data acquisition, or other deliverables

For further information or assistance in assessing how to treat quality-assurance requirements in Statements of Work and/or specifications, contact the Laboratory's Office of Institutional Assurance (OIA).

## 9. Property

Government-furnished property (GFP) is property owned by the government (almost everything at the Laboratory is government property) and made available to a subcontractor for its use during performance of work under a specific subcontract with the Laboratory. The term includes government-furnished equipment, government-furnished supplies, and property that a subcontractor acquires or otherwise provides under a subcontract (subcontractor-acquired property (SAP)).

If GFP will be involved in performance of the desired work, it must be identified in the purchase request. If the specific property can be identified at the beginning of the procurement process, the requester must provide:

- A detailed item description
- The government/Laboratory property identification number
- The approximate acquisition value

Because the Laboratory is responsible to DOE under [the DOE/LBNL Contract](#) for managing all government property in its possession, procurement actions involving GFP must be coordinated with the Office of the Chief Financial Officer/Property Management Group throughout the process, from requisition to subcontract closeout.

## 10. Organizational Conflict of Interest

An organizational conflict of interest (OCI) means that a relationship or situation exists in which an offerer has past, present, or currently planned interests that relate to the work to be performed under a Laboratory subcontract and that the conflict may reasonably:

- Diminish the offerer's capacity to give impartial, technically sound, and/or objective assistance or advice
- Result in the offerer's being given an unfair competitive advantage (does not preclude the normal flow of benefits from performance of a subcontract)

Requisitions and Statements of Work will be reviewed in the Office of the Chief Financial Officer/Procurement to make an initial determination of whether they constitute a potential OCI situation. If the answer is "yes," the requester must fill out a Pre-Procurement Organizational Conflict of Interest Fact Sheet to aid in evaluating the situation. If, after evaluation, the procurement is found not to raise OCI concerns, the issue will be put to rest and the action will proceed.

If, after evaluation, the procurement is found to raise an OCI concern and the procurement cannot be modified to remove any problem aspects of the Statement of Work, the solicitation must include an OCI clause and require the offerers to respond with information for Laboratory and DOE evaluation.

The responses must be evaluated by both Procurement and DOE, but DOE makes the decision on whether:

- An OCI exists
- The OCI can be avoided and an award made
- An offerer must be rejected and the award made to another

## 11. Solicitations

- General.** Only Office of the Chief Financial Officer/Procurement personnel can solicit offers from suppliers that may result in the negotiation and award of subcontracts. The exceptions to this general rule are Procurement Card transactions and verbal orders placed by external, low-value buyers.
- Supplier Information.** Any information provided to the program/technical divisions by a vendor on price, availability, or other product or service-related information is treated as just that: information. Because the information probably did not take into account the terms and conditions or other requirements that might affect the purchase, Procurement must deal directly with potential suppliers to ensure that all the Laboratory's requirements are considered in awarding a subcontract.
- Evaluation of Competitive Offers.** Because one of the priorities in the Laboratory's procurement system is to treat all potential suppliers fairly, the Laboratory is required to clearly state the basis for evaluating competitive offers submitted in response to its RFPs. Offer evaluation may be as simple as taking the low price on a commercial item to a very detailed

trade-off on significant technical, management, and cost/price criteria.

- d. **When Award Cannot Be Based on Cost or Price Alone.** When a subcontractor will be selected based on cost or price and other factors (e.g., technical excellence, methodology, proposed personnel), detailed evaluation factors will be required. The requester will be asked to participate with the procurement specialist in developing the evaluation factor for the solicitation.

Evaluation factors should be aimed at ascertaining the distinctions among the offerers on significant aspects of the work to be performed rather than at identifying the relatively unimportant differences to be expected when multiple offers are received. The evaluation criteria will be stated in the solicitation to explain to potential offerers how the Laboratory will select the subcontractor.

After the closing date for receipt of offers, the requester will participate in evaluating the offers received against the evaluation factors stated in the solicitation. Once the due date for receipt of offers passes and evaluation of offers starts, the evaluation criteria cannot be changed. Offers must be evaluated in accordance with the criteria set out in the solicitation.

## 12. Negotiation

- a. **General.** The Laboratory purchases most of its required goods and services through a process known as "negotiation." Negotiation procedures involve issuance of a solicitation and receipt of proposals. The procedures permit discussion with suppliers regarding all the terms and conditions of the subcontract and may afford an offerer the opportunity to revise an offer before a decision is made regarding subcontract award. Elements to be negotiated may be limited to price but often extend to, e.g., delivery period, payment schedule, specifications or statement of work (SOW), and patent and technical data rights.

In some cases, notably in construction, the Laboratory does not negotiate the initial award, but instead relies on a formal bidding process in which discussion is not used. The low-priced, responsive, and responsible offer wins without further discussion.

Although the procurement specialist is responsible for preparing and conducting negotiations, the requester has an important role to play in evaluating technical proposals, analyzing cost elements, and otherwise advising on the Laboratory's negotiation position.

Depending on what is being purchased, the procurement specialist may request the assistance of the requester or technical coordinator in performing technical review and technical analysis, as required.

- b. **Technical Review.** Technical review is the evaluation of an offerer's proposal to determine whether it meets the requirements of the solicitation.
- c. **Technical Analysis.** Technical analysis is done to determine and report on the need for and reasonableness of the offerer's proposed application of resources to the work, assuming

reasonable economy and efficiency. Technical analysis deals with both qualitative and quantitative issues.

During technical analysis, at least the following items should be considered:

- The proposed technical approach and processes
- The proposed quantities and kinds of materials and labor
- The proposed requirements for special tooling and facilities

- d. **Cost or Price Analysis.** Using the technical evaluation information provided, along with information from other sources, the procurement specialist will analyze the proposed cost or price to determine whether it is reasonable as proposed or whether the Laboratory should negotiate for a better deal.
- e. **Selection Committee.** For major critical procurements that are competitively quoted using technical, business, and management evaluation criteria along with price considerations, the selection process may include a selection committee chaired by a procurement specialist. The selection committee is composed of qualified technical and administrative personnel, is small (normally not exceeding five voting members), and has an odd number of voting members, including the chairperson, to provide a tie-breaker. The committee chairperson discusses the issue of conflicts of interest with the committee members and reviews the list of offerers for possible conflicts of interest. When appropriate, committee members are requested to sign a Conflict of Interest Certificate.

A draft Statement of Work and suggested selection criteria are provided by the responsible program/technical division for use by the Office of the Chief Financial Officer/Procurement in preparing the solicitation. These documents are received by the committee and reviewed and approved by the Procurement Manager. After receipt of the offerers' proposals, the selection committee performs the evaluations and prepares a written report of its activities and decisions, including award recommendations. This report is taken under consideration by the procurement specialist, technical coordinator, and procurement official who will authorize the award. The procurement specialist then negotiates any remaining issues with the selected firm.

- f. **Conducting Negotiations.** The procurement specialist is responsible for conducting all negotiations with offerers. The requester's support may be required, however, to analyze new information or responses provided by the offerer during the course of the negotiation process. Working as a team, the specialist and requester attempt to obtain the required goods and services at reasonable prices and under reasonable terms.

Discussions with offerers are particularly sensitive during solicitation, evaluation of offers, and negotiation. Technical coordinators or requesters should not have separate discussions or negotiations with offerers.

### 13. Protests

The Laboratory is required to treat all potential subcontractors fairly and equitably. When an offerer or subcontractor believes that it has not been so treated, that subcontractor has the option of filing a protest directly with the Office of the Chief Financial Officer/Procurement, the University, or DOE. A protest is a very powerful action. It can hold up work on a subcontract that has already been awarded, or it can hold up any further action on a subcontract that is under negotiation but has not yet been awarded.

The following are some situations that could cause a protest:

- A specification or SOW that unnecessarily restricts competition
- Program/technical divisions negotiating on their own with a vendor or promising to purchase something from a vendor (this could also become an unauthorized procurement)
- Information provided to one potential subcontractor that is not available to competing subcontractors
- Proposal information disclosed to a competing subcontractor
- A potential subcontract discussed with anyone not directly involved with the process

When there is doubt about the propriety or consequences of an action during the purchasing process, a procurement specialist should be contacted for advice.

#### **14. Noncompetitive Actions**

A procurement is noncompetitive when it is entered or proposed to be entered after solicitation and negotiation with only one potential vendor/subcontractor. The Laboratory uses the terms "sole source" and "noncompetitive" synonymously in describing the procurement process followed in such cases.

Generally, a noncompetitive action may be justified for the following reasons:

- Unique capability, expertise, facilities, or equipment that no other source can provide to satisfy the Laboratory's requirements
- Standardization of parts and/or compatibility with existing equipment
- Follow-on work for continued development or enhancement of goods or services when it is likely that award to a source other than the incumbent subcontractor would result in substantial duplication of costs that would not be recovered or would cause unacceptable delays in fulfilling the program needs
- Unusual or compelling urgency (e.g., the necessity to shorten the procurement time to meet milestone dates established by a government agency)
- Industrial mobilization or engineering, development, or research capability
- The identified source is acknowledged to be the leader in its field of expertise, as demonstrated in, e.g., reputable and valid literature or symposia presentations. Although normally not appropriate for commercial goods and services, this identification may be appropriate in subcontracting for research and development.
- International agreement
- Authorized or required by statute

- National security
- Public interest

A formal justification must be provided for sole-source purchases greater than \$100,000 and for all intra-University transactions in excess of \$25,000. The Justification for Sole Source Procurement or Intra-University Transaction form, obtained from the Office of the Chief Financial Officer/Procurement, must be used for documenting sole-source and IUT actions.

The Laboratory must ensure that subcontracting is consistent with efficient performance of the program mission and the nature of supplies and services being purchased. Consequently, noncompetitive (sole-source) procurements should be used only when no other reasonable alternatives exist.

## **J. SOME IMPORTANT TERMS AND CONDITIONS OF LABORATORY SUBCONTRACTS**

### **1. Environment, Health, and Safety**

Subcontractors are required to take all reasonable precautions at Laboratory sites to protect the environment, health, and safety of all persons involved, and to comply with all applicable environment, health, and safety regulations and requirements of the Laboratory and DOE. The Laboratory may stop the particular work any time a subcontractor fails to comply.

### **2. Insurance and Indemnification**

The Laboratory requires subcontractors to maintain insurance:

- When work is performed predominantly on Laboratory premises
- When government-furnished property is provided to a subcontractor
- When the nature of the work poses a significant potential exposure to the University and the government

The level of insurance required varies depending on the relative hazard of the work being done and the likelihood of loss. Some operations are more hazardous than others. Some subcontracts are not hazardous, but the possibility of loss may be significant.

