

Lawrence Berkeley National Laboratory

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Regulations and Procedures Manual

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RPM

Regulations and Procedures Manual

Approved by:

James T. Krupnick

Chief Operating Officer

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RPM

Regulations and Procedures Manual

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Foreword

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

RPM 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 LBNL organization 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 organization is responsible for a policy, please contact [Requirements Manager Lydia Young](#) or the [RPM Editor](#).

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Definition of Terms in the RPM

Rev. 1/11

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 Office of Science Berkeley Site Office or his/her 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. Exempt employees are defined as employees who, based on their duties performed and manner of compensation, shall be exempt from the minimum-wage and overtime provisions of the Fair Labor Standards Act (FLSA). Because of hourly pay practices, an employee appointed to work a variable-time schedule in an exempt title shall be treated as a non-exempt employee subject to FLSA minimum-wage and overtime provisions.

Exempt employees shall be paid an established monthly or annual salary and are expected to fulfill the duties of their positions regardless of hours worked. Exempt employees are not eligible to receive overtime compensation or compensatory time off, and are not required to adhere to strict time, record keeping, and attendance rules for pay purposes. Exempt titles

are identified in title and pay plans.

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


Non-Exempt Employees. Non-exempt employees are defined as employees who, based on duties performed and manner of compensation, shall be subject to all minimum-wage and overtime provisions of the Fair Labor Standards Act (FLSA). Because of hourly pay practices, an employee appointed to work a variable-time schedule in an exempt job classification shall be treated as a non-exempt employee subject to FLSA minimum-wage and overtime provisions.

Non-exempt employees shall be required to account for time worked on an hourly and fractional-hourly basis and are to be compensated for qualified overtime hours at the premium rate (one and one-half times the regular hourly rate). Non-exempt titles are identified in title and pay plans.

Represented Employees. Employees in job classifications represented by an agreement negotiated with a union and not excluded as managerial, supervisory, or confidential employees (see [respective labor agreements for terms and conditions of employment](#)).

Supervisory Employees. Individuals who, regardless of their job descriptions or titles, directly supervise two or more employees, and (1) have authority in the interest of the employer to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees; or (2) have 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\(B\)\(3\) \(Definitions\)](#).

Non-Employees

 **Visitors.** Individuals who are visiting the Laboratory for typically one week or less and are not engaged in Laboratory research or use of Laboratory facilities. Examples of visitors are:

- Meeting attendees or speakers
- Participants in scientific discussions
- Tour groups
- Interviewees

Also see [RPM §1.06\(A\)\(2\) \(Casual Visitors\)](#), [RPM §11.08 \(Travel and Expense Policy\)](#), and the [Financial Policies and Procedures Manual](#) for specific information on [Honoraria](#) and [Non-Employee Stipends](#).

Affiliates (formally known as "guests"). Non-Laboratory employees engaged in on-site Laboratory activities. Affiliates are subject to training in safety and other subjects. They are

also issued an LBNL identification badge. Affiliates may receive system accounts, research access to facilities, and a per diem allowance for housing and living expenses. Examples of affiliates are:

- Facility users
- Scientific collaborators
- Students

Also see the [Financial Policies and Procedures Manual](#) for specific information on [Honoraria](#) and [Non-Employee Stipends](#). 

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 RPM


RPM Structure

The RPM is composed of chapters, and each chapter consists of sections. For example, RPM Section 1.12 (*Laboratory Site Access*) is part of RPM Chapter 1 (*General Administration and Services*). 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

RPM Changes

The RPM Web site 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 about updating an RPM section or comments about the RPM Web site, contact:

Theresa Duque

RPM Editor

Creative Services Office

E-mail: rpm@lbl.gov

Phone: (510)486-2418

Lydia Young

Requirements Manager

Office of Contract Assurance

E-mail: LJYoung@lbl.gov

Phone: (510)486-6356

IT Help Requests

For technical questions (e.g., troubleshooting your Web browser), contact the IT Help Desk at 510-486-4357 (ext. HELP), or go [here](#) to submit a help request.

Searching the 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.

Printing from the Web

Before you print from your Web 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.

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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.

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 RPM Hold page .		
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 RPM Hold page .		
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 Proposed Policy page .		
	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 RPM Web document .		
	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 RPM Web document .		
	5. Documented change in the RPM Update Log.		

Managers Responsible for RPM Sections

Section	Section Title	Position Title	Approver
§1.01	Manuals, Handbooks, and Similar Publications	Chief Information Officer	Rosio Alvarez
§1.02	Administrative Announcements and Directories [section deleted 09/07]	Chief Information Officer	Rosio Alvarez
§1.03	Plant Construction, Maintenance, and Service	Facilities Division Director	Jennifer Ridgeway
§1.04	Operation and Parking of Motor Vehicles and Bicycles	Manager, Security & Emergency Operations	Dan Lunsford
§1.05	Use of Official Vehicles	Facilities Division Director	Jennifer Ridgeway
§1.06	Laboratory Site Access	Manager, Security & Emergency Operations	Dan Lunsford
§1.07	Laboratory-Hosted (Funded) Meetings [Moved to §11.01 on 4/12/07]	Operations Manager, Office of the Chief Financial Officer	Anil Moré
§1.08	Laboratory-Hosted (Funded) Conferences [Moved to §11.02 on 4/12/07]	Operations Manager, Office of the	Anil Moré

		Chief Financial Officer	
§1.09	Open Meetings [Section deleted 06/08]	Chief Human Resources Officer	Vera Potapenko
§1.10	Conference Rooms	Facilities Division Director	Jennifer Ridgeway
§1.11	Notary Public Service [Section deleted 03/08]	Chief Human Resources Officer	Vera Potapenko
§1.12	Health Services	Environment, Health, and Safety Division Director	Doug Fleming
§1.13	Food Services	Facilities Division Director	Jennifer Ridgeway
§1.14	Credit Unions [Section deleted 03/08]	Chief Human Resources Officer	Vera Potapenko
§1.15	Employee Activities Association [Section deleted 06/08]	Chief Human Resources Officer	Vera Potapenko
§1.16	Campus Facilities [Section deleted 03/08]	Chief Human Resources Officer	Vera Potapenko
§1.17	Archives and Records Management	Chief Information Officer	Rosio Alvarez
§1.18	Solicitation and Acceptance of Gifts	Office of Sponsored Projects and	Jeffrey Weiner

		Industry Partnerships Manager	
§1.19	Use of Laboratory Mail System	Facilities Division Director	Jennifer Ridgeway
§1.20	Space Management	Chief Operating Officer	James Krupnick
§1.21	Berkeley Lab Stationery and Logos	Public Affairs Department Head	Jeff Miller
§1.22	Forms Management [section deleted 09/07]	Chief Information Officer	Rosio Alvarez
§1.23	Organizational Membership	Chief Operating Officer	James Krupnick
§1.24	Metric Usage	Chief Operating Officer	James Krupnick
§1.25	Institutional Committees	Deputy Chief Operating Officer	Rebecca Rishell
§1.26	Financial Business [Moved to §11.03 on 4/12/07]	Chief Financial Officer	Jeffrey Fernandez
§1.27	Unified Project Call Process	Facilities Division Director	Jennifer Ridgeway
§2.01	Hiring Policies and Procedures	Chief Human Resources Officer	Vera Potapenko
§2.02	Transfer, Promotion, and Other Changes in Status [Moved to §2.01(C)(1) and §2.06 in 12/08]	Chief Human Resources	Vera Potapenko

		Officer	
§2.03	Employee Evaluations	Chief Human Resources Officer	Vera Potapenko
§2.04	Education and Employee Development	Chief Human Resources Officer	Vera Potapenko
§2.05(A)	Employee Relations/Areas of Responsibility	Chief Human Resources Officer	Vera Potapenko
§2.05(B)	Employee Relations/Early Problem Resolution	Chief Human Resources Officer	Vera Potapenko
§2.05(C)	Employee Relations/Corrective Action and Dismissal	Chief Human Resources Officer	Vera Potapenko
§2.05(D)	Employee Relations/Employee Complaint Resolution	Chief Human Resources Officer	Vera Potapenko
§2.05(E)	Employee Relations/University of California Procedures for Responding to Reports of Sexual Harassment	Chief Human Resources Officer	Vera Potapenko
§2.05(F)	Employee Relations/Violence in the Workplace	Chief Human Resources Officer	Vera Potapenko
§2.05(G)	Employee Relations/Employee Assistance Program	Chief Human Resources Officer	Vera Potapenko
§2.05(H)	Employee Relations/Reasonable Accommodation [Note: This section has been moved to §2.01(B)(4) .]	Chief Human Resources Officer	Vera Potapenko
§2.05(I)	Employee Relations/Integrity in Research	Research and Institutional Integrity	Meredith Montgomery

		Manager	
§2.05(J)	Employee Relations/Reporting and Investigating Allegations of Suspected Improper Governmental Activities (Whistleblower Policy)	Research and Institutional Integrity Manager	Meredith Montgomery
§2.05(K)	Employee Relations/Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints (Whistleblower Protection Policy)	Research and Institutional Integrity Manager	Meredith Montgomery
§2.05(L)	Employee Relations/Unauthorized Absences and Job Abandonment	Chief Human Resources Officer	Vera Potapenko
§2.06	Compensation Program	Chief Human Resources Officer	Vera Potapenko
§2.07	Professional Research Staff	Chief Human Resources Officer	Vera Potapenko
§2.08	Vacation Leave	Chief Human Resources Officer	Vera Potapenko
§2.09	Sick Leave	Chief Human Resources Officer	Vera Potapenko
§2.10	Holidays	Chief Human Resources Officer	Vera Potapenko
§2.11	Miscellaneous Leave With Pay	Chief Human Resources Officer	Vera Potapenko
§2.12	Leave of Absence Without Pay	Chief Human Resources Officer	Vera Potapenko

§2.13	Family Care and Medical Leave	Chief Human Resources Officer	Vera Potapenko
§2.14	Military Leave	Chief Human Resources Officer	Vera Potapenko
§2.15	Workers' Compensation Insurance	Environment, Health, and Safety Division Director	Doug Fleming
§2.16	Group Insurance and Retirement Plans [Section deleted 4/1/08]	Chief Human Resources Officer	Vera Potapenko
§2.17	Employee Records	Chief Human Resources Officer	Vera Potapenko
§2.18	Regulations Implementing University of California Policies Applying to Campus Activities, Organizations, and Students	Chief Human Resources Officer	Vera Potapenko
§2.19	Rules and Regulations on Relations with Employee Organizations	Chief Human Resources Officer	Vera Potapenko
§2.20	Outside Employment and Business Activities [Moved to §10.02 in 08/06]		
§2.21	Terminations	Chief Human Resources Officer	Vera Potapenko
§2.22	Severance Payments [Moved to §2.06(C)(4) in 12/08]	Chief Human Resources Officer	Vera Potapenko
§2.23	Miscellaneous	Chief Human Resources Officer	Vera Potapenko

