DOE/ORO CONTROL FORM - DOE FINAL DIRECTIVE

PART A (To be completed by the **DIRECTIVES MANAGEMENT GROUP, AD-440**):

TO: **DIRECTOR, DIVISION OF PRIMARY INTEREST**: Patricia Howse-Smith, Director, Human Resources Division, AD-44

NUMBER, TITLE, AND DATE OF DIRECTIVE: **DOE O 327.1, FURLOUGH OR REDUCTION IN FORCE IN THE SENIOR EXECUTIVE SERVICE, of 05/15/2003**

The attached directive, which is within your area of functional responsibility, is forwarded for review and necessary action. Complete Part B and forward this form to AD-440 by **06/10/2003**.

PART B (To be completed by the **DIVISION OF PRIMARY INTEREST (DPI)**):

1. **THIS DOCUMENT MAY AFFECT THE WORK PERFORMED BY THE FOLLOWING CONTRACTORS: (Check Appropriate Boxes)**

   __X__ No (all contractors)

   _____ Yes If yes, whom? ____ Bechtel Jacobs Co. ____ ORAU ____ UT-Battelle

   _____ Other contractors (list by type)

   Many ORO Contractors have approved S/RIDs or WSS sets that may affect applicability of contractor requirements from this directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

2. **IMPLEMENTATION**: Does the directive contain special implementation requirements and/or dates?
   __X__ No ____ Yes If yes, describe:

3. **SIGNIFICANT PROVISIONS** : Are there any significant changes or impact? _____ No __X__ Yes If yes, describe.

   This Order cancels DOE 3350.1, FURLOUGH IN THE SENIOR EXECUTIVE SERVICE, dated 09/13/1982, and DOE 3351.2, REDUCTION IN FORCE IN THE SENIOR EXECUTIVE SERVICE, dated 11/27/1981.

4. **OAK RIDGE OPERATIONS OFFICE DIRECTIVE**: Is a new ORO Directive or revision required? ____ Yes __X__ No
   If yes, target date for submission of Draft ORO Directive to AD-440 is _____.

5. **IDENTIFY CONTACT POINT**: Melanie Kent 576-0673
   Name Telephone

6. **APPROVED BY DIRECTOR**: *Original Signed By* Patricia Howse-Smith, Dir., AD-44 05/27/2003 576-0928
   Signature Date Telephone

7. ***DOE Directives are available on the Internet at http://www.directives.doe.gov/. Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.***

PART C (To be completed by the **DIRECTIVES MANAGEMENT GROUP** (DMG):

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original Signed By
Jennifer G. Hamilton, AD-440 05/28/2003
Name Date

INSTRUCTIONS TO ADDRESSEES: **THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.**
(Revised 01/10/2003)

NNSA/YSO DIRECTIVES CONTROL FORM – FINAL DIRECTIVE

PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DIRECTIVE NUMBER, TITLE, AND DATE:

DOE O 327.1, FURLOUGH OR REDUCTION IN FORCE IN THE SENIOR EXECUTIVE SERVICE, dated 05/15/2003

PURPOSE OF TRANSMITTAL: ___X___ New Directive _____ Revised Directive

DOES THIS DIRECTIVE CANCEL/REPLACE OR EXTEND ANY OTHER DIRECTIVES? ___X___ Yes _____ No
If "Yes," list what action (cancel/replace or extend) and list the directive(s), including the number(s), title(s), and date(s):

This Order cancels DOE 3350.1, FURLOUGH IN THE SENIOR EXECUTIVE SERVICE, dated 09/13/1982, and DOE 3351.2, REDUCTION IN FORCE IN THE SENIOR EXECUTIVE SERVICE, dated 11/27/1981.

The attached directive is forwarded for review and action. Complete Part B and forward this form to ORO DMG, AD-440, by **06/12/2003**.

PART B (To be completed by the NNSA Y-12 SITE OFFICE, Y12-01):

CONTRACTOR APPLICABILITY:

Does this directive affect the work performed by BWXT Y-12, L.L.C.? _____ Yes ___X___ No

Does this directive affect the work performed by BWXT Y-12, L.L.C., subcontractors? _____ Yes ___X___ No
If "Yes," list the subcontractors:

Many contractors have approved S/RIDs or WSS sets that may affect applicability of contractor requirements from this directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

SIGNIFICANT PROVISIONS: Are there any significant changes or impact? _____ Yes ___X___ No
List summary of directive changes and, **if "Yes"** above, describe the significant changes or impact:

IMPLEMENTATION: Does the directive contain special implementation requirements and/or dates? _____ Yes ___X___ No
If "Yes," describe:

FOR DOE DIRECTIVE – SUPPLEMENTAL DIRECTIVE REQUIRED?
Is a new or revised supplemental directive required? _____ Yes ___X___ No
If "Yes," target date for submission of draft supplemental directive is _____.

IDENTIFY CONTACT POINT: Samuel L. Gaines — 576-0401
Name — Telephone

APPROVED BY COR FOR DIRECTIVES: *Original Signed By* Diane McCarten, COR for Dir. — 08/21/2003 — 576-9330
Signature — Date — Telephone

PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DOE Directives are available on the DOE Directives, Regulations, Policies, and Standards Portal at http://www.directives.doe.gov/.
ORO Directives are available on the ORO Directives Management Group Home Page at http://www.ornl.gov/doe_oro_dmg/oro_dir.htm.
Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original Signed By
Wayne H. Albaugh, AD-440 — 08/22/2003
Name — Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.

(Revised 01/10/2003)