As proof of insurance, the subcontractor must provide an industry-standard certificate of insurance before working on site. Except for professional liability and workers' compensation insurance, the certificate of insurance must name the Regents of the University of California and the United States Department of Energy as additional insureds.

The Laboratory risk manager may waive, revise the limits of, or prescribe the types and levels of insurance required for particular types of work.

No subcontractor may be indemnified unless prior approval is obtained from DOE-HQ and the Regents of the University of California. Laboratory counsel should be consulted on any request by a subcontractor for indemnification.

### 3. Patents, Data, and Copyrights

Under [the DOE/LBNL Contract](#), the Laboratory is required to include in its subcontracts provisions pertaining to patents, data, and copyrights. These provisions basically concern such matters as patent rights, rights to data (including copyrights), and patent and copyright infringement.

Requesters/technical coordinators are expected to ensure that the subcontractor's obligations in these matters (e.g., reporting inventions, reporting notices or claims of infringement, and securing required DOE approvals) are properly fulfilled. If the subcontractor does not meet these obligations, the technical coordinator is expected to notify the Office of the Chief Financial Officer/Procurement immediately so that appropriate timely action may be taken. See [RPM §5.03](#) (*Patents*).

### 4. Subcontracts with Foreign Travel

The Laboratory must obtain DOE approval for each request for foreign travel by a subcontractor before the travel. "Foreign travel" means any travel outside Canada and the United States and its territories and possessions.

### 5. Sales Tax

The Laboratory generally does not pay California sales tax, because most of our purchases are considered to be "for resale" to the government. When Laboratory employees have a petty cash, low-value, or Procurement Card purchase, they must advise the vendor that the Laboratory has been granted California State Sales Permit SR CHA 21-835970, also known as a Resale Certificate.

### 6. Aviation Services

All charter and lease agreements between aviation service subcontractors and the Laboratory must adhere to the safety policies and procedures of DOE Order 440.2B (*Aviation Safety*) or its successor order.

## K. SUBCONTRACT ADMINISTRATION

### 1. Administration

The Office of the Chief Financial Officer/Procurement negotiates, awards, and issues subcontracts to meet program requirements for goods and services. This activity, however, is only the beginning of the process. Once the subcontract is awarded and issued, the subcontract must be administered to ensure that the Laboratory gets what was intended.

Monitoring performance is a common responsibility of the procurement specialist and the requester. Performance must be monitored for, e.g., delays, schedule slips, quality deficiencies, and financial status. The program/technical divisions must advise the assigned procurement specialist of any indication that performance is not what the Laboratory expected.

The Laboratory must develop a clear and obvious record of all actions taken by the Laboratory or the subcontractor. A complete documentation record can assist in the resolution of problems at a later date or provide information for the evaluation of similar projects or problems in the future. Problems need to be identified and resolved before legal issues become unavoidable.

## **2. Changes**

Only the procurement specialist is authorized to modify subcontract terms or take any action to enter into a change order or other contractual commitment on the part of the Laboratory. Although under some subcontracts it is normal for the requester to have ongoing technical interchange with the subcontractor during performance, no alternation of subcontract requirements may be authorized during these discussions.

## **3. Invoice Verification**

Certifiers must verify that services were rendered as required by the subcontract before a subcontractor's invoice can be processed for payment by the Office of the Chief Financial Officer/Accounts Payable.

## **4. Subcontract Closeout**

When subcontract performance is physically complete, the requester may be contacted to verify, in writing, that all work and/or deliverables are satisfactory. The requester may also be asked to identify all government-furnished property, subcontractor-acquired property, drawings, designs, specifications, and publications that require disposition before subcontract closeout.

Many subcontracts can be closed when the procurement specialist receives evidence of the receipt of goods or services and/or evidence of final payment.

## **L. UNAUTHORIZED PROCUREMENTS**

Laboratory employees are reminded that only authorized Office of the Chief Financial Officer/Procurement and Property Department personnel or others who have been delegated low-value, purchase-order authority, including Procurement Card authority, by the Procurement and Property Manager may commit the Laboratory to expenditures for goods or services.

An individual who is not an authorized designee and who purchases goods or services may be responsible for payment of charges incurred and will be subject to disciplinary action.

## **M. REFERENCES**

This section briefly highlights Laboratory policies and procedures pertinent to obtaining goods and services. The University of California [Laboratory Procurement Policy and Standard Practices Manual](#) defines these policies and procedures in detail. Copies of that manual are available on the [Office of the Chief Financial Officer/Procurement and Property Management Web site](#).

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## §11.39 Use of Laboratory Property and Supplies

### [Responsible Manager](#)

Links updated 09/08

- A. [General](#)
- B. [Responsibilities](#)
- C. [Equipment Pools](#)
- D. [Property Loans](#)
- E. [Excess Property](#)
- F. [Property Loss or Damage](#)

### A. GENERAL

1. This section briefly highlights Laboratory policies and procedures pertinent to the use of property and supplies. The Laboratory [Property Manual](#) (LBNL/PUB-3032) defines these policies and procedures in detail. Copies of this guide are available in division offices and from the Office of the Chief Financial Officer/Property Management Group.
2. Facilities, tools, supplies, materials, and equipment used by the Laboratory are United States government property. As such, their use on or off the Laboratory site for any purpose other than official Laboratory business constitutes a type of conflict of interest and is illegal and prohibited. Individuals guilty of such improper activity are subject to disciplinary action by the Laboratory and prosecution under federal law (Title 18, United States Code). Disciplinary action by the Laboratory for improper, dishonest, or illegal activities may include official reprimand, warning, temporary or indefinite salary decrease, suspension without pay, demotion, or dismissal. Prosecution at the discretion of the United States Attorney may result in a fine or imprisonment or both.
3. Arrangements can be made to lend Laboratory property to approved organizations. These arrangements are made by the Property Management Group. See [Paragraph \(D\)](#), below.
4. Walk-through inspections of Laboratory areas are conducted biennially to identify any unused equipment that may be redeployed. Results of the walk-through are reported to DOE.

### B. RESPONSIBILITIES

1. It is Laboratory policy that efficient use be made of all materials in its custody and that adequate care be taken to protect material from loss or damage. Each Laboratory division is responsible for planning its own property requirements; for allocating, using, and maintaining its property

resources in the most effective manner; and for maintaining a safe working environment.

2. Supervisors are responsible for reporting and dealing with improper activities occurring within their areas of responsibility. Examples of activities that are improper and prohibited include the following:
  1. The conduct of personal business using Laboratory materials, facilities, or vehicles during work hours. This includes the repair of radios, bicycles, motor vehicles, and similar items and the use of Laboratory computers, photographic supplies, copiers, and office supplies.
  2. Removal of equipment from the site without proper authority.

## C. EQUIPMENT POOLS

Equipment pools allow effective use of equipment when user needs are short term or intermittent. Pools serve the needs of large research groups or departments, divisions, or the Laboratory as a whole.

Following is a list of current pools and responsible units:

<b>Equipment pool</b>	<b>Responsible units</b>
Audiovisual instruments	Information & Computing Sciences Division
Accelerator equipment	Nuclear Science Division
Business machines	Facilities Division
Motor vehicles	Facilities Division
Optical instruments	Mechanical Engineering Department
Furniture	Facilities Division

## D. PROPERTY LOANS

Laboratory property and supplies are for official Laboratory use only and may not be loaned to or used by non-Laboratory personnel or organizations without proper Laboratory and DOE approval. Requests to make such loans should be directed to the Office of the Chief Financial Officer/Property Management Group. Property being loaned to other organizations must be processed through the Shipping Section, with Property Management's approval.

Employees arranging to personally return loaned property to the Laboratory must notify Receiving to ensure that the return is recorded and the loan closed out.

## **E. EXCESS PROPERTY**

The Facilities Division is responsible for processing all materials (including software) in excess of the needs of a Laboratory unit. Such material should be sent to the Property Reuse Center. Excess property is listed by the excess disposal section in an electronic report that is distributed to division offices and interested Laboratory units. If such excess material is not promptly reserved for use on Laboratory work, it will be listed for review by other DOE contractors or governmental agencies in accordance with DOE regulations. In no case should this material be removed by employees for personal use.

Excess property that has completed this screening process may be donated to nonprofit educational institutions or sold as surplus property.

## **F. PROPERTY LOSS OR DAMAGE**

All losses and any damage (excluding normal wear) involving Laboratory property must be reported to the Property Manager. If it appears that theft, vandalism, sabotage, or willful destruction of any Laboratory property is involved, the incident must also be reported to the University of California, Berkeley, Police Department. In addition, employees must report all accidents involving Laboratory vehicles to the Environment, Health & Safety Division (EH&S). The necessary forms may be obtained from the Motor Pool and EH&S offices.

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# §11.40

## Property Management

[Responsible Manager](#)

Revised 06/08

- A. [General](#)
- B. [Inventory](#)
  - 1. [Capital Equipment](#)
  - 2. [Sensitive Assets](#)
  - 3. Stores Stock (section deleted 09/07)
  - 4. [Controlled Substances](#)
  - 5. [Precious Metals](#)
  - 6. [Radioactive Sources](#)
- C. [Storage of Property](#)
- D. [Sale or Transfer of Property](#)
- E. [Property Movement Records](#)
  - 1. [General](#)
  - 2. [Shipping Documents](#)
  - 3. [Material Passes](#)
  - 4. [Exceptions](#)
  - 5. [Equipment Movement Tags](#)
- F. [Property Retirement](#)
- G. [Insurance of Property](#)
- H. [Property Acquired as a Gift](#)
- I. [Personally Owned Property](#)

### A. GENERAL

Supervisors are responsible for the proper use and control of property and supplies used by their groups. The overall management and control of property at the Laboratory is coordinated by the Office of the Chief Financial Officer/Property Services in accordance with procedures and policies described more fully in the [Property Manual](#) (LBNL/PUB-3032). Copies of [the Property Manual](#) are available in division offices and from the Property Management Group. Some of the more important procedures and policies are described below.

### B. INVENTORY

#### 1. Capital Equipment

Capital equipment assets are inventoried once every two years under the direction of the Office of the Chief Financial Officer/Property Management Group. The assistance of division personnel and property custodians is obtained as necessary to locate items.

## **2. Sensitive Assets**

Sensitive assets are inventoried annually under the direction of the Office of the Chief Financial Officer/Property Management Group. User accountability records of transfers or returns are maintained for these items.