§2.24	Consultants to Lawrence Berkeley National Laboratory [Moved to §11.04 on 4/12/07]	Procurement and Property Manager	Derrol Hammer
§2.25	Honoraria and Stipends for Laboratory Guests [Honoraria moved to §11.29, and Stipends for Laboratory Guests to §11.33 on 4/12/07]	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§2.26	Catastrophic Leave Sharing	Chief Human Resources Officer	Vera Potapenko
§2.27	Upper Laboratory Management	Chief Human Resources Officer	Vera Potapenko
§2.28	Postdoctoral Fellows	Chief Human Resources Officer	Vera Potapenko
§2.29	Work Deferment Policy	Chief Human Resources Officer	Vera Potapenko
§3.01	Definitions [moved to ""Definition of Terms in the RPM" and §2.06 in 12/08]	Chief Human Resources Officer	Vera Potapenko
§3.02	Time Reporting [Moved to §11.05 in 04/07]	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§3.03	Overtime	Chief Human Resources Officer	Vera Potapenko
§3.04	Special Pay Provisions [Moved to §2.06 in 12/08]	Chief Human Resources Officer	Vera Potapenko
§3.05	Pay Periods, Computations, and Deductions [Moved to §11.06 on 4/12/07]	Controller, Office of the	Rachelle Jeppson

		Chief Financial Officer	
§3.06	Paydays and Check Distributions [Moved to §11.07 on 4/12/07]	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§4.01	Relocation Policy	Chief Human Resources Officer	Vera Potapenko
§4.02	Relocation [section moved to §4.01 on 5/16/08]	Chief Human Resources Officer	Vera Potapenko
§4.03	Shipment of Household Goods [section deleted on 5/16/08]	Chief Human Resources Officer	Vera Potapenko
§5.01	Public Information and External Relations	Public Affairs Department Head	Jeff Miller
§5.02	Scientific and Technical Publications	Chief Information Officer	Rosio Alvarez
§5.03	Patents	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
§5.04	Printing	Public Affairs Department Head	Jeff Miller
§5.05	Licensing Income Distribution	Technology Transfer and Intellectual Property	Cheryl Fragiadakis

		Management Department Head	
§5.06	Proprietary Information from External Sources	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
§5.07	Disclosure of Laboratory Proprietary Information	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
§5.08	Document Management and Control	Chief Information Officer	Rosio Alvarez
§6.01	Obtaining Goods and Services [Moved to §11.38 on 4/12/07]	Procurement and Property Manager	Derrol Hammer
§6.02	Use of Laboratory Property and Supplies [Moved to §11.39 on 4/12/07]	Property Manager	John Morgan
§6.03	Property Management [Moved to §11.40 on 4/12/07]	Property Manager	John Morgan
§7.01	Environment, Safety, and Health	Environment, Health, and Safety Division Director	Doug Fleming
§8.01	Quality Assurance	Assurance and Quality Program Manager	Melanie Gravois

§8.02	Business Continuity Policy	Director of the Office of Institutional Assurance	Howard Hatayama
§9.01	Computing and Communications	Chief Information Officer	Rosio Alvarez
§9.02	Operational Procedures for Computing and Communications	Chief Information Officer	Rosio Alvarez
§10.01	Conflict of Interest — General	Research and Institutional Integrity Manager	Meredith Montgomery
§10.02	Outside Employment and Employee Business Activities	Research and Institutional Integrity Manager	Meredith Montgomery
§10.03	Self-Disqualification and Conflict of Interest for Designated Officials	Research and Institutional Integrity Manager	Meredith Montgomery
§10.04	Employment of Near Relatives and Domestic Partners	Chief Human Resources Officer	Vera Potapenko
§10.05	General Research Related Conflict of Interest	Research and Institutional Integrity Manager	Meredith Montgomery
§10.06	Federal Financial Disclosure	Research and Institutional Integrity Manager	Meredith Montgomery
§10.07	State of California Financial Disclosure	Research and Institutional	Meredith Montgomery

		Integrity Manager	
<u>§10.08</u>	Technology Transfer/Cooperative Research and Development Agreement (CRADA)	Research and Institutional Integrity Manager	Meredith Montgomery
<u>§10.09</u>	Human Subjects Conflict of Interest	Lead Compliance Specialist, HARC	Chris Byrne
<u>§10.10</u>	Disclosure of Laboratory Proprietary Information	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<u>§10.11</u>	Disclosure of Financial Interests Relating to Licensing	Technology Transfer and Intellectual Property Management Department Head	Cheryl Fragiadakis
<u>§10.12</u>	Acceptance of Gifts or Favors	Research and Institutional Integrity Manager	Meredith Montgomery
<u>§10.13</u>	Contacts with State and Federal Officials	Research and Institutional Integrity Manager	Meredith Montgomery
<u>§10.14</u>	Privileged Information	Research and Institutional Integrity Manager	Meredith Montgomery

<u>§11.01</u>	Laboratory-Hosted (Funded) Meetings	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<u>§11.02</u>	Laboratory-Hosted (Funded) Conferences	Operations Manager, Office of the Chief Financial Officer	Anil Moré
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<u>§11.05</u>	Time Reporting	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.06</u>	Pay Periods, Computations, and Deductions	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.07</u>	Paydays and Check Distributions	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.08</u>	Travel Policy	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.09</u>	Nonstandard Financial Billing and Payment Terms for Work for Others	Controller, Office of the Chief Financial	Rachelle Jeppson

		Officer	
§11.10	Laboratory Food Service (Meals and/or Refreshments)	Operations Manager, Office of the Chief Financial Officer	Anil Moré
§11.11	Financial Management Roles and Responsibilities	Manager, Field Operations	Doug Goodman
§11.12	Account Reconciliations	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.13	Accounting for Excess Stores Inventory	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.14	Accrued Liabilities	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.15	Advance Payment Requirement for Non-Federal Work for Others (WFO) Sponsors	Field Operations Manager, Office of the Chief Financial Officer	Doug Goodman
§11.16	ARRA Project Closeout	Acting Budget Officer, Office of the Chief Financial Officer	Anne Moore
§11.17	Allowance for Loss on Stores Inventory	Controller, Office of the Chief Financial Officer	Rachelle Jeppson

<u>§11.18</u>	Audit Resolution and Follow-Up	Operations Manager, Office of the Chief Financial Officer	Anil Moré
<u>§11.19</u>	Bridge Funding	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
<u>§11.20</u>	Capital Equipment Fabrications	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.21</u>	Compensation above Salary Limits for WFO Agreements	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.22</u>	Construction Work in Progress (CWIP) Policy	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.23</u>	Cost Allowability	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.24</u>	Financial Certifications by Laboratory Officials for Select Work for Others Award Documents	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.25</u>	Financial Management of Contractor Supporting Research (CSR) Program	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
<u>§11.26</u>	Financial Management of Monetary Gifts	Controller, Office of the	Rachelle Jeppson

		Chief Financial Officer	
§11.27	Financial Systems Data Field Changes	Operations Manager, Office of the Chief Financial Officer	Anil Moré
§11.28	G&A Expenses	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.29	Honoraria	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.30	Invoice Cancellation	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.31	Invoice Certifications	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.32	Miscellaneous Invoice Requests	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.33	Stipends for Non-Employees	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.34	Office of Homeland Security Charge	Budget Officer, Office of the Chief Financial	Minh Agon Huebner

		Officer	
§11.35	Organization Burden	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.36	Business System Ownership	Operations Manager, Office of the Chief Financial Officer	Anil Moré
§11.37	Write Off Accounts Receivable	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.38	Obtaining Goods and Services	Procurement and Property Manager	Derrol Hammer
§11.39	Personal Property Management	Property Manager	John Morgan
§11.40	Section removed on 7/22/2011		
§11.41	Recharges	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.42	Resource Adjustments	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.43	Signature Authority for Financial Transactions	Controller, Office of the Chief Financial Officer	Rachelle Jeppson

§11.44	Office of Sponsored Projects and Industry Partnerships (SPIP)	Office of Sponsored Projects and Industry Partnerships Manager	Jeffrey Weiner
§11.45	Stop Work Process for Funds Control Compliance	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.46	Technology Transfer Courses	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.47	WN Funding Requests	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.48	Workers' Compensation	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.49	FMS User Access Control	Operations Manager, Office of the Chief Financial Officer	Anil Moré

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§11.44	Office of Sponsored Projects and Industry Partnerships (SPIP)	Office of Sponsored Projects and Industry Partnerships Manager	Jeffrey Weiner
§11.45	Stop Work Process for Funds Control Compliance	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.46	Technology Transfer Courses	Controller, Office of the Chief Financial Officer	Rachelle Jeppson
§11.47	WN Funding Requests	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.48	Workers' Compensation	Budget Officer, Office of the Chief Financial Officer	Minh Agon Huebner
§11.49	FMS User Access Control	Operations Manager, Office of the Chief Financial Officer	Anil Moré

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RPM Update Log for 2011

The table below lists changes and additions made to the Web version of the RPM in 2011.

Changes made to the RPM before January 1, 2011, can be found in the [RPM Archive Log](#).

Section/ Paragraph No.	Section/ Paragraph Name(s)	Change	Revision Date
	Definition of Terms in the RPM	Employment-related terms revised. Non-employee terms revised: "affiliate" replaced "guest," and "visitor" revised to reflect current policies	1/3/11
1.01	Manuals, Handbooks, and Similar Publications	Revised throughout to reflect current publications, including the deletion of Paragraph J (<i>Laboratory Environment, Safety, and Health Self-Assessment</i>)	5/20/11
1.04	Operation and Parking of Motor Vehicles and Bicycles	Revised to reflect current policy	7/22/11
1.06	Laboratory Site Access	Revised to reflect current policy	7/22/11
1.12	Health Services	Revised to reflect current policy	7/22/11
1.13	Food Services	Revised to reflect current policy and update links	6/14/11
1.18(A)	Solicitation and Acceptance of Gifts / General Policy	Updated links for "DOE-approved implementation plan for Contractor-funded R&D"	4/6/11
1.19	Use of Laboratory Mail System	Revised to reflect current policy, deleted reference to USPS mailbox located in the cafeteria parking lot	6/14/11
1.21	Berkeley Lab Stationery and Logos	Revised throughout to reflect current policy	7/7/11
2.01(E)(5)	Employment / Recruitment and Selection / Employment	Minor revision, rewrite for wiki	6/30/11

	of Minors or Near Relatives, Including Domestic Partners		
2.01(E)(6)	Employment / Recruitment and Selection / Terms and Conditions of Employment	New section added due to a major revision following a 30-day-comment review period. Terms and Conditions of Employment Policy replaces the Recruitment and Selection/Appointment Conditions Policy.	6/14/11
2.01(E)(6)	Employment / Recruitment and Selection / Terms and Conditions of Employment	Technical/minor change to Section D(1) (<i>Policy Statement/Eligibility for Employment</i>)	6/20/11
2.01(E)(7)(d)	Employment / Recruitment and Selection / Links to Additional Information and Resources for Recruitment and Selection / Patent Policy	Technical/minor change, Section 2.01(E)(7)(d) deleted	6/20/11
2.01(F)(4)(b)	Employment / Types of Appointments / Term / Appointment	Technical change made to reflect current policy	1/28/11
2.01(F)(8)	Employment / Types of Appointments / Student Assistant Employee Classification	Student Assistant policy renamed Student Assistant Employee Classification policy; section revised and reformatted	6/20/11
2.01(F)(8)	Employment / Types of Appointments / Student Assistant Employee Classification	Minor change made to update references to the Employment of Minors or Near Relatives, Including Domestic Partners policy	7/6/11
2.05(G)	Employee Assistance Program	Section removed because it does not describe a policy	6/6/11
2.05(J)	Reporting and Investigating Allegations of Suspected Improper Governmental Activities ("Whistleblower" Policy)	Links updated and reference to Chapter 3 deleted	6/1/11
2.05(K)	Protection of Whistleblowers from Retaliation and Guidelines for Reviewing	Links updated and reference to Chapter 3 deleted	6/1/11