## **3. Stores Stock**

(Section 11.40(B)(3) (*Stores Stock*) deleted 09/07.)

## **4. Controlled Substances**

Inventories of controlled substances are conducted by the Office of the Chief Financial Officer/Property Management Group every year in accordance with federal regulations. The Property Management Group conducts an inventory every other year and an unannounced inventory during alternate years.

## **5. Precious Metals**

Physical inventories of precious metals are conducted annually by holders and audited by the Office of the Chief Financial Officer/Property Management Group.

## **6. Radioactive Sources**

Radioactive sources are inventoried and physically inspected annually by the Environment, Health & Safety Division.

# **C. STORAGE OF PROPERTY**

Warehouse storage of Laboratory material is provided by the off-site facilities section of Support Services. To store material off site, authorization on a Stock Form 7600-55925 (*Warehouse Storage Request*), approved by a group leader or department head, is required. Items in storage are periodically reviewed to ensure that retention is justified. Continued retention may require the approval of the Associate Laboratory Director for Operations and DOE.

# **D. SALE OR TRANSFER OF PROPERTY**

All sales or transfers of government property and normal transfers of excess material require approval of the Office of the Chief Financial Officer/Property Management Group.

# **E. PROPERTY MOVEMENT RECORDS**

## 1. General

Except as noted below in [Paragraph \(E\)\(4\)](#), removal of all property from the Laboratory requires documentation on Stock Form 7600-55567 (*Shipping Document*) or 7600-67344 (*Material Pass*) for record and control purposes.

## 2. Shipping Documents

Stock Form 7600-55567 (*Shipping Document*) is required in all situations in which property is removed from the Laboratory, except as noted below. This document is also required in cases involving "hand carrying" property by employees in travel status. The requester is responsible for filling out the Shipping Document and obtaining approvals; the Shipping Department enters the Shipping Document number as well as details in the fields indicated by "For Use by Shipping Section Only" at the bottom of the form.

## 3. Material Passes

a. Under the following circumstances, Stock Form 7600-67344 (*Material Pass*) may be used in lieu of a Shipping Document:

- For use in connection with visits to suppliers performing Laboratory work if the material will remain in the custody of Laboratory personnel.
- For short-term or intermittent use to perform Laboratory work at home or a Bay Area work location (e.g., LLNL, Richmond Field Station)
- For short-term use in connection with authorized attendance at a meeting, seminar, exhibit, or lecture
- When an emergency does not permit time for preparation of a shipping document

b. Material passes must be prepared in advance and submitted to the Office of the Chief Financial Officer/Property Management Group. The passes must be completely filled out and signed by both the employee and supervisor or by the Property Management Group. The reason for removal of the property must be clearly stated. When the property does not belong to the Laboratory, the ownership and reason for having the property on site must be shown.

## 4. Exceptions

Property-removal records are not required in the following cases:

- When Laboratory Transportation personnel transport property in official vehicles from Berkeley to LLNL, to recognized off-site warehouse storage locations, or to the Laboratory campus buildings
- When Environment, Health & Safety Division (EH&S) personnel transport radioactive material in official vehicles to LLNL

- When employees remove unwrapped and obviously personal items such as wearing apparel, lunch boxes, newspapers, books, and magazines
- When vendors or contractors remove their own property from the Laboratory, unless the property was borrowed for Laboratory use
- When employees remove documents, books, and other printed matter that will remain in the individual's custody until returned to the Laboratory
- When scrap and salvage dealers remove equipment items and materials from the Laboratory under blanket orders or other approved sales contracts
- When refuse is removed from the Laboratory

## 5. Equipment Movement Tags

An Equipment Movement Tag (EMT) is necessary to document the movement of equipment or the permanent reassignment of sensitive equipment from one employee to another. Use of an EMT or other written notification to the Office of the Chief Financial Officer/Property Management Group is required to record all movement of all other inventorial equipment contained in the Property Management and Accounting System. EMTs are available from Transportation drivers, or may be ordered through [e-Buy](#).

## F. PROPERTY RETIREMENT

Equipment items that are of no further need should be sent to the Property Reuse Center. Items that have value in their parts may be cannibalized by users only after obtaining permission from the Office of the Chief Financial Officer/Property Services. This is particularly important in the case of data-processing equipment. EH&S must monitor and tag equipment for radioactivity before it is sent to the Property Reuse Center. See the [Health and Safety Manual](#) (LBNL/PUB-3000). The Property Management Group will assist in preparing retirement records to remove such items from the accounting records.

## G. INSURANCE OF PROPERTY

1. Because title to Laboratory property rests with the United States government, federal statute (5 USCA-134) prohibits the insurance of such property under the government policy of "self-insurance." Employees who arrange for shipments of Laboratory property or who travel with Laboratory property should not insure such shipments. Reimbursement will not be made for any premiums paid.
2. Arrangements to insure non-Laboratory property borrowed for Laboratory use are made through the Office of the Chief Financial Officer, which is responsible for obtaining any necessary DOE

approvals.

## H. PROPERTY ACQUIRED AS A GIFT

1. Any property item that has been accepted as a gift or that has been purchased with funds specifically accountable as a gift must be reported in accordance with University and Laboratory practices. See [RPM §1.18](#) (*Solicitation and Acceptance of Gifts*). Gifts are accepted in the name of the University and become the property of the University—not of the United States government. The Office of the Chief Financial Officer/Sponsored Projects Office is responsible for reporting gifts of property to Property Services. Such reporting includes the cost (including sales tax), nomenclature (manufacturer, model, serial number), user name, user account, location (building and room), and any other pertinent information.
2. The Property Management Group will ensure that the gift is identified with a property number decal and have the equipment entered into the Property Management and Accounting System.

## I. PERSONALLY OWNED PROPERTY

Personally owned property must not be installed in, affixed to, or made a part of any government-owned property. This restriction does not apply to small, personally owned decorative items or memorabilia at the workplace. In all cases, the Laboratory is not responsible for loss of or damage to any personally owned item.

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# Recharges

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Recharges
Originally issued:	June 30, 2005
Revision Effective Date:	June 1, 2007
Revision Number:	1
Scheduled review date:	June 1, 2009 (every two years)
Primary contact:	Manager, Indirect Budgets

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## Summary

The purpose of this policy is to provide all Laboratory recharge centers with a common framework for the equitable and accountable distribution of user charges, which are based on the costs of the facilities, goods and services provided.

## Overview

A recharge center provides specific scientific facilities (i.e., 88 Inch Cyclotron), technical capabilities (i.e., Engineering Shops) or general services (i.e., Telephone Service) to multiple users where subscribers have discretion over the amount of service used.

## Policy

A recharge center is appropriate when the costs of the provided services/facilities would not be equitably distributed on a broader or more general allocation base. Therefore, recharges are not appropriate when adequate cost distribution can be better realized through a broader allocation base and/or (due to regulations, Laboratory policy, or other constraints); the users of the service have no control or discretion over the service provided.

Research and Development activities are not appropriate for recharges.

Recharges are appropriate when the following conditions and/or circumstances are present:

- Provides a more precise allocation of costs to users based on the benefits received
- Encourages optimal use of a service or resource
- Assists in the evaluation and control of the cost of a service
- Assures equitable costing that complies with Cost Accounting Standards (CAS)

# Financial Policies and Procedures Manual

## Procedures

### ***Criteria for Development and Application of Recharge Rates***

Costs of providing the service for a fiscal year are identified, estimated and reviewed. Options for gaining greater cost efficiencies and alternative methods of service delivery should both be considered as cost control mechanisms.

Demand for the service; i.e., the estimated user (distribution) base should be projected based on best available forecast data. The distribution base selected should be a reasonable measure of the benefits users received from the service and should result in an equitable allocation of the service's costs to its users (i.e., users are charged for what they get). In addition, the estimated base volume should reflect the anticipated actual usage of the service rather than the number of units of the service available or service capacity.

If a measure of the benefits users receive is unavailable or impractical to ascertain, a measure of the output of the recharge center's activities is acceptable. In addition, where a single unit of output will not reflect the proportional consumption of resources in circumstances where the level of resource consumption varies materially among the units of output produced, the output measure should be modified or more than one output measure should be used.

Following is a hierarchy of three allocation measures appropriate for recharge centers listed in descending order of preference:

- A measure of activity or resources consumed (e.g., labor hours, machine hours or square footage)
- An output measure (e.g., number of printed pages for a print shop, number of purchase orders processed by a purchasing department or number of machines maintained)
- A surrogate for consumption (e.g., number of personnel, labor or total dollars or square feet of the unit receiving the service)

A preliminary rate is developed on a ***break-even basis*** for Laboratory users. The objective is to establish rates that will recover exactly the costs of providing the services or products. Every effort will be made to ensure that at fiscal year end, cumulative recovery equals cumulative costs of providing the services or products. Recharge Managers are required to monitor execution throughout the fiscal year. If material variance is forecasted, rates and/or budgets will be appropriately revised to allocate the variance. Additionally, Recharge Center Managers are required to submit rate change proposals to the Budget Office for review and approval prior to implementation.

Estimated costs for the fiscal year and the projected distribution base volume must be developed in an auditable manner that incorporates best available data and considers

## **Financial Policies and Procedures Manual**

prior year cost/recovery variance. Any rate that has consistently over or under recovered costs must be evaluated during the formulation stage to address the chronic cause for these variances.

The recharge center should be established on the basis that the recharge center must assign costs accurately (i.e., one recharge center cannot subsidize another recharge center). It is not acceptable to plan or transfer any over/under recovery in one cost center to another cost center.

It is the responsibility of the organization that sponsors the recharge rate to assure that, where appropriate, the rate charged for service offered to the Laboratory is competitive within local commercial markets. If the level of the proposed rate cannot be justified and supported from a good business perspective, the sponsoring organization must consider options for improving the cost structure or consider suspension of the service in favor of utilizing an outside vendor.

The costs of administering the recharge (development of the rate and distribution of user charges) should not be of such magnitude to negate the benefits received from the more precise distribution of the recharge center's costs. To this end, automated systems should be used to the maximum extent practical in distributing costs to users.

### **Authority**

- Cost Account Standards Board (CASB) Disclosure Statement, Lawrence Berkeley National Laboratory
- [Cost Accounting Standard 402, Consistency in Allocating Costs Incurred for the Same Purpose](#)
- [Cost Accounting Standard 418, Allocation of Direct and Indirect Costs](#)
- Department of Energy (DOE) Contract 31
- [DOE Order 522.1, Pricing of Departmental Materials and Services](#)

### **Contacts**

- Manager, Indirect Budgets

## Financial Policies and Procedures Manual

### Glossary

- **Allocate:** To assign an item of cost or a group of items of cost, to one or more cost objectives. This term includes both direct assignment of cost and the reassignment of a share from an indirect cost pool.
- **Cost objective:** A function, organizational subdivision, program or other work unit for which cost data are desired and for which provision is made to accumulate and measure the cost of processes, products, jobs, projects, etc.