	Retaliation Complaints (Whistleblower Protection Policy)		
2.06(C)(4)	University Death Benefits for Employees	Link added to 2.21(H) (<i>Termination by Death</i>)	1/3/11
2.07(B)(1)(b)	Professional Research Staff/Laboratory and Division Staff Committees/Laboratory Staff Committee/Membership of the Laboratory Staff Committee	Technical change to reflect current policy that the Computational Research Division and NERSC have a Laboratory Staff Committee member each	7/5/11
2.07(C)(2)(c)	Types of Professional Research Staff Positions / Research Scientist/Engineer (Career-Track) / Appointment and Promotion	Technical change made to reflect current policy	1/28/11
2.07(C)(4)(c)	Types of Professional Research Staff Positions / Staff Scientist/Engineer (Career-Track) / Appointment and Promotion	Technical change made to reflect current policy	1/28/11
2.07(C)(6)(a)	Types of Professional Research Staff Positions / Divisional Fellow (Career- Track) / Description and Qualifications	Technical change made to reflect current policy	1/28/11
2.08	Vacation Leave	Revised policy in effect	4/7/11
2.10	Holiday	Reformatted policy and clarified policy language (technical change)	5/6/11
2.15	Workers' Compensation Insurance	Revised to reflect current policy	7/7/11
2.21(H)	Termination by Death	Link to 2.23(B) changed to 2.06(C)(4)	1/3/11

2.23(A)-(B), (D)-(I)	University Death Benefits for Employees	Paragraphs deleted	1/3/11
2.23(J)	Nonsmoking Policy	Moved to new RPM Section 2.30 (<i>Nonsmoking</i>)	3/3/11
2.28(G)	Postdoctoral Fellows / Terms of Service	Technical change made to reflect current policy	2/1/11
2.30	Nonsmoking	New RPM section. Moved Nonsmoking Policy from 2.23(J) (<i>Miscellaneous / Nonsmoking Policy</i>) to 2.30 (<i>Nonsmoking</i>)	3/3/11
5.01	Public Information and External Relations	Revised to reflect current policy	7/22/11
5.02	Scientific and Technical Publications	Revised to reflect current policy	3/7/11
5.04	Printing	Revised to reflect current policy	7/7/11
7.01	Environment, Safety & Health (ES&H)	Revised to reflect current policy	7/22/11
8.01	Quality Assurance	Revised to reflect current policy	6/1/11
10.04	Employment of Near Relatives and Domestic Partners	Section removed, because the current version of this policy is in Section 2.01 (<i>Employment</i>)	5/17/11
10.06(B)	Federal Financial Disclosure / Process	Added link to RPM Section 10.09 (<i>Human Subjects Conflict of Interest</i>)	3/1/11
Chapter 11 Table of Contents	Office of the Chief Financial Officer (OCFO) Policies	Title of Section 11.33 revised from "Non-Employee Stipends" to "Stipends for Non-Employees" for consistency	1/11/11
Chapter 11 Table of Contents	Office of the Chief Financial Officer (OCFO) Policies	Link to OCFO PDF of RPM 11.16 (<i>Allowance for Doubtful Accounts</i>) deleted from RPM Chapter 11 Table of	3/21/11

		Contents	
11.04	Consultants to Lawrence Berkeley National Laboratory	Revised to update links	6/14/11
11.04(D)	Consultants to Lawrence Berkeley National Laboratory / Procedures for Securing Consulting Services	Revised to reflect current dollar thresholds	3/4/11
11.16	ALARA Project Closeout	New policy	5/25/11
11.38(C)(13)	Obtaining Goods and Services / Procurement Process / Noncompetitive Actions	Revised to reflect current dollar thresholds	3/7/11
11.38	Obtaining Goods and Services	Revised to reflect current policy.	6/14/11
11.39	Personal Property Management	Section formerly called "Use of Laboratory Property and Supplies," renamed "Personal Property Management." Section 11.39 and 11.40 combined into one policy	7/22/11
11.40	Personal Property Management	Section moved to 11.39	7/22/11

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Policy Notices

The content of these memos either will be or is reflected in an official Berkeley Lab policy document such as the [Regulations and Procedures Manual \(RPM\)](#) or [PUB-3000](#), the Lab's Health and Safety Manual. See Policy and Procedure Memos [Archive](#) for previous years.

[Proposed Policies for Review](#)

2010-11

	Policy Type	Policy Title	Date Posted
<i>1st Qtr (October 1–December 31)</i>			
1	Reminder	Veterans' Day Holiday Option	10/26/10
2	Reminder	Holiday Schedule	11/1/10
3	Proposed	Worker Substance Abuse Policy	11/11/10
4	Proposed	Vacation Policy	11/24/10
<i>2nd Qtr (January 1–March 31)</i>			
5	Reminder	Non-Discrimination and Affirmative Action Policy	1/10/11
6	Reminder	UC Sexual Harassment Policy Applies to Lab	1/24/11
7	Reminder	LBNL Veterans and Individuals With a Disability: Invitation to Self-Identify	3/8/11
8	Reminder	Cesar Chavez Policy Reminder	3/11/11
<i>3rd Qtr (April 1–June 30)</i>			
9	Proposed	Terms and Conditions of Employment	4/1/11
10	New	Vacation Policy	4/7/11
11	Reminder	LBNL Veterans and Individuals with a Disability: Invitation to Self-Identify	6/3/11
12	New	Terms and Conditions of Employment	6/14/11
<i>4th Qtr (July 1–September 30)</i>			
TBD			

NOTE: All policy reminders, changes, and proposed changes are published in the Berkeley Lab online newsletter, [Today at Berkeley Lab](#)

[RPM](#) || [Berkeley Lab](#)

Berkeley Lab Proposed Policies

A new Laboratory policy affecting the terms and conditions of employment that has been proposed appears below:

- Workplace Substance Abuse Policy

[Section 2.02](#) [formally 2.23(C)]

[30-day notice posted in *Today at Berkeley Lab* on November 11, 2010](#)

[Policy and Procedure Notifications](#) || [RPM](#) || [Berkeley Lab](#)

Questions and Comments

If you have questions or comments on the policies and procedures published in the RPM, contact:

- The [Responsible Manager](#) who owns the RPM Chapter/Section in question or
- **Lydia Young**
Requirements Manager
Office of Contract Assurance
E-mail: LJYoung@lbl.gov
Phone: (510)486-6356

To report broken links or links to obsolete pages, etc., contact:

Theresa Duque

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Chapter 1

General Administration and Services

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- §1.01 [Manuals, Handbooks, and Similar Publications](#)
- §1.02 Administrative Announcements and Directories **[Section deleted 09/07]**
- §1.03 [Plant Construction, Maintenance, and Service](#)
- §1.04 [Operation and Parking of Motor Vehicles and Bicycles](#)
- §1.05 [Use of Official Vehicles](#)
- §1.06 [Laboratory Site Access](#)
- §1.07 Laboratory-Hosted (Funded) Meetings (Moved to [RPM §11.01](#))
- §1.08 Laboratory-Hosted (Funded) Conferences (Moved to [RPM §11.02](#))
- §1.09 Open Meetings **[Section deleted 06/08]**
- §1.10 [Conference Rooms](#)
- §1.11 Notary Public Service **[Section deleted 03/08]**
- §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](#)
- §1.18 [Solicitation and Acceptance of Gifts](#)
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- §1.21 [Berkeley Lab Stationery and Logos](#)
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§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](#)



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

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§1.01

Manuals, Handbooks, and Similar Publications

[Responsible Manager](#)

Rev. 05/11

- A. [General](#)
- B. [Contract Number DE-AC02-05CH11231 \(the DOE/LBNL Contract\)](#)
- C. [Regulations and Procedures Manual \(RPM\)](#)
- D. [LBNL Procurement Standard Practices Manual](#)
- E. [Safety Manuals](#)
 - 1. [Laboratory-wide Safety Regulations](#)
 - 2. [Safety Documentation](#)
- F. [Emergency Plans](#)
 - 1. [Master Emergency Program Plan](#)
 - 2. [Business Continuity Plan](#)
- G. [Personal Property Policy Manual](#)
- H. [Security Program Plans](#)
 - 1. [Site Security Plan](#)
 - 2. [Computer Security Program Plan](#)
- I. [Laboratory Assurance and Quality Management Plans](#)
 - 1. [Operating and Quality Management Plan](#)
 - 2. [University of California Contractor Assurance System Description for Lawrence Berkeley National Laboratory \(Revision 1, PUB-5520\)](#)

A. GENERAL

This section describes core policy and program documents of Lawrence Berkeley National Laboratory (Berkeley Lab). 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 the Laboratory 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. LBNL PROCUREMENT STANDARD PRACTICES MANUAL

The [LBNL 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 Safety Regulations

Laboratory-wide safety regulations are contained in the [Health and Safety Manual \(PUB-3000\)](#). 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 & Safety Division.

2. Safety Documentation

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

F. EMERGENCY PLANS

1. Master Emergency Program Plan

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

2. Business Continuity Plan

🚩The Laboratory *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. For more information, see [Section 8.02 \(Business Continuity Policy\)](#) and the [Business Continuity Planning Web site](#).🚩

G. PERSONAL PROPERTY POLICY MANUAL

🚩The [Personal Property Policy Manual \(PPPM\)](#) describes the Laboratory's system for ensuring responsible stewardship of property used for DOE mission-driven work at the Laboratory. The PPPM and associated training are key to successfully managing property throughout its life cycle. It serves as a resource for division property staff, and provides information for the Laboratory community. The PPPM is searchable and downloadable from the [Property Management Web site](#).🚩

H. SECURITY PROGRAM PLANS

1. Site Security Plan

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


I. LABORATORY ASSURANCE AND QUALITY MANAGEMENT PLANS

1. Operating and Quality Management Plan

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

2. University of California Contractor Assurance System Description for Lawrence Berkeley National

Laboratory (Revision 1, PUB-5520)

The [*University of California Contractor Assurance System Description for Lawrence Berkeley National Laboratory \(Revision 1, PUB-5520\)*](#) is a set of operating systems used to ensure that the Laboratory's organizations achieve reliable and safe performance in their work activities, and are in compliance with regulatory and contractual requirements. These systems apply to all Laboratory staff, participating [affiliates](#), students, and subcontractors. 

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§1.03

Plant Construction, Maintenance, and Service

[Responsible Manager](#)

Rev. 04/09

- 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](#)
- E. [Categorization of Lock and Key Levels](#)

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*).

Table 1.03(C) Service Functions	
Type of service	Division responsible
Vehicle Fleet Operations	Facilities
Bus Service	Facilities
Nonstandard Vehicle Operator's Certification	Environment, Health, and Safety
Locksmith and Key Issuance and Records	Facilities* (see note below)
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

*The issuance of all level III locks and keys must be approved by the LBNL Security Manager (see [Paragraph \(E\) \(Categorization of Lock and Key Levels\)](#) below.)

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.

E. CATEGORIZATION OF LOCK AND KEY LEVELS

DOE M 470.4-2, Physical Protection categorizes locks and keys into four levels.

Levels I and II are only required for facilities that have significant quantities of special nuclear materials (SNM) and/or classified matter. LBNL is a fundamental research facility with small quantities of Category IV SNM so Level I and II keys and locks are not required.

Level III locks and keys are used for security purposes on the exterior access doors and gates of LBNL Property Protection Areas (PPA) for emergency use only.

- The LBNL Security Manager designates and approves all PPAs and is responsible for the control and accountability of all Level III locks and keys.
- The LBNL locksmith fabricates Level III keys, documents unique identification, and maintains the inventory of key blanks and cores.
- The Site Access Manager verifies required training and facilitates issuance of Level III keys approved by the Security Manager.
- Lost, missing, or stolen Level III keys must be reported to the LBNL Security Manager, who is required to file a security incident report to the Department of Energy.

Level IV locks and keys, including Great Grand Master (GGM), Grand Master/Building Master (GM/BM), and all other keys, are used for administrative purposes on most LBNL buildings and interior offices for business or safety controls.

- The LBNL locksmith fabricates all Level IV keys, documents unique identification, and maintains the inventory of key blanks and cores.
- The Site Access Manager verifies required training and facilitates issuance of Level IV GGM and GM/BM keys only. All other keys are managed and issued by the LBNL locksmith.

Printed 7/25/2011. The official or current version is located in the online LBNL *Regulations and Procedures Manual*.

Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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 **§1.04****Operation and Parking of Motor Vehicles and Bicycles**

Responsible Manager

Rev. 07/11

- A. General
- B. Motor Vehicle and Bicycle Parking
 - 1. General
 - 2. Parking Permit and Eligibility
 - 3. Additional Parking Considerations
- C. Parking Policy Enforcement
- D. Parking Regulations

A. GENERAL

Berkeley Lab presents many unique challenges for motor vehicle, bicycle, and pedestrian safety. The roadways are narrow and 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 Program 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. 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 at <http://www.lbl.gov>. Only one parking permit is issued to an eligible person who requests a parking permit. Exceptions are made for motorcycle and bicycle permits, which may be issued in addition to an automobile permit. The Site Access Manager may make exceptions to the policy for extenuating circumstances that require a deviation from the policy. Requests shall be submitted in writing to the Site Access Manager.

2. Parking Permit and Eligibility

Type of Permit	Eligibility	Authorized Parking Spaces
Orange Circle	LBNL division directors or personnel designated by the Associate Laboratory Director for Operations.	All parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Blue Triangle	LBNL senior scientists and senior staff members. Eligibility is based on an annual salary threshold.	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Temporary Blue Triangle	LBNL affiliates are eligible for a Temporary Blue Triangle parking permit based on job classifications.	
General	LBNL career employees, LBNL term employees, rehired retirees, and LBNL limited term employees	All General parking spaces with the exception of Reserved parking spaces. General parking permit holders are authorized to park in Blue Triangle parking spaces during off-hours (3 p.m. to 8 a.m. Monday through Friday), weekends, and holidays.
Temporary General	LBNL affiliates are eligible for a Temporary General parking permit based on job classifications.	
Off-Hours	LBNL graduate students, student employees and interns	All General parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces. Off-hours parking permit holders are only authorized to park on site between 3 p.m. and 8 a.m. Monday through Friday, and all day on weekends and holidays.

Medical Blue Triangle	LBNL employees or affiliates who are authorized by Health Services	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Car Pool	LBNL employees and affiliates who are registered in the LBNL Car Pool Program	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Vendor	Authorized vendors who frequently conduct business throughout LBNL	All General and Blue Triangle parking spaces with the exception of Reserved parking spaces and Government Vehicle parking spaces
Motorcycle	LBNL employees	All motorcycle parking spaces

3. Additional Parking Considerations

Visitor Parking Permit: A paper dashboard pass that is issued to short-term visitors by the Security Access Gates or the Site Access Office.

Official Vehicles: Vehicles with license plates issued by the federal government or the state of California are authorized to park in Government Vehicle parking spaces.

Stack Parking: Stack Parking spaces are reserved for vehicles that display a Stack Parking Card. Movement of a vehicle in Stack Parking may be necessary to accommodate unforeseen circumstances, and to allow for the exit of other vehicles parked in Stack Parking.

LBNL employees and affiliates who choose to park in Stack Parking spaces shall observe the following regulations:

- Park as close as possible to the vehicle, stop line, or barrier in front of your vehicle. (Maintain less than a 30-inch gap between vehicles.)
- Display your standard LBNL parking permit.
- Display a Stack Parking Card.
- Stack Parking Cards are available on request from the Badge Office.

C. PARKING POLICY ENFORCEMENT

1. LBNL Security conducts patrols of parking lots throughout the Laboratory to carry out parking policy enforcement activities. LBNL parking policies are enforced through the use of Parking Violation Notice forms that are issued by LBNL Security to vehicles that are observed to be in violation of LBNL parking policies.
2. Vehicles parked in violation of established parking policies will be issued a Parking Violation

Notice. One copy of the Parking Violation Notice will be left by Security on the vehicle, and another copy will be provided to the LBNL Site Access Manager for review.

3. The University of California Police Department (UCPD) conducts traffic and parking enforcement patrols throughout LBNL. UCPD patrols may issue parking citations for vehicles and drivers observed to be violating the California Vehicle Code.
4. The Site Access Manager will review each Parking Violation Notice for accuracy and assess the appropriate parking point penalty to the owner of the vehicle found to be in violation of LBNL parking policy.
5. LBNL parking permit holders who accumulate six points in any consecutive 90-day period or 10 points in a year are subject to having their parking privileges suspended for up to 30 working days. When an LBNL parking permit holder approaches the 90-day or annual parking point threshold, the Site Access Manager will submit the parking permit holder's Parking Violation Notice file to the LBNL Transportation Demand Management Committee.
6. The Transportation Demand Management Committee will review all applicable Parking Violation Notices and make a recommendation on the status of the LBNL parking permit holder's parking privileges.
7. LBNL parking permit holders who believe that they were issued a Parking Violation Notice in error may submit an appeal through the Site Access Manager for review.

LBNL Parking Policy Violations

Offense	Points
Parking in an unauthorized space such as a loading zone, an unmarked area, in an area not allowed by permit type (for example, General parking permit in an Orange Circle parking space)	2
Failure to display permit	2
Failure to display Stack Parking contact information while parked in a Stack Parking space	2
Failure to adhere to posted instructions	2
Unauthorized parking in a handicapped zone	3
Parking in a red zone	3
Parking in a manner that creates an imminent safety hazard (for example, blocking a traffic lane)	3

D. PARKING REGULATIONS

1. **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 below.

2. **Replacement of Lost or Stolen Parking Permits.** To replace a lost or stolen parking permit, contact the Badge Office.
3. **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 administrative action may be taken (see the [Parking Enforcement System page](#) for more information).
4. **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.

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§1.05

Use of Official Vehicles

Responsible Manager

Rev. 09/07

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A. GENERAL

1. Transportation Services

The Laboratory Facilities Division provides bus and other transportation services, including vehicles from Fleet Operations for individual and divisional use. Laboratory vehicles are for official use only, i.e., for the performance of Laboratory work and business. Passengers in Laboratory-furnished vehicles must be directly associated with the official University business for which the vehicle is assigned or with other official business of the Laboratory. Bus service is provided around the Laboratory and to and from the University of California at Berkeley campus and local rapid transit locations.

2. Division Directors' and Department Heads' Responsibilities

- a. Each division director and department head is responsible for restricting the use of Laboratory vehicles to official Laboratory business by properly authorized personnel, as described in [Paragraph \(D\)](#), below, and for informing all authorized drivers regarding misuse of such vehicles and personal liability for costs involved in cases of misuse. Copies of RPM §1.05 may be obtained from Fleet Operations for distribution as needed.
- b. Questions concerning any use of an official vehicle should be referred to the Fleet Operations office.

B. AUTHORIZED AND UNAUTHORIZED USES OF VEHICLES

1. Transportation to Residence, Lodging, or Eating Places

- a. Laboratory-furnished vehicles may properly be used for transportation between an individual's place of work, residence, lodging, or eating place only when at least one of the following circumstances exists:
 1. The nature of the work requires a vehicle at or near an employee's residence or lodging in order to respond to emergencies or expected off-hour calls.
 2. A vehicle is necessary to perform special hauling or other services for the Laboratory between an employee's place of work and a location at, near, or en route to his or her residence or lodging.
 3. An employee is required to depart on or return from a field trip at unusually early or late hours.
 4. Public transportation is not practicable or reasonably available while an employee is on a field trip or official travel.
 5. Special or emergency situations required by Laboratory work, such as unexpected overtime, make it unreasonable to expect an employee to use other transportation to his or her

residence or lodging.

- b. Use of an official vehicle in any of the above circumstances must be authorized by use of Form RL-2749 (*Request for Overnight Use of Official Vehicle*) or Stock Form 7600-55366 (*Request and Authorization for Official Travel*).

2. Personal Use

Use of an official vehicle for an employee's personal convenience or benefit constitutes misuse and is prohibited. Misuse includes the following specific examples:

- a. Trips to service stations or repair shops in connection with the servicing or repair of any individual's private car.
- b. While on special assignment or official travel, side trips for meals that involve significant extra time or distance to satisfy a personal preference when other reasonable and adequate eating places are more convenient to the employee's lodging, place of work, or direct route of official travel.
- c. Local stops for personal shopping or other business, even if such stops are on a direct route of travel on an official trip.
- d. Trips within the Laboratory for personal convenience (e.g., to the cafeteria).