## Resource Adjustments

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Title:	Resource Adjustments
Originally issued:	December 31, 2004
Effective Date:	November 4, 2005
Revision Number:	3
Scheduled review date:	December 31, 2008 (every two years)
Primary contact:	Controller

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### Summary

The purpose of this policy is to define the requirements and procedures to be followed for preparing, approving, and processing resource adjustments at Lawrence Berkeley National Laboratory (LBNL).

A resource adjustment is an online process in which to transfer costs from one LBNL project or account to another.

A **labor adjustment** (transferring the cost of effort from one project or account to another) is **also considered a resource adjustment** and is subject to the same requirements set forth in this policy.

### Policy

This policy is applicable to all LBNL staff responsible for preparing, approving, or processing resource adjustments.

**Training** conducted by the Office of the CFO on resource adjustment procedures is a **pre-requisite** for any employee who prepares resource adjustments.

A resource adjustment must meet the following criteria:

- Necessary
- Appropriate
- Fully documented and justified

Resource adjustments over the approval threshold must be approved by at least one designated approver (see Approval Criteria below).

## **Financial Policies and Procedures**

Resource adjustments should be completed no later than **90 days** after the original entry in either the Financial Management System (FMS) or the Human Resources Information System (HRIS).

When entering resource adjustments in FMS, a general ledger (GL) journal ID should not be used more than once in the same accounting period. It can, however, be used again in subsequent months (e.g. monthly recharges).

Appropriate resource categories are to be used to make any necessary resource adjustments, regardless of the amount.

The preparer's **name and telephone extension** should be included on the adjustment (preferably in the description field).

A *single* resource adjustment is not to be used for *multiple* purposes. For example, one resource adjustment should not encompass several entries on several journal lines. A separate resource adjustment with a separate GL journal ID should be entered for each distinct reason.

### **Criteria Definitions**

#### ***Necessary***

A resource adjustment is necessary when the costs, as originally recorded, apply to any of the following circumstances:

- Charged to an intermediate cost objective and need to be allocated to a final cost objective (e.g., distribution of recharge rates).
- Coded improperly, thereby charging an incorrect project, suspense/dropout project, or an inappropriate resource category.
- A justifiable and appropriate decision was made to change the project for which a resource was to be allocated.

#### ***Appropriate***

A resource adjustment is appropriate when costs are reasonable (using prudent business judgment), allocable to the receiving project (i.e., project receives benefit), and are not expressly unallowable costs as defined in DOE Contract 31, per the Federal Acquisition Regulation (FAR).

## Financial Policies and Procedures

### Examples of Justifications for Resource Adjustments

Appropriate	Inappropriate
<ul style="list-style-type: none"><li>• Correcting errors such as labor dropouts.</li><li>• Changes in the use of goods/ services.</li><li>• Recharges or other periodic redistribution of shared costs.</li><li>• Accruals to meet the Generally Accepted Accounting Principles (GAAP) matching principle (costing in correct period).</li><li>• Better allocation of cost to benefiting entities/projects.</li><li>• Accommodating a sponsor-initiated change in funding specifications such as a B&amp;R recast or a new WFO contract number.</li><li>• DOE-mandated adjustments.</li></ul>	<ul style="list-style-type: none"><li>• Transferring costs to a non-benefiting project. This could result from a poor choice of recharge distribution base.</li><li>• An adjustment that misclassifies costs in the receiving project. Example: Charges to an inappropriate resource category.</li><li>• Transferring costs from an overrun project to another unrelated project/funding source. Example: Transferring costs from a WFO project to a DOE project.</li></ul>

### Procedure

#### ***Documentation Requirements***

Documentation for each resource adjustment is to be maintained by the originating Division. Detailed justification should be attached to all resource adjustments prior to approval.

The documentation should clearly

- Support each entry (amount) listed on the resource adjustment
- Display all of the appropriate project ID numbers
- Display all cross-Divisional approvals

## **Financial Policies and Procedures**

Appropriate justification and documentation is required for each resource adjustment entered. A specific explanation and rationale for the purpose of the resource adjustment (reason original entry was incorrect and why adjustment is necessary) must be included.

The following are guidelines for specific types of resource adjustments and the appropriate documentation required.

### *Labor Adjustments*

- Corrected timesheets signed by the employee and approved by the supervisor are required as documentation for all labor resource adjustments and clearance of dropout accounts, unless the adjustment is an administrative correction; i.e., data entry error (see *Correcting Errors* below).
- Documentation that supports the specific reason as to why the original entry was incorrect, and why the adjusted entry is appropriate.
- Labor Resource Adjustment Report, indicating the debits and credits of the adjustment and the appropriate supporting rationale.

### *Labor Dropouts*

- Documentation as to the correct project to which time should be charged.
- Copy of an approved corrected time sheet (if applicable).
- Copy of an email (or signed document) from the employee whose time is being changed or adjusted, indicating the correct project ID in which to charge the time.
- Labor Resource Adjustment Report, indicating the debits and credits of the adjustment and the appropriate supporting rationale.

### *Correcting Errors*

- Copy of the ledger entry and documentation of the original entry (purchase order, time sheet, etc.), if available.
- Reason for the error (data entry error, incorrect information, etc.).
  - If the error was administrative (i.e., data entry), a corrected notation on existing documentation is sufficient, but should be reviewed for accuracy and appropriateness.

## Financial Policies and Procedures

- If the error was caused by a systemic problem, indicate root cause and corrective actions taken to prevent reoccurrence.
- For labor errors, include the Labor Resource Adjustment Report, indicating the debits and credits of the adjustment and the appropriate supporting rationale.

### *Periodic Service Center Recharges or Cost Re-distribution*

- Obtain advance authorization from Office of the CFO (Budget Office).
- The basis for the distribution of cost (at a minimum) should be a justifiable estimate of benefits received by users (e.g., hours of service provided, number of employees benefiting, square feet of space occupied, etc.).

### *Changes in the Use of Goods/Services*

- Obtain documentation of original entry.
- Indicate the service or materials/equipment to which the cost is related.
- Document why the cost was charged to the original project and why the adjustment to another project is more appropriate.

### *Other Types of Resource Adjustments*

- Obtain documentation of original entry.
- Indicate reason for performing resource adjustment and why it is necessary and appropriate.

### *Confirmation*

- A copy of an email confirmation sent to the authorized requestor is appropriate documentation, to be retained with the other supporting data.

### *Resource Category 57000 (Adjustments)*

- Category 57000 is **not** to be used for resource adjustments. The only exception is for the use of the Budget or Controller's Office for specifically approved discretionary purposes.

### ***Record Retention***

## Financial Policies and Procedures

All documentation is subject to audit and must be retained for **three years** from the end of the fiscal year in which it was processed, in accordance with LBNL archiving policies, the National Archives and Records Administration, and DOE Contract 31.

### ***Approval Threshold***

The value of a resource adjustment is equal to the **total** of its debits **or** credits for all direct costs **actually being transferred** from one project ID to another; applied burdens are not included. To determine the value of a multiple-line resource adjustment, the total of all debit or credit lines should be used, where the debit and credit amounts are charged to different project IDs.

A labor resource adjustment must include **all applicable pay periods** for an employee's time in determining the approval threshold.

The approval threshold for all resource adjustments (including labor adjustments processed in HRIS) is **\$5,000**. Resource adjustments of **\$5,000** or more **require approval** from a designated approver (see Approver Criteria below). The approver of a resource adjustment exceeding the approval threshold cannot also be the preparer.

### *Exceptions*

- Supervisory approval is not required for month-end reversing entry/accrual adjustments by the Office of the CFO.
- A single, annual approval is appropriate for recurring resource adjustments such as those supporting periodic service center recharges. Subsequent approvals during the fiscal year are not required.

Resource adjustments for amounts under the approval threshold must adhere to the same documentation and justification standards; however, supervisory approval is not required.

Any resource adjustment involving more than one Division requires notification to all Divisions impacted **prior to initiating the adjustment**. If such an adjustment meets or exceeds the amount of the *approval threshold*, approval must be obtained from designated approvers in all Divisions impacted *prior* to recording the transaction as *valid* in FMS.

Subordinate departments making a resource adjustment on behalf of a Division (such as the Office of the CFO) should obtain adequate supporting documentation prior to making the requested adjustment.

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### **Approver Criteria**

Division Directors are responsible for designation of authorized persons to review and approve adjustments in the Divisions.

Where practical, an original approval signature will be obtained for any resource adjustment in for which the value meets or exceeds the approval threshold. However, if sufficient information on the adjustment can be made available to the reviewer, approval by email is acceptable.

The designated approver must have signature authority appropriate to the amount of the resource adjustment.

The designated approver is responsible for ensuring that the resource adjustment meets the criteria as stated in this procedure (i.e., necessary, appropriate documentation).

Recurring resource adjustments, such as those supporting periodic service center recharges, or re-distribution of shared costs, are to be reviewed and approved in advance of each fiscal year by the Office of the CFO. Once approved, subsequent approvals for resource adjustments made in the current year are not required.

### **Contacts**

- [General Accounting Office](#)
- [Budget Office](#)

### **Glossary**

- **Generally Accepted Accounting Principles (GAAP):** A widely accepted set of rules, conventions, standards, and procedures for reporting financial information, as established by the [Financial Accounting Standards Board \(FASB\)](#) and the [Federal Accounting Standards Advisory Board \(FASAB\)](#).
- **Journal ID:** A transaction identification number in FMS.
- **Project ID:** A numbering system used to report costs associated with funded activities at the Laboratory.
- **Resource Adjustment:** An online process in which to transfer costs from one LBNL project or account to another. A labor adjustment is also a resource adjustment.



# Signature Authority for Financial Transactions

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	September 1, 2005
Revision Date:	November 29, 2007
Revision Number:	1
Scheduled review date:	November 29, 2009 (every two years)
Primary contact:	Controller

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## Summary

The purpose of this policy and procedure is to define the roles and responsibilities of authorized signers for approving financial transactions, and the process by which financial signature authority is delegated at the Laboratory.

## Background

Appropriate delegation and implementation of signature authority for financial transactions is an internal control that mitigates risk and ensures effective financial practices are employed.