3. Use of Rental Vehicles

- a. The restrictions on the use of Laboratory vehicles also apply to rental vehicles used for official business. Because the agreement signed by an individual for rental of a vehicle is a contract between the individual and the rental company, rental vehicles may also be used for personal convenience or business as long as the individual pays for any additional costs for, e.g., mileage, day charges, and insurance fees resulting from personal use.
- b. The University is self-insured for the deductible provision in the collision insurance normally included in rental agreements for vehicles used on official business. If an individual uses a rental vehicle for personal uses, University insurance does not apply. Individuals who wish to use a rental vehicle for personal business should pay the additional fee for full insurance coverage on the vehicle. This fee is not reimbursable by the Laboratory.

4. Use by Non-Employees

- a. Non-employees are normally not authorized to use Laboratory-furnished vehicles. They may be authorized to use Laboratory vehicles, however, when they are engaged in contract work and when it would be economically beneficial to the Laboratory for them to do so. Approval by the responsible division director or department head must be made in writing to the non-employee individual, with copies to Fleet Operations and the Environment, Health, and Safety Division.

- b. Non-employee operators must be licensed as specified in [Paragraph \(D\)](#), below.

C. OPERATOR'S LIABILITY

1. Vehicle Costs

Operators of Laboratory-furnished vehicles are personally liable for the costs of any damages incurred due to their misuse of such vehicles. Misuse means unauthorized use, use for an improper purpose, gross negligence in the care and operation of an official vehicle, or not adhering to traffic safety regulations.

2. Disciplinary Action and Penalties

Employees who knowingly misuse Laboratory vehicles are subject to disciplinary action such as written reprimand, temporary suspension without pay, or dismissal. They may also be subject to criminal penalties under 18 United States Code §641 that provide for a fine of not more than \$10,000, up to 10 years in jail, or both.

3. Public Liability

The use of Laboratory vehicles, including rental vehicles, for unofficial business may expose the driver to public liability in the event of an accident, particularly if the accident is found to be caused by the driver's negligence. If the use of a vehicle is not official or the driver stops en route or deviates from a direct route to conduct personal affairs while on official business, he or she may be found to have departed from the scope of employment. In such a case, the University and the government would disclaim liability, and the driver would be financially responsible.

4. Traffic Citations

Operators of Laboratory-furnished vehicles are personally responsible for the payment of any fines levied by any public law enforcement agency and will receive parking violation points levied as a result of any violation of Laboratory parking regulations, except when the violation is a direct result of a failure of the vehicle and that malfunction was reported immediately to the Laboratory Fleet Office.

D. LICENSE REQUIREMENTS

1. Laboratory-Furnished Standard Vehicles

All individuals whose duties require them to drive University-owned or government-owned (e.g., DOE or GSA) vehicles must possess a valid license, as specified in the California Vehicle Code. Generally, this means a valid State of California license of the appropriate class. When it is in the interest of Laboratory business, however, a nonresident of California may drive a Laboratory-furnished vehicle if that person meets the requirements of the California Vehicle Code. Non-employees must also have written authorization to drive Laboratory-furnished vehicles as specified in [Paragraph \(B\)\(4\)](#), above.

2. Laboratory-Furnished Nonstandard Vehicles

Personnel who operate nonstandard vehicles must carry certificates for operation of the specific type of nonstandard vehicles. Training and certification are required before operation of mobile or bridge cranes, earth-moving equipment, and forklift trucks. The Environment, Health, and Safety Division will provide detailed information concerning appropriate certification. Operator certification may be revoked if there is evidence of failure to follow safe operating procedures.

3. Training Courses

All professional drivers and selected incidental drivers must attend training courses, as required by policy or departmental practice.

4. License Suspension or Revocation

If an employee whose duties involve operation of an official vehicle has his or her state driver's license revoked or suspended, the employee must notify his or her supervisor. Division directors or department heads must ensure that no one operates an official vehicle without a valid license (and certification, when required).

5. Required Drug and Alcohol Testing for Certain Classes of Driver

Drivers holding commercial driver's licenses (classes A and B) and who operate vehicles of 26,001 lbs. gross vehicle weight (GVW) or more, or who operate any vehicle carrying hazardous material for which the vehicle is placarded, will be enrolled in the DOT-mandated Laboratory Driver Drug and Alcohol Testing Program, as specified in [RPM §2.23\(C\)\(4\)](#) (*Substance Abuse in the Workplace*).

E. DRIVERS' PUBLIC DRIVING RECORDS

1. General Requirements

The California Commercial Motor Vehicle Safety Act requires employers of drivers of certain types of vehicles to obtain reports of their public driving record from the Department of Motor Vehicles (DMV). A public driving record includes incidents occurring while driving on and off the employer's place of business. Under the California Vehicle Code, there are criminal penalties for employing or continuing to employ as drivers those persons who have had disqualifying actions taken against their licenses or certificates.

This law applies to the Laboratory with regard to drivers who (a) drive a vehicle requiring a class A or class B driver's license and (b) must obtain special certificates to drive the following vehicles: ambulances, private school buses, farm labor vehicles, special construction equipment, youth buses, vehicles transporting radioactive materials, vehicles transporting hazardous wastes, and vehicles with tank configurations. Students, unless hired primarily as drivers, and van pool drivers are not included. Vehicle Code §12810.5 also specifies the number of violation points assigned by the DMV that will

result in a presumption that a driver is a negligent operator of a motor vehicle.

The Laboratory could be liable if a negligent driver is permitted to continue driving for the Laboratory and is involved in an accident.

2. Coverage

This policy applies to (a) Laboratory employees hired primarily as drivers; (b) any Laboratory employee who, in the course of employment, drives a vehicle requiring a class A or class B driver's license; and (c) any employee who must obtain a special license or certificate to drive any of the vehicles listed above.

Laboratory employees in the following classifications are also covered by this policy:

Title Code	Classification
345.0	Assistant Fire Chief
345.1	Fire Chief
566.2	Material Handler (Mailroom)
566.3	Material Handler (Mailroom)
644.0	Firefighter
644.1	Fire Captain
737.1	Garage Attendant
738.1	Bus Driver
738.2	Senior Bus Driver
741.0	Health and Safety Technician, Trainee
741.1	Health and Safety Technician
741.2	Health and Safety Technician, Senior
741.3	Health and Safety Technician, Principal
741.4	Health and Safety Technical Specialist
741.6	Health and Safety Technician, Apprentice
745.1	Truck Driver, Light
745.2	Truck Driver
745.3	Lead Truck Driver

At the discretion of the involved division director or department head and with approval of the Head of the Human Resources Department or designee, additional titles or positions may be covered as

required.

3. Participation in DMV Notification Process

- a. The Laboratory has requested and been assigned a Requester Code Number for participation in the DMV Pull Notice System. This system provides the employer with a report showing each driver's current public record and the status of any required driver's certification. The Human Resources Department will initiate individual additions to or deletions from the DMV Pull Notice System.
- b. To protect confidentiality, DMV reports are maintained in a secure location by the Human Resources Department and destroyed once their legitimate use has ended.
- c. Applicants for positions covered by this policy are required to provide a satisfactory current report on the status of their driver's license from the DMV as a condition of employment. No appointment may be made until appropriate documentation from the DMV has been received.
- d. On termination of a driver's employment, the Human Resources Department will notify the DMV to cancel future reports for the individual.

4. Notification to Laboratory Employees and Applicants

- a. Each Laboratory employee covered by the policy will be notified by letter from the Human Resources Department, with a copy to the responsible division director, stating that:
 - The Laboratory receives reports of his or her public driving record from the DMV.
 - These reports may be used as a basis for discipline up to and including dismissal.
 - He or she is responsible for maintaining his or her required driver's license and, if applicable, driver's certification in good standing.
 - He or she is responsible for immediately informing his or her supervisor of any change in the status of his or her driver's license and/or driver's certification.
 - Revocation or suspension of his or her driver's license and/or driver's certification may result in loss of employment with the Laboratory.
 - He or she is required to acknowledge receipt of the letter by dating and signing it and returning it to the Human Resources Department.
- b. Postings of job vacancies for positions covered by this policy must inform applicants that, as a condition of employment, they are required (1) to provide a satisfactory current report on the status of their public driving record from the DMV and (2) to acknowledge receipt of the letter described in [Paragraph \(4\)\(a\)](#), above, by dating and signing it and returning it to the Human Resources Department.

5. Response to Information Received from DMV

- a. On receipt of a report of conviction, failure to appear, accident, driver's license suspension, revocation, or other action taken against a Laboratory employee, the Human Resources Department will communicate the nature of the offense to the responsible division director.
- b. The Vehicle Code states that the Laboratory is liable for criminal penalties if, after receiving a driving record, it continues to employ as a driver any person against whom a disqualifying action (suspension or revocation) has been taken regarding his or her driver's license and/or driver's certificate.
- c. The Vehicle Code states that a driver will be presumed to be a negligent operator of a motor vehicle if his or her driving record shows a violation point count of four or more points in 12 months, six or more points in 24 months, or eight or more points in 36 months.
- d. Whenever a report for an employee driver is received indicating that one or more points have been assigned to the employee by the DMV, a written warning (notice of corrective action) may be issued by the responsible manager or supervisor following consultation with the Human Resources Department.
- e. Whenever a report for an employee driver is received indicating that a disqualifying action (suspension or revocation) has been taken regarding his or her driving privilege and/or driver's certificate, or that he or she is presumed by the DMV to be a negligent operator of a motor vehicle based on a violation point count, disciplinary action (up to and including dismissal) may be taken by the responsible department head following consultation with the Human Resources Department.
- f. In addition, whenever a report for an employee driver is received indicating that any other serious driving violation has occurred (even though a disqualifying action has not been taken or the violation point count is not sufficient to cause the driver to be presumed by the DMV to be a negligent operator of a motor vehicle), disciplinary action (up to and including dismissal) may be taken by the responsible department head following consultation with the Human Resources Department.

F. SUSPENSION OR REVOCATION OF DRIVING PRIVILEGES

Individual driving privileges may be refused, revoked, or suspended by the responsible department/division or the Traffic Safety Committee whenever Laboratory policy is violated.

G. VEHICLE-USE RECORDS

1. Passenger Vehicles

Each use of a passenger vehicle (car or station wagon) will be recorded at the time of use in a vehicle register (sign-out sheet) furnished by Fleet Operations. This applies to vehicles (a) signed out from

Fleet Operations or a subpool on a trip or errand basis and (b) assigned for departmental use. These registers show the date, driver's name, operating account number, destination, time, and mileage out and in. Vehicle registers must be sent to Fleet Operations each month. Any exception requires the approval of the Associate Laboratory Director for Operations.

2. Nonpassenger Vehicles

Groups that are assigned nonpassenger vehicles (scooters, trucks, and special purpose) for specified long-term needs will keep any use records required by the Fleet Operations office. These records usually involve monthly mileage only but may require logging of individual uses to verify continuing need for a vehicle in case of low mileage or off-site use. Vehicle-use records (or copies) will be forwarded to the Fleet Operations office when requested.

H. ACCIDENTS

All accidents involving University-furnished vehicles will be reported as specified in [Health and Safety Manual \(LBNL/PUB-3000, §5.1.1.5 \(Motor Vehicle Accidents\)\)](#).

I. PAINTING OR MODIFICATION OF LABORATORY VEHICLES

1. General

Federal regulations restrict painting (including lettering and the use of decals or logos), modifying, or adding accessories to government-owned vehicles. Fleet Operations is responsible for determining the need and for obtaining authorization as required. Requests for such authorization should be made through Fleet Operations.

2. Painting

Normal painting of vehicles is only that required for preservation. Justification is required for nonstandard painting.

3. Modification or Addition of Accessories

Fleet Operations will be guided by current regulations as well as overall vehicle fleet use considerations in determining the need for modification or addition of accessories on Laboratory vehicles.

4. Signs, Logos, or Other Identification

Because the public will recognize any identification as representing the Laboratory, the University of California, and DOE, any identification must meet standards of size, design, color, and appropriateness for its specific use. To maintain consistency of such signs, logos, or other identification, plans (including sketches or other descriptive information) must be reviewed by the responsible Laboratory division, which will forward the information to Fleet Operations for appropriate action.

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§1.06 Laboratory Site Access

[Responsible Manager](#)

Rev. 07/11

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B. [Site Access Procedures](#)

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A. SITE ACCESS POLICY

1. General

a. Overview

Visits to Lawrence Berkeley National Laboratory by employees or representatives of other organizations or companies are an important element of scientific collaboration, knowledge exchange, and technology transfer. These visits are also an opportunity for the Laboratory to meet 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 privileges 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 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 included in [RPM Section 2.23\(C\)\(1\) \(*Substance Abuse in the Workplace*\)](#). This policy states, in part:

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

c. **General Responsibilities**

The Laboratory host and hosting division are responsible for ensuring that short-term (casual) visitors or affiliates (as defined in [Sections \(B\)\(2\)](#) and [\(B\)\(3\)](#) below) (1) are directed to Site Access or the Advanced Light Source (ALS) User Services Office (for ALS users) to initiate a Laboratory visit and (2) are aware of and comply with applicable Laboratory policies, including Environment, Health, and Safety (EH&S) policies and the substance-abuse policy.

The Site Access Manager and the host are responsible for ensuring that each short-term visitor or affiliate identified by a Laboratory host or hosting division has complied with access procedures appropriate to the visit.

Short-term visitors are responsible for compliance with scientific and administrative requirements as identified by the Laboratory host, hosting division, and/or Site Access.

Affiliates 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 the University of California (UC) and the Department of Energy (DOE) extends from the Laboratory host and hosting division to the short-term visitor or affiliate.

Failure of short-term visitors or affiliates to carry out the responsibilities as cited above may result in loss of access privileges.

2. Short-term (Casual) Visitors

Definition. Short-term (casual) visitors are individuals visiting the Laboratory for a week (or up to two weeks if approved by the Site Access Manager) who are not engaged in Laboratory research or using Laboratory facilities. All short-term 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 media. The Integrated Environment, Health, and 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 short-term (casual)

visitors.

a. **Policy**

Short-term visitors will be granted access to the Laboratory at the request of an employee or affiliate via the [Laboratory's Visitor Pass Request System](#). Gate controllers may issue a one-day permit (for each day approved). Site Access may issue permits for up to one week (two weeks if approved by the Site Access Manager).

3. Affiliates

Definition: Affiliates are non-Laboratory employees who are engaged in Laboratory activities on site or off 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 UC 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 fields.
- d. **Student Affiliates.** 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 as employees of temporary employment service/agencies or a subcontractor.
- f. **Consultants.** Individuals who have entered into a consultant agreement with the Laboratory under [RPM Section 11.04 \(Consultants to Lawrence Berkeley National Laboratory\)](#).

4. Policy for All Affiliates

a. **General**

All affiliates 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 Section 1.04 \[Operation and Parking of Motor Vehicles and Bicycles\]](#)). All affiliates 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 [Section \(A\)\(5\)\(a\)](#), below, are not required to execute a Patent Agreement. Property information brought to the Laboratory is protected in accordance with policy stated in [RPM Section 5.06 \(Proprietary Information from External Sources\)](#). Affiliates 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.

Affiliates are identified by a valid LBNL picture ID issued by Site Access through the Badge Office (for ALS users through the ALS User Services Office). If the affiliate status is terminated prior to the appointment end date and the individual is from a sensitive or terrorist-sponsoring country, the host or hosting division must notify the Foreign Visits and Assignments Office in a timely manner to comply with DOE reporting requirements.

5. Specific Categories

- a. **Users.** A formal User Agreement must be executed between the Laboratory and the user's employer (including the user).
- b. **NERSC Users.** A formal agreement must be executed between NERSC and the user or the Principal Investigator 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 Accounts & Allocations from the [For Users menu of 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 affiliates.
- b. Employees, departments, and/or divisions sponsoring seminars, meetings, conferences, or other events are expected to notify Site Access at least 48 hours before the event. Site Access will then be responsible for notifying gate controllers and Bus Services, as appropriate, of the time, date, and location of the event.

2. Short-term (Casual) Visitors

Laboratory hosts or hosting divisions expecting short-term 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 media, the Laboratory host or hosting division must notify the [Berkeley Lab Head of Public Affairs](#). 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 short-term visitor on the authorization of Site Access.

3. Affiliates

a. Initiating Contacts

Application for approval of affiliate status is made via the appropriate process and authorized by the Laboratory host or designee in the hosting division. The request is submitted to the Human Resources Department or designated appropriate administrative office before the affiliate's arrival. The Laboratory host or designee in the hosting division also informs the prospective affiliates that access to the Laboratory will be through Site Access. The Human Resources Department or designated appropriate administrative office establishes communications with the prospective affiliates and works with the Laboratory host or designee in the hosting division to facilitate administrative procedures needed before the visitor's arrival at the Laboratory.

b. **Affiliate Approval.** Approval of the affiliate status is given by Site Access and is based on the following criteria:

- i. The affiliate meets the criteria for affiliates.
- ii. The affiliate is covered by a formal agreement with the Laboratory satisfying intellectual property requirements. UC 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 affiliate qualifies for workers' 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. 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-affiliate orientation session, certain EH&S training sessions, or satisfactory completion of certain related tests.
- v. The requirements of [Section \(B\)\(4\) \(*International \[Non-United States Citizen\] Guests*\)](#) are satisfied if the affiliate is a foreign national.

(a) **Contractual Agreements.** To ensure a smooth arrival and expeditious entry procedures for affiliates at the Laboratory, Site Access, in coordination with the Office of Sponsored Projects and Industry Partnerships, will have documentation of a fully

executed User Agreement or Computer Agreement, as applicable.

(b) **Visitor Identification.** A renewable badge is issued.

(c) **EH&S Information.** The Human Resources Department or designated appropriate administrative office issues to each affiliate appropriate EH&S publications or information. In addition, affiliates 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 affiliate'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 Section 1.04 \(Operation and Parking of Motor Vehicles and Bicycles\)](#).

(e) **Affiliate Departure.**

Upon final termination of an approved appointment and any subsequent extensions, the affiliate surrenders any parking permit, dosimeter, ID badge, keys, or other administrative material as part of the departure procedure. Items may be returned to any of the following: Site Access (Badge Office), host/supervisor, division office, Human Resources representative, or any badge return box. Failure to surrender the material may result in the loss of future access privileges.

(f) **Termination of Affiliate Status.** The affiliate status of an individual terminates automatically on the appointment end date indicated on the affiliate's Human Resources Information System (HRIS) record. If the affiliate status is terminated prior to the appointment end date and the individual is from a sensitive or terrorist-sponsoring country, the host or hosting division must notify the Foreign Visits and Assignments Office in a timely manner to comply with DOE reporting requirements.

4. International (Non-United States Citizen) Affiliates

International affiliates must present 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, EAD (if J-2) Active Health Insurance with Active Repatriation Insurance (English translation) that matches validity of the DS-2019.
- 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, I-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, or entry stamp on passport.
- f. **TN:** Current passport (must show issue date, passport number, and photo), and I-94.
- g. **Lawful Permanent Resident (LPR) (Green Card):** Lawful Permanent Resident card and passport or driver's license.

The above documents must be complete and properly dated before Site Access can badge an international affiliate. HRIS appointment end dates must not exceed the expiration dates that appear 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 must not exceed 90 days from the date of entry into the United States (I-94).

Sensitive Countries: Individuals who are citizens of, were born in, or are affiliated with (employed or sponsored by) sensitive countries (contact Site Access for a current list or visit www.lbl.gov/ehs/security/ufva/issm_sensitive.shtml) are subject to DOE O 142.3 (*Unclassified Foreign Visits and Assignments*) requirements if they require access for 30 days or more. The sponsoring division or appropriate Human Resources Center should notify the [Foreign Visits and Assignments Office](#) one month in advance and provide required immigration documentation. Sensitive-country foreign nationals are approved locally (i.e., Laboratory executive approval) and may be badged with appropriate documentation and insurance coverage (if applicable).

Terrorist-Sponsoring Countries (T-4): A current list of terrorist-sponsoring countries may be obtained from Site Access or from http://www.lbl.gov/ehs/security/ufva/issm_terrorist.shtml. Individuals who are citizens of, were born in, or are affiliated with (employed or sponsored by) terrorist-sponsoring countries who are conducting research or working at the Laboratory **must be processed per DOE requirements. Short-term (casual) visitors from these countries who are not working or conducting research at the Laboratory do not require approval but must have a host before visiting the Laboratory or any of its off-site locations.**

Before receiving a badge, **all affiliates** must provide the following information:

- Citizenship
- Place of birth (if not a U.S. citizen)

Affiliates from sensitive or terrorist-sponsoring countries who have become naturalized U.S. citizens are not subject to DOE foreign national requirements. They must, however, adhere to all other Laboratory

access and training requirements.

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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](#)

Rev. 07/11

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

A. LABORATORY OCCUPATIONAL MEDICAL PROGRAM

1. Medical Surveillance

Medical examinations may be offered initially and periodically to Lawrence Berkeley National Laboratory (Berkeley Lab) employees during employment and at the time of termination or retirement, in accordance with DOE guidance. Employees engaged in potentially dangerous occupations, such as those working with certain hazardous substances (e.g., lead, asbestos, or carcinogens), are enrolled in the Medical Surveillance Program. For employees participating in the Medical Surveillance Program, the Site Occupational Medical Director (SOMD) determines both the content and the frequency of health evaluations, based on identified potential hazards and risks and in accordance with applicable regulations. Women who are or plan to become pregnant should consult Health Services about their work environments.

2. Injuries/Illnesses

Health Services, Building 26, will evaluate and treat minor injuries and illnesses and will 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 non-occupational health problems, employees are required to contact Health Services if five or more consecutive workdays have been lost or if a work restriction or accommodation 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 in Health Services 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 (UC) Health Center (the Tang Center) of the Berkeley campus. Employees and managers seeking Employee Assistance Program services should contact the UC Berkeley [Employee Assistance Program](#) directly.