## Policy

### *Roles and Responsibilities*

The Laboratory Director (or designee) is responsible for approving (or delegating the authority to approve) all financial transactions at the Laboratory, per authorization of the President of the University of California, Standing Order of the Regents 100.4, [UC Delegation of Authority \(DA\) 2100](#).

The following are authorized to **delegate** (assign) signature authority to approve expenditures for Laboratory employees:

- Laboratory Director
- Deputy Director
- Associate Laboratory Director
- Chief Financial Officer
- Division Director
- Department Head
- Business Manager
- Other (with prior approval on file from one of the above)

## **Financial Policies and Procedures**

On an annual basis, the Office of the CFO will formally request that each Division review their list of employees with signature authority and submit an updated list to the Controller.

Employees delegated to approve financial transactions or expenditures are responsible for assuring the following:

- An understanding of what is being approved
- The information and supporting documentation is accurate and complete
- The transaction is allowable, reasonable and justified
- The transaction is charged to the correct project(s)
- There are adequate funds to cover the expense
- The funding source is appropriate for the expenditure

Financial transactions may only be approved by Laboratory **employees** with signature authority by personally signing the required document or personally endorsing their approval online (if appropriate). Additionally, employees with signature authority may only approve financial transactions within their authorized dollar limit.

Employees with signature authority must comply with all applicable DOE, UC and Laboratory policies, laws, regulations and special restrictions on the use of funds. Unauthorized transactions will be subject to management review. Failure to comply may result in financial and/or criminal liabilities for the employee or the University of California.

### ***Signature Authority Limits***

Signature authority and corresponding approval limits is to be granted by the employee's Division and must have formal approval by the appropriate Division management via the [Delegation of Signature Authority form](#).

## **Procedures**

### ***Delegation, Change or Cancellation of Signature Authority***

To delegate, change or cancel signature authority, a [Delegation of Signature Authority form](#) must be completed and submitted to the Office of the CFO. A copy of the completed form should also be kept on file by the responsible Division delegating the signature authority.

### ***Department Transfers or Changes in Responsibilities***

If an employee transfers to another Department or Division, or other changes occur that affects their signature authority responsibilities, an updated Delegation of Signature Authority form must be submitted to the Controller's Office.

## Financial Policies and Procedures

### **Signature Authorization System (SAS)**

The [Signature Authorization System \(SAS\)](#) database is located on the BLIS Reporting System (BRS) website, and reflects the dollar limits for each employee with signature authority.

### **Authority**

- [UC Delegation of Authority \(DA\) 2100](#)

### **Contacts**

- Controller
- General Accounting SAS Administrator

### **Related Documents**

- [Delegation of Signature Authority form](#)
- [Signature Authority Guidelines](#)

### **Glossary**

- **eBuy:** The Laboratory's electronic commerce ordering system for purchasing low-value catalog items. eBuy allows Laboratory personnel to purchase items directly from a supplier's web catalog.
- **Employee:** For the purposes of this policy, an employee is defined as any Laboratory employee who receives a paycheck from the Laboratory.
- **eProcurement (ePro):** ePro is part of the Laboratory's PeopleSoft/Oracle Financial Management System (FMS) and is used for processing purchases. ePro requisitions are used to request unique goods and services not available from eBuy vendors.
- **Request for Issuance of Check (RFIC):** A Laboratory form used for requesting reimbursement for expenses relating to allowable goods and services purchased at LBNL that do not require a purchase order for payment (see [RFIC](#)).
- **Requisition:** The process of requesting a purchase order for payment in order to purchase an item with a vendor using the Laboratory's official Procurement process.



# Stop Work Process For Funds Control Compliance

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	January 1, 2007
Effective Date:	July 16, 2007
Revision Number:	1
Scheduled review date/frequency:	December 31, 2008 (every year)
Primary contact:	Budget Officer

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## Summary

The intent of this policy is to provide a tool to mitigate situations arising from potential funds control issues (i.e., incurring uncollectible and/or unallowable costs), with the goal of safeguarding the Laboratory while supporting its scientific mission. A Stop Work to mitigate a funds control violation would only be exercised after all other options have been exhausted (i.e., bridge funding or negotiation with the sponsor) – refer to [Stop Work Decision Tree Chart](#).

The purpose of this policy is to define the guidelines for the initiation of the Laboratory's Stop Work process to ensure compliance with federal regulations and DOE Contract 31.

## Scope

The scope of this policy is limited to work activities funded by DOE and Work for Others (WFO) sponsors. A funds control violation may result in a reduction in the Laboratory's annual [Contractor Supporting Research](#) funding allocation from the University of California, the assessment of fines and/or a decrease in the DOE Contract 31 performance measure rating which could ultimately jeopardize the Laboratory's DOE Contract extension.

## Policy

As a federal contractor, the Laboratory is required to adhere to DOE Contract 31 regulations. If it is determined that an actual funds control violation exists, work activities must stop until the issue is resolved.

Possible funds control violations may include:

### DOE Direct-Funded Work

- Costs and/or commitments incurred in excess of funds available
- Costs and/or commitments incurred prior to receipt of funds in the Contract Modification (MOD) (see Glossary)

## Financial Policies and Procedures

- Costs and/or commitments incurred for activities outside of the purpose specified in the DOE work authorization (see Glossary)
- Costs and/or commitments incurred after the expiration of limited appropriation funds (see Glossary)

### **Work for Others (WFO)**

- Costs incurred prior to receipt of an accepted reimbursable work agreement as defined by [DOE Order 481.1C](#). A written agreement to perform work or provide a service or another Federal agency or non-Federal sponsor signed by a contracting officer or an official with delegated authority to commit the Laboratory to perform Work for Others and approved by an authorized approver of the sponsor.
- Costs incurred outside the reimbursable work agreement period of performance
- Costs incurred after the expiration of limited appropriation funds
- Costs incurred outside of the reimbursable work agreement terms (Statement of Work) - Activities must be allowable & allocable
- Costs incurred in excess of *funding*
  - For a federal reimbursable work agreement, *funding* is defined as the contract value
  - For a non-federal reimbursable work agreement, *funding* is defined as cash received (advance payments + invoice payments) plus approved bridge funding
- Financial terms of reimbursable work agreement are not met by the sponsor
  - Delinquent payment of invoices (generally invoices outstanding for 120 days or more)
  - Sponsor refuses to reimburse the Laboratory

Note: Other non-financial factors may result in the requirement to Stop Work.

## Financial Policies and Procedures

### Procedures

- **Initial Notification**

A potential funds control violation may be identified by a Division Resource Analyst, Business Manager, Accounts Receivable Manager, Sponsored Projects Office (SPO) Contracts Officer, Manager, Budget Office Analyst, etc., and may result in the initiation of a Stop Work process - refer to [Stop Work Process Chart](#). If a potential funds control violation situation arises, the identifier must notify the following individuals via email:

POSITION	NOTIFICATION
Field Operations Manager	Mandatory
Division Resource Analyst	Mandatory
Budget Office Analyst	Mandatory
Business Manager	Mandatory
Division Director/Deputy Director	Division Discretion
Principal Investigator (PI)	Division Discretion
SPO Contracts Officer	If applicable
Accounts Receivable Manager	If applicable

The CFO has the option of declaring a temporary Stop Work at any time during this process.

- **Determination**

The Field Operations Manager establishes and facilitates a fact finding team within two business days of receipt of notification in order to gather details and explore whether other funding sources are available and appropriate. The team would include those individuals noted as mandatory under the initial notification section as well as others as appropriate. Based on the findings of the team, a recommendation is made.

If the team determines that a Stop Work course of action is not necessary, the Division Resource Analyst and Field Operations Manager completes a [Stop Work Initiation form](#) summarizing the issue and the team's recommendation. The completed form is distributed by the Field Operations Manager to the team for informational purposes.

If the team recommends a Stop Work course of action, the Division Resource Analyst and Field Operations Manager completes the [Stop Work Initiation form](#) summarizing the team's recommendation and outlining the various funding

## **Financial Policies and Procedures**

alternatives that were explored but determined not a viable option. The Budget Office reviews the completed form.

The Field Operations Manager distributes the completed form simultaneously to the Division's Business Manager and to the Budget Officer. The Business Manager reviews the Stop Work recommendation with the Division Director and notifies the Budget Officer if there are additional concerns prior to the CFO review. The Budget Officer reviews the recommendation with the CFO for final determination.

Given the severity of a Stop Work situation, it is intended that the determination process is completed expeditiously.

- ***Stop Work Notification***

If a Stop Work is the recommended course of action, the CFO reviews the issues with the Division Director, or designee. The Division Director is responsible for implementing the Stop Work. The Stop Work status is in effect until the funds control violation is resolved.

Once the Division Director concurs with the Stop Work recommendation, the sponsor will be notified. The Sponsor Projects Office Contracts Officer will handle the formal sponsor notification for WFO and the Division Director for DOE Direct funded projects.

- ***Resource Allocation***

Since activities on the project at issue must cease, Principal Investigators and staff effort must be redirected to other appropriate activity such as work on other projects or employee-between-assignment activity funded through Organization Burden.

Note: It is not appropriate to charge Research and Development costs to Organization Burden (see [Organization Burden Policy](#)). If no other alternatives are available, the Division must pursue appropriate alternatives with Human Resources (i.e. administrative leave, termination, etc.).

In cases of abrupt funding termination, the Division may seek non-DOE Contract 31 funds; e.g. CSR or Gifts.