C. BLOOD BANK DONATIONS

Employees who meet the blood bank requirements for donors are urged to donate blood during the periodic American Red Cross blood drives held at the Laboratory. These blood drives are coordinated by the LBNL Philanthropy Club.



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§1.13 Food Services

[Responsible Manager](#)

Revised 06/11

Lawrence Berkeley National Laboratory (Berkeley Lab) 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 \(Meetings \[Laboratory-Hosted\]\)](#) 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 Berkeley Lab's Google 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 04/11

- 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 are accepted in the name of, and title rests with, 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 H.27](#) 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 Office of Sponsored Projects and Industry Partnerships (OSPIP) is responsible for reviewing,

processing, and monitoring gift proposals and awards to ensure compliance with University and Laboratory policies. OSPIP 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

Approval for acceptance of gifts will not be granted unless all the procedural requirements listed below are satisfied:

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 [OSPIP](#).
2. The division submits the documentation to OSPIP to review for completeness, accuracy, and adherence to policy.
3. OSPIP 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 OSPIP.
5. If the gift is Laboratory property, OSPIP will notify Property Management to establish a formal inventory record.
6. If the gift requires UCOP acceptance, OSPIP will forward the necessary forms to the University.
7. OSPIP 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 OSPIP 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](#)

Revised 06/11

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 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. 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% over normal third-class mail. Information regarding these rates and/or other Mail Services procedures should be directed to the Mail Services Manager at ext. 7726.

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 07/11

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 name of the Laboratory, to be used in formal publications, such as on the cover and title page of all major reports (e.g., [reports requiring a report number from the Report Coordination Office](#)), and on first mention in any text reference. Berkeley Lab, the short form of the official name, is preferred for common usage in publications and events intended for a public (non-Laboratory) audience. Berkeley Lab also appears on the official Berkeley Lab logo. In situations in which an acronym is required, LBNL should be used.

The [official Berkeley Lab logo is available in a variety of forms](#), and should be used in the design of all Laboratory publications, including flyers, handouts, posters, and Web sites; and visual (e.g., PowerPoint, posters) representations. The official 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 Department Head of Public Affairs.

Questions regarding appropriate use of the Laboratory 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 CSO Printing Services 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 at the top 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 include the division name and telephone number in the letterhead. 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 names 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](#) and University policy prohibit unauthorized use of the University's name and seal. Authority to approve the use of the University's name and seal has been delegated to the Laboratory Chief Operating Officer (COO). The University seal may not be used on Laboratory letterhead and business cards unless specifically authorized by the COO. 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 sent 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 U.S. Department of Energy." Expense for cards meeting these conditions will be paid for by the individual's department or division.

- d. 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 business cards may receive the camera-ready artwork to arrange for their own printing services.

2. Printing by Off-Site Printers

U.S. Congress Joint Committee on Printing regulations, which apply to Berkeley Lab, prohibit the printing of business cards at government expense unless the conditions outlined in [Section \(C\)\(1\)\(a\)](#), above, are met. Therefore, printing of business cards not meeting these conditions, by off-site printers not coordinated through the Government Printing Officer in CSO, must be paid for directly by the employee. Purchase cards 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 completing either an online Business Card Request form at <http://cso.lbl.gov/buscards/cardstyles.html>, or a printout of the form available at <http://cso.lbl.gov/assets/docs/busCardForm.pdf>.

Procedure for submitting the online form:

- a. Go to the Business Card Styles page at <http://cso.lbl.gov/buscards/cardstyles.html>. Click on the picture of the desired card style. All card layout styles have been approved by the Laboratory Director's Office.
- b. After the desired card style has been selected, the Order Form page will appear. Complete the form by filling in the required fields under Personal Info and Requestor Info.
- c. Once the order form has been submitted online, an e-mail will be sent to the division director or designee to approve the business-card request, and to ensure compliance with the [California Education Code](#). To avoid possible misrepresentation of the University or the Laboratory, this code prohibits use of the University's name without permission from the Laboratory Director or designee.

Procedure for submitting a printout of the downloadable form:

- a. Go to <http://cso.lbl.gov/assets/docs/busCardForm.pdf>. Print out the form, and fill in the information requested on both pages of the form.
- b. Send the completed form to the appropriate division director or designee for his or her signature authorization.

- c. Mail the signed form to CSO, Mail Stop 46R0125. The form may also be faxed to ext. 5333, or e-mailed to bizcards@lbl.gov.

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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](#)

Rev. 12/10

A. General

B. Committees

1. [Director's Action Committee](#)
2. [Laboratory Diversity Council](#)
3. [Laboratory Staff Committee](#)
4. [Laboratory Advisory Group on Research](#)
5. [Laboratory Professional Awards Committee](#)
6. [Human Subjects Committee](#)
7. [Animal Welfare and Research Committee](#)
8. [Conflict of Interest Advisory Committee](#)
9. [Radiation Safety 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 Diversity Council

The Lab's [Diversity Council charter](#) is to foster innovative actions that create an inclusive work environment which makes full use of the contributions of all employees. The goal of the Council is to help support a workforce that reflects and embraces the diversity of our community, nation and the world, while striving to attain the following goals / objectives:

- Create synergy between division/department diversity action plans and initiatives
- Share diversity best practices across the Laboratory
- Create and execute new initiatives that promote diversity in divisions and the Laboratory
- Visibly recognize and communicate diversity best practices achievements throughout the Laboratory
- Identify and address emerging issues that can impact our diversity culture

3. Laboratory Staff Committee

See [RPM §2.07\(B\)\(1\) \(Laboratory Staff Committee\)](#).

4. 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).

5. 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.

6. Human Subjects Committee

The Human Subjects Committee (HSC) is the Laboratory's Institutional Review Board (IRB) for Human Research Participants Protection and is established to review research performed at LBNL that involves the participation of human subjects. The HSC shall ensure that subjects are treated ethically, and that the risks and benefits of research are balanced, consistent with the principles set out in the Belmont Report: respect for persons, justice, and beneficence. All human subjects research performed at or funded through the Laboratory, or conducted off-site by Laboratory staff, shall be subject to HSC review, and shall not be performed unless approved by the HSC. Members of the HSC shall be nominated by the HSC and appointed by the Institutional Official. The Lab shall strive to ensure this committee reflects varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. More information about this committee is available in [Health and Safety Manual \(LBNL/PUB-3000\), Chapter 22](#).

7. 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.

8. Conflict of Interest Advisory Committee

The LBNL Conflict of Interest Advisory Committee (COIAC or Committee) acts under the authority of the Laboratory Director and is charged with independently assessing the significance of financial interests associated with proposed outside professional activities of principal investigators and others involved in the design, conduct, and reporting of research to be performed under Contract 31, regardless of the funding source. The Committee will make a written recommendation to the Deputy Director concerning approval of the proposed compensated outside professional activity, and if applicable, appropriate strategies to manage, reduce, or eliminate associated conflicts of interest.

The COIAC's independent assessment of potential conflicts of interest promotes integrity in the research enterprise. The Committee is staffed by the Research and Institutional Integrity Office.

9. Radiation Safety Committee

Go [here](#) to see the Radiation Safety Committee Charter.

Radiation Safety Committee members are listed [here](#).

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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

🚩 Note: This section is being revised. 🚩

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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](#)

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3. [Communication of Project Funding Status](#)

D. [Mid-Year Changes to GPP, NCA, and GPE Projects](#)

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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"> • Laboratory Director, Deputy Director, and Associate Laboratory Director for Operations establish goals and priorities for the current year. • Laboratory Director appoints new research division deputies to the Project Coordinating Committee. • Unified Project Call memoranda issued to all division directors.
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	<ul style="list-style-type: none"> ● The Facilities Division forwards list of unfunded projects to division deputies. ● Divisions gather new project requests and updates previously requested projects. ● 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. ● Divisions provide new and escalated estimates. ● Divisions prioritize requests—without regard to funding type—in order of importance as to safety and mission goals.
<i>April</i>	<ul style="list-style-type: none"> ● Divisions submit prioritized division project requests to the Facilities Division. ● The Facilities Division refers candidate projects with potential environment, safety, and health impacts to the EH&S Division for review. ● 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.
<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"> ● Review project scopes, justifications, and estimates. ● In conjunction with the Budget Officer, ensure that most appropriate funding source is identified. ● Assign RPM and CAMP scores to all projects. <ul style="list-style-type: none"> ○ Adjust raw RPM scores, as directed by the Facilities Division Director and EH&S Division Director. ● Prepare Laboratory-wide prioritized project lists for review by institutional committees.

2. Institutional Review and Prioritization

<i>August</i>	<ul style="list-style-type: none"> ● 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"> ○ The list of projects selected should exceed the amount of
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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"> • The Chief Financial Officer and/or Budget Officer review selected projects and provides written confirmation of the appropriateness of the funding type selected. • The Facilities Division Director and Associate Laboratory Director for Operations review the list of recommended projects. • Committee Chairs present the list of recommended projects to DAC for approval.
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3. Communication of Project Funding Status

<p><i>March, June, September & 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](#)

Printed 7/25/2011. The official or current version is located in the online LBNL *Regulations and Procedures Manual*.

Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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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](#).

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Berkeley Lab Proposed Policies

A new Laboratory policy affecting the terms and conditions of employment that has been proposed appears below:

- Workplace Substance Abuse Policy

[Section 2.02](#) [formally 2.23(C)]

[30-day notice posted in *Today at Berkeley Lab* on November 11, 2010](#)

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Suggestions for HR Policies and Procedures

Do you have a suggestion for a new HR policy or procedure? Do you have a recommendation to change a current HR policy or procedure? If yes to either question, please take a moment to share with us your ideas.

Date*

Today's date.

Policy or Procedure*

What is the HR policy or procedure you want to comment on?

Problem*

What is the problem?

Solution

What is your suggested solution?

Name

OPTIONAL: Your name and contact information.

File Attachment

You can attach a document with further details of the problem and/or proposed solution.

 Browse...

Powered by [Smartsheet](#)

§2.01 Employment

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

Rev. 06/11

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A. Applicability

This policy is applicable to all employee classifications: career, term, faculty, postdoctoral fellow, visiting researcher, limited, rehired retiree, graduate student research assistant (GSRA), and student assistant. This policy is also applicable to any person seeking employment at Lawrence Berkeley National Laboratory (the Laboratory).

B. Nondiscrimination and Harassment

1. Nondiscrimination and Harassment Policy

- a. It is the policy of the Laboratory not to engage in discrimination against or harassment of any person employed by or seeking employment with the Laboratory on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, [\[1\]](#) physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Re-employment Rights Act of 1994). [\[2\]](#) This policy is intended to be consistent with the provisions of applicable State and Federal laws and Laboratory policies. This applies to all personnel actions, including hiring, transfer, training, promotion, termination, and other terms and conditions of employment.
- b. The Laboratory is committed to creating and 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 or any third party, including any supervisor, coworker, vendor, client, or customer.

- c. Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status as defined in [Paragraph \(B\)\(1\)\(a\) \(Nondiscrimination and Harassment Policy\)](#).
- d. The Laboratory 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 a person about his/her protected status.
- e. 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\(E\) \(University of California Procedures for Responding to Reports of Sexual Harassment\)](#).