## Financial Policies and Procedures

### Roles and Responsibilities

The following table reflects the roles and responsibilities of the various individuals that are involved in a potential Stop Work process:

Individual	Action
Initiator of Stop Work	<ul style="list-style-type: none"> <li>• Notifies appropriate parties of potential funds control violation situation as outlined in policy procedures.</li> <li>• Participates on fact finding team.</li> </ul>
Division Resource Analyst	<ul style="list-style-type: none"> <li>• Participates on fact finding team.</li> <li>• Completes Stop Work Initiation form with Field Operations Manager.</li> </ul>
Field Operations Manager	<ul style="list-style-type: none"> <li>• Establishes and facilitates fact finding team.</li> <li>• Completes Stop Work Initiation form with Division Resource Analyst.</li> <li>• Distributes completed form as outlined in policy procedures.</li> </ul>
Budget Office Analyst	<ul style="list-style-type: none"> <li>• Participates on fact finding team.</li> <li>• Reviews completed Stop Work Initiation form.</li> </ul>
Accounts Receivable Manager (if applicable)	<ul style="list-style-type: none"> <li>• Participates on fact finding team.</li> </ul>
SPO Contracts Officer (if applicable)	<ul style="list-style-type: none"> <li>• Participates on fact finding team</li> <li>• Notifies WFO sponsor of Stop Work implementation, if applicable.</li> </ul>
Business Manager	<ul style="list-style-type: none"> <li>• Participates on fact finding team.</li> <li>• Reviews Stop Work recommendation with Division Director, if applicable.</li> </ul>
CFO Budget Officer	<ul style="list-style-type: none"> <li>• Reviews Stop Work recommendation with Chief Financial Officer, if applicable.</li> </ul>
Chief Financial Officer	<ul style="list-style-type: none"> <li>• Reviews Stop Work recommendation with Division Director, if applicable.</li> <li>• Notifies team of Stop Work concurrence, if applicable</li> </ul>
Division Director or designate	<ul style="list-style-type: none"> <li>• Implements Stop Work, if applicable.</li> </ul>

## Financial Policies and Procedures

### Authority

- [Department of Energy \(DOE\) Prime Contract 31](#)
- [Department of Energy Accounting Handbook](#)
- [DOE Order 481.1C](#)
- [Principles of Federal Appropriations Law](#)

### Contacts

- Field Operations Manager
- Budget Officer

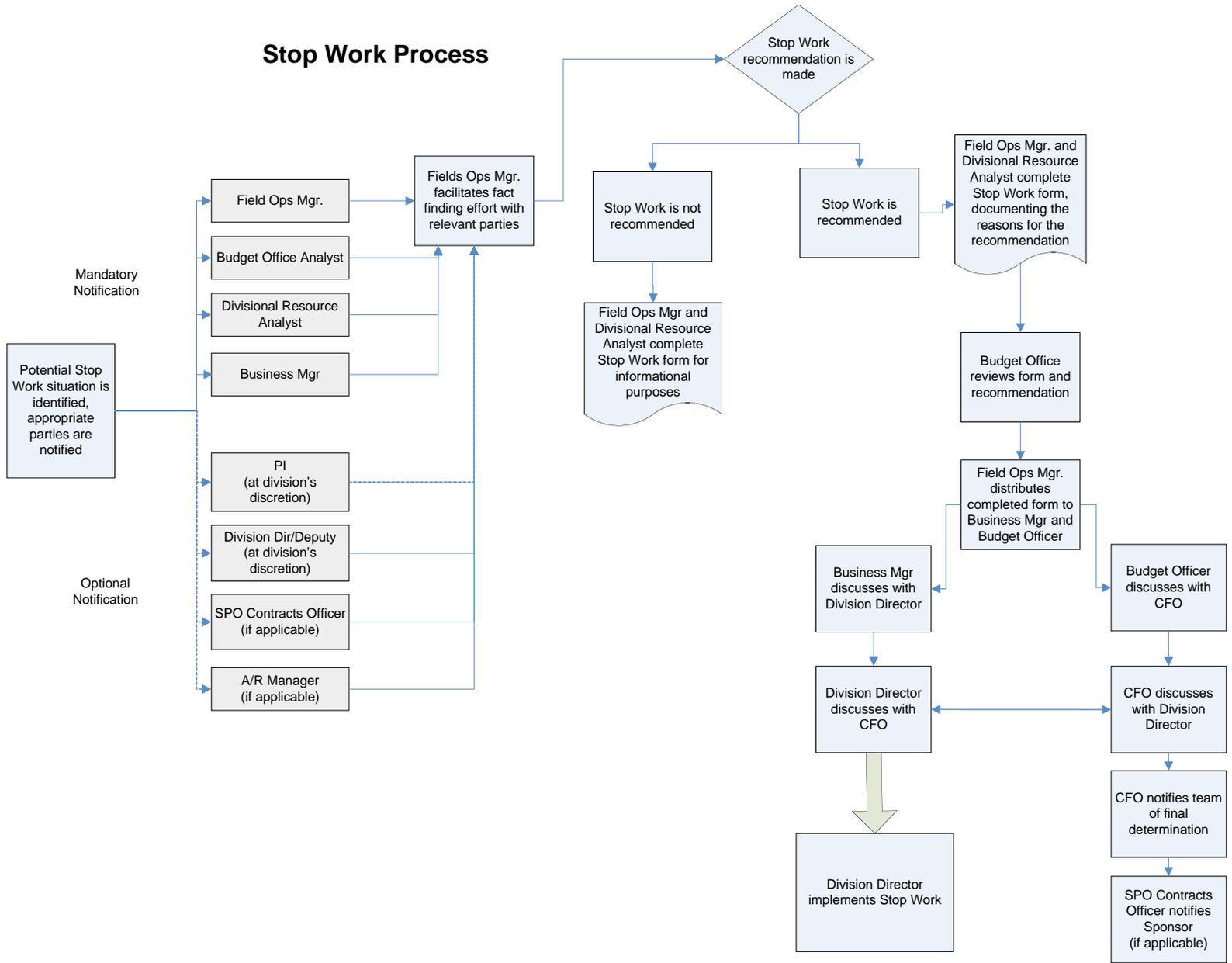
### Glossary

- **Contract Modification (MOD):** Document produced by DOE, the Contract Modification provides LBNL the Budget Authority to enter into obligations that will result in immediate or future outlays involving government funds.
- **DOE Work Authorization:** Programmatic document produced by DOE that specifies what activities in which the funds are to be used.
- **Limited appropriation funds:** Funding authority provided by Congress is designated as one year, multi year, or no year funding. This designation describes the period of time the funds are available for obligation and expenditure. One year and multi year funds expire and cannot be costed or committed after the expiration date. Funds that are available for a limited period of time are referred to as limited appropriation funds.
- **Reimbursable Work Agreement:** A written agreement to perform work or provide a service for another federal agency or non-federal customer.
- **Work for Others:** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.

### Related Documents

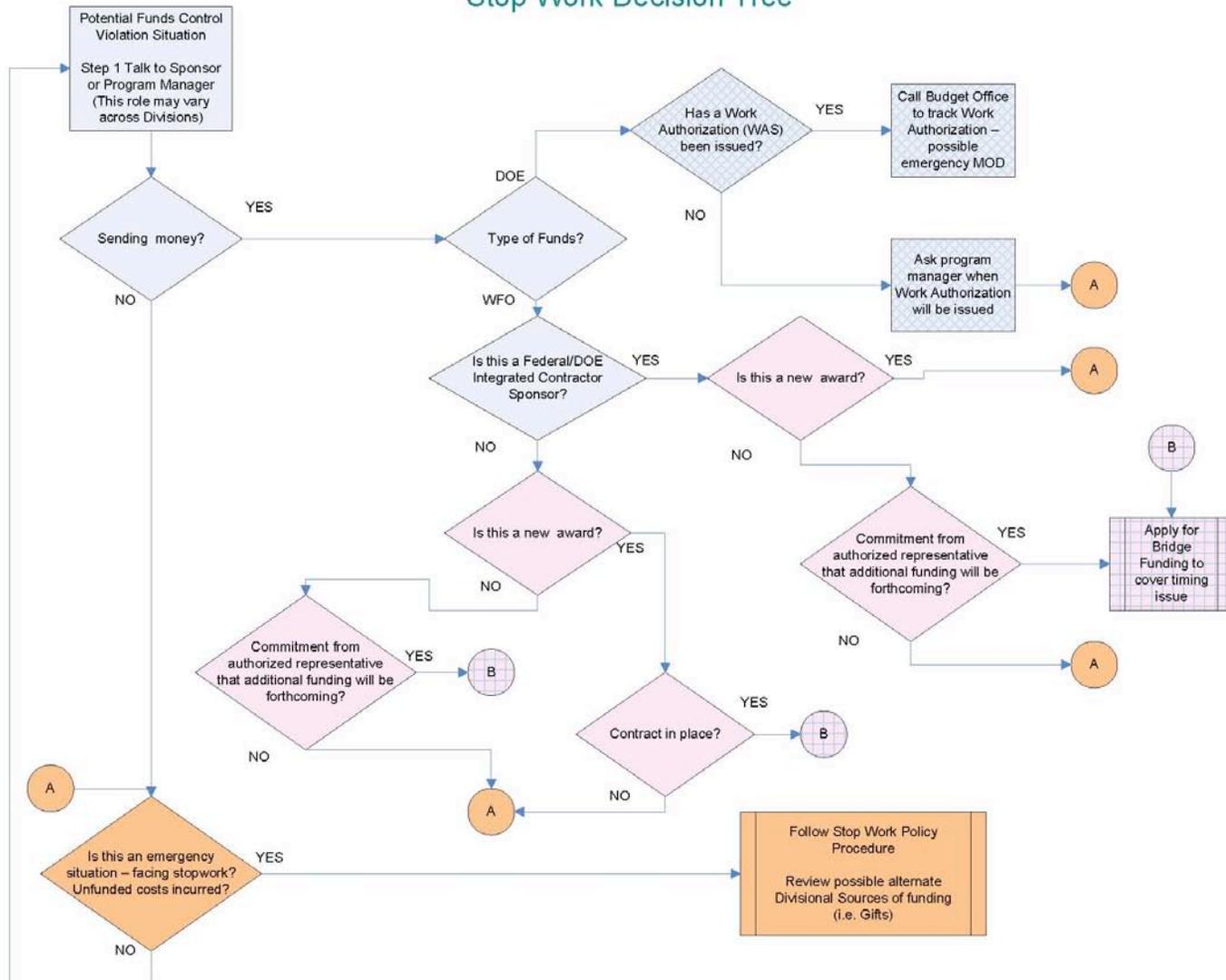
- [Organization Burden Policy](#)
- [Bridge Funding Policy](#)
- [Cost Allowability Policy](#)

# Stop Work Process



# Financial Policies and Procedures

## Stop Work Decision Tree





# Financial Management of Technology Transfer Courses

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	December 15, 2005
Revision Date:	December 15, 2005
Revision Number:	0
Scheduled review date/frequency:	December 31, 2009 (every two years)
Primary contact:	Controller

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## Policy

This policy applies to Technology Transfer Courses offered by the Laboratory. It prescribes guidelines for financial management of the project; including project setup, revenues, other financing sources, expenses, and close out activities associated with Technology Transfer Courses.

Each Technology Transfer Course will be evaluated to ensure that it is consistent with the Laboratory's mission before any costs are incurred and work is performed.

## Revenues

Technology Transfer Courses may be funded from a number of external sources including registration fees to offset costs of developing the course material and providing the course. All receipts will be deposited into the NON-DOE Bank Account.

### Other Financing Sources

In the event of a project cost over-run, funds must be provided from the sponsor's Division royalty income allocation. If the Division's royalty income allocation is insufficient to cover the cost over-run, the Division Director of the sponsoring organization will prepare a formal request to the Lab Director for obtaining institutional royalty income.

## Expenses

All course disbursements are drawn on the Non-DOE Bank Account.

### Allowable Costs

- Laboratory scientific and support staff labor required to develop, administer, and present the course.
- Recharges associated with holding the event on-site (e.g., space rental, conference services, facilities support, computer support, and others).

## **Financial Policies and Procedures Manual**

- Appropriate funds and fees may be used for but are not limited to the following:
  - Rental charges incurred for off-site meeting facilities or necessary equipment (e.g., poster boards, computers, audiovisual equipment and support).
  - Announcements, programs, proceedings, summaries, or other publications issued in connection with the meeting.
  - Expenses paid for speakers (e.g., registration fees, honoraria, travel).
  - Credit card usage fees.
  - Transportation to and from the meeting facilities or tours scheduled as part of the program and not as entertainment.
  - Modest meals and light refreshments at breaks when: (1) the meals or refreshments are an integral part of the business agenda (2); attendance is necessary for full participation in the business of the course; and (3) attendees are not free to take meals or refreshments elsewhere without being absent from essential course discussions, lectures, or speeches.

### **Unallowable Costs**

It is the course sponsor's responsibility to comply with restrictions on expenditures of funds. The course project shall incur costs consistent with the Laboratory's Cost Allowability policy without business justification and approval by Conference Services as consistent with University policy. Examples of typical costs that may not be incurred without specific authorization are:

- Alcoholic beverages.
- Entertainment, including but not limited to bands, entertainers, banquets, social events, and tours not associated with the technical purpose of the meeting.
- Decorative items, including flowers and balloons.

### **External Charges**

Invoice payments or reimbursements to off-site vendors, hotels, or facilities are made by submitting a [Request for Issuance of Check \(RFIC\) form](#) to Disbursements (Accounts Payable). Supporting documentation must be attached including the invoice or detailed paid receipt, business justification and cost analysis. Copies of the form and documentation should be retained by the course sponsor.

## **Financial Policies and Procedures Manual**

### Indirect Costs

Technology Transfer Course projects will be charged all applicable indirect costs. Costs accumulated under Technology Transfer Course projects are not included in the General and Administrative (G&A) allocation base and will not be allocated G&A expenses.

### **Procedure**

#### ***Division***

- Ensure that the course is important to the Laboratory's programs and consistent with the Laboratory's technology transfer mission.
- The sponsoring Division prepares the Course Request & Authorization form, which includes a description of purpose, objectives, and a budget of expected revenues and costs. This budget, and other course information, is sent to the Technology Transfer Department Licensing Manager for approval. After approval is received from the Technology Transfer Department, the information and approval is sent to Conference Services for final approval.
- A separate project number (or series of numbers) must be established each time a course is provided that involves the collection of funds from individuals, institutions, and/or exhibitors. All costs and revenue will be collected in this project.
- After the project is open, the Division charges costs of conducting the course to the project.
- The Division is responsible for tracking the course's income and expense, and strives to assure that costs equal revenue.
- When all conference revenues and expenses are recorded, the Division notifies Conference Services that the conference is ready for close-out.
- The Division will prepare a memo to the Technology Transfer Department Head summarizing the course. This memo should include but is not limited to: participants list, evaluation forms, discussion on highlights, benefits, and results of the course.

#### ***Conference Services***

- Works with the Divisions to formulate budget for the course.
- Reviews and approves the Course Request & Authorization form. Forwards form to General Accounting to open a Project ID beginning with "1849" in FMS. Once a Project ID is opened, prepares the registration website and forwards the website URL to the Division.

## **Financial Policies and Procedures Manual**

- Accepts and processes registration fees.
- Works with the Divisions and General Accounting to close-out the course account.

### ***Technology Transfer***

- Provide oversight of event activities to ensure that the event is important to Laboratory programs and consistent with the Laboratory's mission in technology transfer.
- Review Course Request & Authorization form and provide approval notification to Conference Services and Division via e-mail.

### ***General Accounting***

- General Accounting opens the course project ID. Prior to opening the project, General Accounting will determine whether it is the Division or Institution that will receive the major benefit from the course. The project is assigned the appropriate Department I.D. based on this determination.
- Registration fees from attendees are received and processed in FMS through the Billings & Accounts Receivable Monthly Process (BARMP) feeder.
- After the course is completed and all related invoices have been paid, General Accounting and Conference Services determines if the project is under-run (revenues > costs), or over-run (revenues < costs).
  - If a project is under-run, the residual will be credited to the Division based on the project's Department I.D. and amount. Only nominal under-runs are retained by the Divisions, large under-runs are credited to the institution's royalty income.
  - If a project is over-run, the deficit will be charged to the Division based on Department I.D. to remove the deficit. Transfers of over-runs to Divisions are subject to available funding, institutional royalty income will cover amounts in excess of what the Divisions cannot cover.
- After the final resource adjustment is made, General Accounting closes the project.

### **Authority**

- Department of Energy (DOE) Contract 31

## **Financial Policies and Procedures Manual**

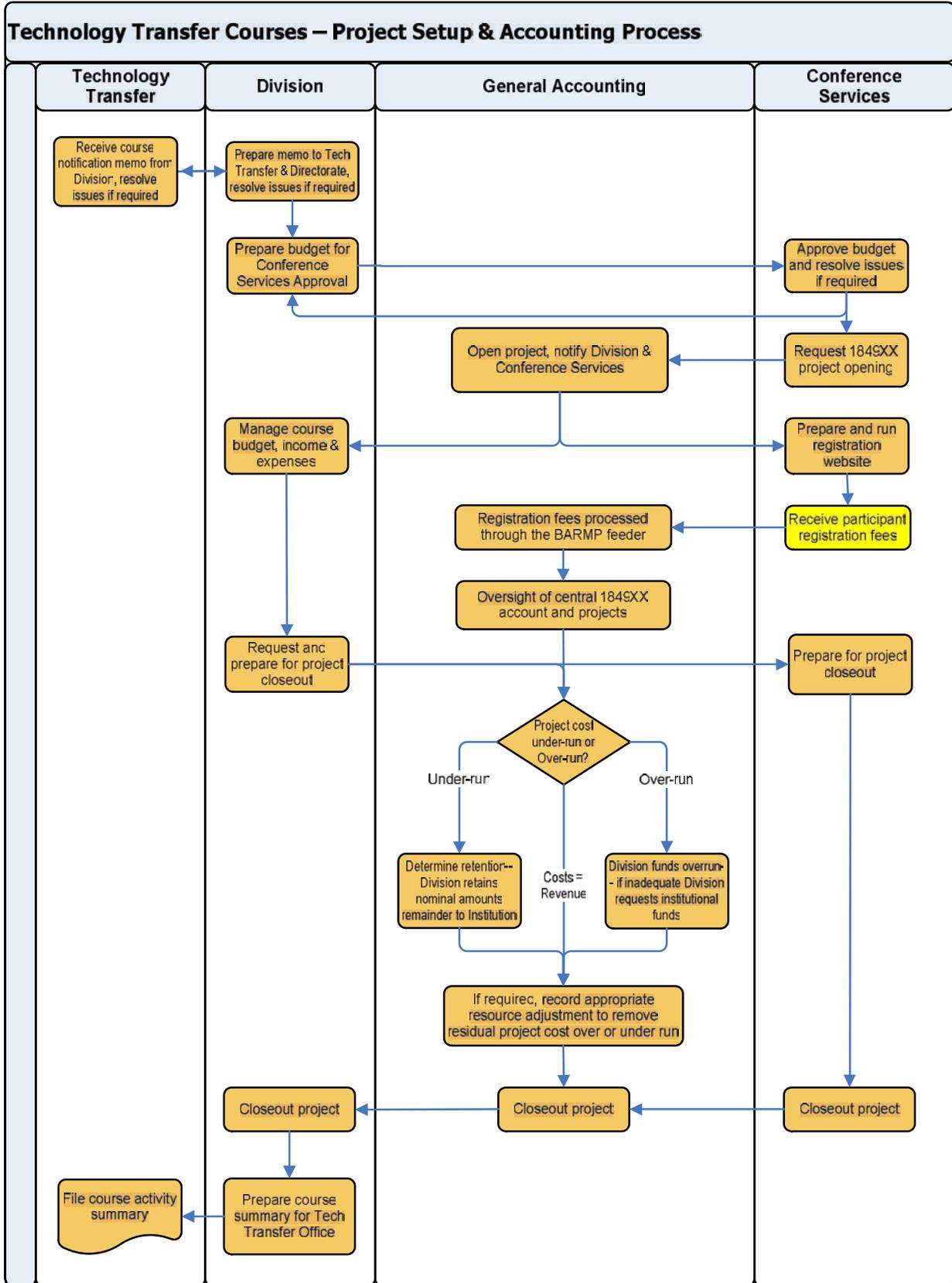
### **Contacts**

- Licensing Manager, Technology Transfer Department
- Manager, General Accounting
- Manager, Indirect Budgets
- Financial Policy & Training Office

### **Related documents**

- Cost Allowability Policy, Part I Chapter 4.11
- DEAR 970.5227-3 –Technology Transfer Mission

# Financial Policies and Procedures Manual





# WN Funding Requests

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally Issued:	January 31, 2005
Revision Date:	December 31, 2006
Revision Number:	1
Scheduled review date/frequency:	December 31, 2008 (every two years)
Primary contact:	Manager, Direct Budgets

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## Summary

LBNL receives a limited amount of WN funding authority each year for Work for Others sponsors that are precluded by law or statute from paying an advance. This policy allows the Budget Office and the Deputy Director for Operations to allocate and manage WN funds in support of the LBNL mission and in a manner consistent with Department of Energy (DOE) guidelines.

## Policy

### ***Sponsor Criteria***

B&R WN Funds Authority can be requested for the following Work for Others sponsors:

- Non-Federal entities where the sponsor is precluded by law or statute from providing an advance, primarily State and Local Governments. All requests will be reviewed and approved on a case by case basis. The sponsor must reimburse the Government for all costs incurred.
- Requests where the sponsor is a Non-Federal entity other than a State or Local Government. These must be reviewed and approved by the DOE.

### ***Approval Process and Criteria***

Any request included in the DOE Field Budget submission two years prior to be funded by the current year's funding authority level will be considered on a first come, first served basis and managed by the Budget Office.

- Because requests can often exceed the current year's funding level, requests received after the current year's ceiling has been expended may be funded by using carryover funding if available. The Deputy Director for Operations will review and approve all such requests.

Any request not included in DOE Field Budget Submission will be presented to the Deputy Director for Operations for approval. Approval will be based on funds availability and institutional needs.

## Financial Policies and Procedures Manual

- The Deputy Director for Operations has authorized the Budget Office to approve individual requests up to \$15,000, for a maximum of \$100,000 annually.
- The approval of a WN request without a signed contract expires after six months if the contract has not been signed. If this occurs, the WN request will have to be resubmitted to the Budget Office for approval.
- Requests with signed contracts have priority.

The request must include the following signatures before WN funds are released:

<b>Signor</b>	<b>Purpose of Signature</b>
Principal Investigator	Formal requestor
Division Director	Signifies divisional approval
SPO Contracts Officer	Certifies that sponsor meets the WN funding criteria and a contract has been signed or is currently under negotiations. For Non-Federal sponsors other than State and Local Governments, certifies that use of WN requires DOE approval.
Berkeley Site Office (BSO) Financial Manager (if applicable)	Certifies that sponsor meets WN funding criteria.
Budget Officer	Certifies that WN funds authority is available. For individual requests <\$15,000 not included in DOE Field Budget Submissions, for a maximum of \$100,000 annually, allocation of WN funds authority is appropriate.
Deputy Director for Operations (or designate)*	Allocation of WN funds authority is appropriate.

\* Note: the Budget Office will review each request and forward to the Deputy Director for Operations for approval as necessary.

### **Procedures**

Once it is determined/anticipated that a WFO sponsor is precluded by law or statute from providing an advance, requestors complete a WN Funding Request Form. The form must be signed by the Principal Investigator, Division Director, and SPO Contracts Officer and submitted to the Budget Office for review.

Budget Office reviews the WN Funding Request Form and informs the requestor and SPO Contracts Officer whether the request has been approved by the Budget Office, or sent to the BSO\* or the Deputy Director for Operations for approval. The requestor and SPO Contracts Officer will be informed by e-mail upon final approval. The Budget Office will notify the requestor by phone if there are any problems.

## Financial Policies and Procedures Manual

Upon project completion, the Division Resource Analyst will notify the Budget Office of unexpended funds. Unexpended funds are to be released to the Budget Office and will be utilized based on institutional needs.

\* The BSO only approves appropriateness of sponsor, not the allocation of WN Funding Authority.

### Authority

BSO (DOE Berkeley Site Office)

### Contacts

- WFO Analyst, Budget Office
- Manager, Sponsored Projects Office (SPO)
- Manager, Direct Budgets

### Glossary

- **B&R:** Budget and Reporting code.
- **BARC:** Budget and Reporting Classification.
- **BSO:** DOE Berkeley Site Office.
- **Field Budget Submission:** The DOE Annual Budget Call each spring for inclusion in the President's Budget presented to Congress. Field budget formulation takes place two years prior to the execution year.
- **WN Carryover Funding:** WN Budget Authority obligated in prior fiscal years that is not associated with a specific contract and unexpended balances from complete projects. The DOE has authorized use of carryover funds for projects that meet the WN criteria.
- **Non Federal Entity:** An entity that is not part of the Federal Government.
- **Work-For-Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.
- **WN:** Cost of Work for Others program under the Office of Management, Budget and Evaluation Assistant Secretary.

## **Financial Policies and Procedures Manual**

### **Related Documents**

- [WN Funding Request Form](#)
- [DOE BARC Report](#)
- [DOE Accounting Handbook, Chapter 13 paragraph 2g\(2\)\(f\)](#)



## Workers' Compensation

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part II - Chapter 1.01

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Title: Workers' Compensation  
Originally issued: December 31, 2004  
Effective Date: July 1, 2005  
Revision Number: 1  
Scheduled review date: December 31, 2006 (every two years)  
Primary contact: Budget Office, Indirect Budget Manager

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### Summary

The purpose of this policy is to define the procedure for expensing Workers' Compensation at the Laboratory.

### Policy

#### *Background*

The Laboratory participates in the UC Workers' Compensation Self-Insurance Program. It funds their annual portion of this program each year based on the results of an independent actuarial study. The study's objective is to estimate the funding required for a given fiscal year and recommend accrual rates for each UC location. The rates are identified as a rate per one hundred dollars of payroll. The independent actuarial study results are available around January of each calendar year and the recommended rates are applicable for the next fiscal year.

### Procedures

#### *Standard Practice*

Each month the Laboratory costs its share of the UC Workers' Compensation Self-Insurance Program to payroll burden, based on applying the independent actuarial recommended rate for a given fiscal year to the monthly payroll costs. Deficit or surplus funding amounts for Workers' Compensation are charged to payroll burden as an adjustment to the current year, or charged to payroll burden during future fiscal years, via the actuarial recommended rates.

Any additional adjustments for deficit or surplus funding amounts reported by the actuary will be based on an assessment of the impact of the deficit or surplus of the latest estimated projection of long-term average annual loss. It will not, however, exceed the amount estimated by the actuarial study.

## **Financial Policies and Procedures Manual**

### *Roles and Responsibilities*

It is the responsibility of the Budget Officer to ensure that the Workers' Compensation costs are expensed in compliance with the above Laboratory policies and procedures, and all supporting documentation is retained.

### **Authority**

- Department of Energy Prime Contract 31, Clause I.38 – FAR 52.230-2 Cost Accounting Standards (APR 1998).

### **Contacts**

- Indirect Budget Manager
- Budget Officer

### **Glossary**

- *Workers' Compensation:* Insurance (paid for by the employer) that provides cash benefits and medical care if an employee becomes disabled because of an injury or sickness related to the employee's job.



# Financial Management System (FMS) User Access Control

Lawrence Berkeley  
National Laboratory

Financial Policies and Procedures

Part I

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Originally issued:	December 17, 2007
Effective Date:	February 19, 2008
Revision Number:	1
Scheduled review date:	December 17, 2008 (every year)
Primary contact:	Manager, Business Systems Analysis

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## Summary

The Office of the CFO (OCFO) is responsible for the secure stewardship and control of the system throughout its lifecycle. The objective of this policy is to define control procedures that restrict system access to authorized Financial Management System (FMS) users, and to limit user privileges based on business need.

## Policy

The OCFO is responsible for managing FMS user access and privileges. This includes setting up user accounts as well as activating, modifying, reviewing, and disabling those accounts.

The OCFO employs this policy and a variety of security enforcement mechanisms to control user access to FMS. Consistent with RPM §9.01, Paragraph E, *Information and Computer Security Responsibilities*, these controls are established to ensure that data in FMS is sufficiently protected from unauthorized use, alteration, and manipulation, and that users, data owners and system owners take appropriate precautions to secure FMS and the data contained therein.

Division Managers and Supervisors are responsible for communicating changes in employee job responsibility and/or employment status to the Business Systems Manager. When an employee is terminated the Termination Notification System (TNS) automatically locks the user's FMS account preventing further system access.

The OCFO conducts FMS security reviews at least annually to ensure that users' access and privileges are appropriate and consistent with their current job responsibilities.

## **Procedures**

### **Roles & Responsibilities**

#### ***Business Systems Analysis Manager or Designee***

- Manages FMS user access controls consistent with this policy.
- Grants access to FMS based on manager/supervisor authorization.
- Supports system module owners in defining and documenting requirements for basic and enhanced FMS user access and privileges. Where changes are required, communicates functional requirements to Information Technology Institutional Systems (ITIS).
- At least once a year, coordinates and documents the functional review and confirmation of FMS user access and privileges assigned to users.
- Establishes the time limit for automatic application time-outs and communicates these parameters to IT.
- Manages use of anonymous accounts (see glossary).

#### ***OCFO System Module Owner***

- Working with the Manager of Business Systems Analysis or designee, defines requirements for user access and privileges. For user roles that provide enhanced FMS user access the system module owner establishes access criteria such as completion of specific skills training and appropriate job titles.
- Identifies exclusive roles requiring separation of functional duties/responsibilities. Working with the Manager of Business Systems Analysis or designee ensures that no user has access to incompatible exclusive roles.
- Reviews and approves requests for enhanced FMS user access due to changes in a user's job responsibility or organization. Verifies pre-conditions are met and that the intended system usage is appropriate.
- Submits approved system access and privilege changes via email to Business Systems Analysis Manager or designee.
- Where appropriate, manages organization-level user access to modules.
- Periodically reviews and, as necessary, requests changes to basic and enhanced system access and privileges consistent with business requirements.
- At least once a year, reviews and confirms FMS user access and privileges.

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### **Supervisors of FMS Users** (including employees and/or guests)

- Requests enhanced FMS user access via email from the System Module Owner, consistent with user job responsibilities. Ensures that access pre-conditions and criteria (such as completion of specific skills training) are completed by the new user.
- If an FMS user's job responsibility or organization changes, assesses whether a change to their FMS access is required. If so, requests an FMS access change via email from the System Module Owner.
- Requests changes to enhanced FMS access from the System Module Owner whenever changes to an FMS user's job responsibilities require modifications to their FMS access. See wiki for request access:  
<https://www.lbl.gov/wiki/bin/view/Main/SysAccess>

### **ITIS (Information Technology Institutional Systems)**

- Based on functional specifications and consistent with this policy, establishes, monitors and maintains system parameters and controls in support of the requested system access and privileges.
- Supports the annual (or more frequent) review and confirmation of assigned user access and privileges.
- Maintains the time limit for automatic application time-outs based on input from Business Systems Analysis Manager.

### **Authority**

- LBNL Regulations and Procedures Manual [Section §9.01, Computing and Communications](#).
- OCFO [Business System Ownership](#) policy

### **Contacts**

- Manager, OCFO Business Systems Analysis

### **Glossary**

- **Anonymous accounts:** Established to run background processes and/or to test and maintain system capabilities.
- **Enhanced FMS User Access:** Additional access to FMS capabilities beyond the basic access provided to all new employees and guests typically providing read/write permissions.

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- **Financial Management System (FMS):** FMS is comprised of the following components: General Ledger, Project Cost, Commitment Control Ledger, Accounts Payable, Billing, Accounts Receivable, RAPID Grants Management, eProcurement, eBuy, Funding Database, and Field Budget Submission System (FBSs). Access to all of these components is managed using a common PeopleSoft access security panel.
- **System Module Owner:** Functional manager with assigned responsibility for an FMS system component consistent with the OCFO Business System Ownership policy.
- **User:** Individual employee, guest or system process authorized to access an information system.