2. Retaliation

The Laboratory policy also prohibits retaliation against any employee or person seeking employment for bringing a complaint of discrimination or harassment pursuant to this policy. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment, or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

3. Complaints

Information regarding applicable policies and procedures for resolving complaints of discrimination and harassment and for pursuing available remedies is available in the [divisional Human Resources Centers](#).

4. Sexual Harassment

a. Sexual Harassment Policy

The Laboratory is committed to creating and maintaining a community in which all persons who participate in Laboratory programs and activities can work together in an atmosphere free from all forms of harassment, exploitation, or intimidation, including sexual. Specifically, every member of the Laboratory community should be aware that the Laboratory is strongly opposed to sexual harassment and that such behavior is prohibited by law and by Laboratory policy. It is the intention of the Laboratory to take whatever action may be needed to prevent, correct, and, if necessary, discipline behavior that violates this policy.

b. Definition of Sexual Harassment

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or

physical conduct of a sexual nature; and 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 Laboratory will respond to reports of any such conduct.

Sexual harassment may include incidents between any members of the Laboratory community, including faculty or nonemployee participants in Laboratory programs, such as vendors, contractors, and visitors. 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 will 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. While romantic relationships between members of the Laboratory 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 [\[3\]](#) if it is sufficiently severe to deny or limit a person's ability to participate in or benefit from Laboratory 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 environment. Thus, in determining whether a hostile environment due to sexual harassment exists, the Laboratory may take into account acts of discrimination based on gender, sex stereotyping, or sexual orientation.

c. 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.

d. Dissemination of the Nondiscrimination and Harassment Policy, Educational Programs, and Employee Training

As part of the Laboratory's commitment to providing a harassment-free working and learning environment, the Nondiscrimination and Harassment Policy will be disseminated widely to the Laboratory community through publications, Web sites, new employee orientations, and other appropriate channels of communication. Educational materials will be available to all members of the Laboratory community, to promote compliance with this policy and familiarity with Laboratory reporting procedures. In addition, the Laboratory has designated employees responsible for reporting sexual harassment and will provide training to those designated employees. Generally,

such persons include supervisors, managers, and HR staff. The Laboratory has posted a copy of this policy in a prominent place on its Web site.

e. Reports of Sexual Harassment

Any member of the Laboratory 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 may also file a complaint or grievance alleging sexual harassment under the applicable Laboratory complaint resolution or grievance procedure (University of California Procedures for Responding to Reports of Sexual Harassment, Appendix I: University Complaint Resolution and Grievance Procedures).

f. Response to Sexual Harassment

The Laboratory will 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 Laboratory 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, or other appropriate interventions. Any member of the Laboratory 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 Laboratory disciplinary procedure (Procedures, Appendix II: University Disciplinary Procedures) or other Laboratory policy. Generally, disciplinary action will be recommended when the harassing conduct is so sufficiently severe, persistent, or pervasive that it alters the conditions of employment or limits the opportunity to participate in or benefit from Laboratory 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 may also 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.

g. 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 Laboratory 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.

h. **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 antidiscrimination laws.

i. **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. 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 or DFEH listed in the telephone directory. Additional information on harassment and complaint procedures may be found at [§2.05\(E\) \(*University of California Procedures for Responding to Reports of Sexual Harassment*\)](#).

C. Affirmative Action and Equal Employment Opportunity

1. Affirmative Action and Equal Employment Opportunity Policy

The Laboratory is an affirmative action/equal opportunity employer. The Laboratory undertakes affirmative action for minorities and women, for persons with disabilities, and for covered veterans. [\[4\]](#)

2. Affirmative Action Compliance Program

- a. 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.

b. Responsibilities

- i. 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.
- ii. 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.

D. Reasonable Accommodation

1. 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.

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

3. 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.

4. Special Selection

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

E. 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. [Employment of Minors or Near Relatives, Including Domestic Partners](#) (Revised 06/30/11)

6. [Terms and Conditions of Employment](#) (Revised 06/14/11)

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 §11.02 \(Conferences \[Hosted, Co-Hosted or Travel To\]\)](#).

c. Moving Expenses

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



F. 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 \(E\)\(6\)\(d\)\)](#)
- [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 [Senior Management Group \(SMG\) Human Resources Policies](#). 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

If a term employee is on an approved paid or unpaid leave of absence for one month or longer, his or her appointment may be extended by the length of the leave but only up to one year beyond the five-year maximum.

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 \(E\)\(3\)\(b\) \(Recruitment\)](#), 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 Assistant Employee Classification (Revised 06/20/11)

9. Rehired Retirees

a. Scope

Employees who have retired from the Laboratory, or any University of California location, including the UC-managed Department of Energy laboratories, may be re-employed by the Laboratory as a Rehired Retiree in accordance with the provisions of the [UC Re-employment of UC Retired Employees Into Senior Management Group and Staff Positions policy](#). The following sections are highlights from the policy.

b. Internal Revenue Service (IRS) Restrictions for Preserving the Tax-Qualified Status of the UC Retirement Plan (UCRP)

The Internal Revenue Code imposes restrictions on the timing of the distribution of benefits to participants in defined benefit plans such as UCRP. Generally payments are permitted when an employee retires or attains normal retirement age. Otherwise, retirement benefits should remain in the plan so they will be available to provide support to participants after they cease working.

Normal retirement age under UCRP means age 60 with a minimum of 5 years of University and Laboratory service credit for all other members. Once an employee attains normal retirement age, the IRS no longer is concerned about an employee's access to retirement funds because those funds were intended to be available at that age.

c. University Policy Restrictions

i. Laboratory Need

Re-employment must be as a result of Laboratory need, such as the Retired Employee possesses skills and institutional knowledge that the hiring department cannot otherwise obtain with equal cost effectiveness, the hiring department anticipates a prolonged process for hiring a replacement, or the hiring department anticipates that the Retired Employee will assist a replacement to acquire necessary skills and knowledge.

For situations in which a Retired Employee is re-employed on a temporary basis into a career position (such as the same position held before retirement or another vacant career position), the job must be posted and a search begun within 30 days of the vacancy being created and a minimum 30-day recruitment must be held.

ii. Break in Service

A Retired Employee must not be re-employment until there has been a break in service of at least 30 days, but preferably 90 days.

iii. Appointment Percentage

Due to potential Medicare complications and to minimize situations where individuals draw a retirement benefit and another UC income simultaneously, this policy requires that Retired Employees be re-employed with an appointment of no more than 43% during any 12-month period.

iv. Duration of Re-employment

Re-employment in one or multiple positions must not exceed at total of 12 months. Extensions beyond 12 months may be requested.

v. Re-employment and Suspension of Monthly Retirement Income

A Retired Employee who is receiving UCRP monthly retirement income, but agrees to suspend the payments, may be re-employed temporarily as a Rehired Retiree, or re-employed in a career appointment or term appointment subsequent to an appropriate recruitment and break in service, without being subject to the policy restrictions in sections [\(c\)\(i\)](#), [\(c\)\(iii\)](#), and [\(c\)\(iv\)](#) above, but is subject to section [\(c\)\(ii\)](#).

A Retired Employee who took a lump sum cashout may be re-employed temporarily as a Rehired Retiree and is subject to the policy restrictions in sections [\(c\)\(i\)–\(iv\)](#) above.

A Retired Employee may not be employed as a contract worker from a temporary worker agency. A Retired Employee may be employed as a consultant if they are either employed by a consulting agency or own their own business. A Retired Employee may be a consultant for the Laboratory after they have not worked during the previous rolling 12-month period.

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 \(Military Leave\)](#).

Footnotes:

1. Pregnancy includes pregnancy, childbirth, and medical conditions related to pregnancy and childbirth.
2. Service in the uniformed services includes membership, application for membership, performance of service, application for service, or obligation for service in the uniformed services.
3. 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.
4. Covered veterans includes veterans with disabilities, recently separated veterans, Vietnam era veterans, veterans who served on active duty in the U.S. Military, Ground, Navel or Air Service during a war or in a campaign or expedition for which a campaign badge has been authorized, or Armed Forces service medal veterans.

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§2.03

Employee Performance Evaluations

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[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

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

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5. Vacation and Sick-Leave Credits

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:

Years of service or years since last professional research or teaching leave	Up to 6 months	6–12 months
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*)).

Printed 7/25/2011. The official or current version is located in the online LBNL *Regulations and Procedures Manual*.

Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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§2.05 Management/Employee Relations

[Responsible Manager](#)

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

Rev. 06/11

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\(F\)\(3\) \(Laboratory Management\)](#)). 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\(F\)\(3\) \(Laboratory Management\)](#).
- 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\(B\) \(Nondiscrimination and Affirmative Action\)](#)), 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\(B\) \(Nondiscrimination and Affirmative Action\)](#) 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\(B\)\(1\)](#), 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

(Note: This section was deleted on 6/7/2011. Information about the Employee Assistance Program is available [here](#).)

H. REASONABLE ACCOMMODATION (Note: The Reasonable Accommodation policy has been moved to [§2.01\(D\)](#).)

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 \(I\)\(1\) \(Introduction\)](#)) 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 \(I\)\(1\)](#), above).
- 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 \(I\)\(4\)\(a\)\(iii\)](#), below, 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
 - b(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 \(I\)\(4\)\(a\)\(iii\)](#), above) of special circumstances, in accordance with [Paragraph \(I\)\(5\)\(f\) \(Interim Actions and Notifying the Funding Agency of Special Circumstances\)](#), below, of this policy;
- v. Sequester research data and evidence pertinent to the allegation of research misconduct in accordance with [Paragraph \(I\)\(6\)\(c\) \(Notice to Respondent: Sequestration of Research Records\)](#), below, 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 \(I\)\(4\)\(a\)\(iii\)](#), above) 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 \(I\)\(11\)\(c\) \(*Maintaining Records for Review by the Funding Agency*\)](#), below, 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 \(I\)\(8\)\(a\) \(Decision by Deciding Official\)](#), 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 \(I\)\(11\)\(b\) \(Notification to Funding Agency of Laboratory Findings and Actions\)](#), below, 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 \(I\)\(1\)](#), above) 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 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 \(I\)\(2\) \(Scope\)](#), above, of this policy, and whether the allegation falls within the definition of research misconduct in [Paragraph \(I\)\(1\)](#), above, 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 \(I\)\(6\)\(c\)](#), below, 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 \(1\)\(2\)](#), above; 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 \(1\)\(7\)\(a\) \(Elements of the Inquiry Report\)](#), below, 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 \(1\)\(6\)\(e\)\(iv\) \(Charge to Appointee or Committee and First Meeting\)](#), above.

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 \(I\)\(12\) \(Completion of Cases: Reporting Premature Closure to the Funding Agency\)](#), below.

g. Time for Completion

The inquiry, including preparation of the final inquiry report and the decision of the DO (see [Paragraph \(I\)\(8\)\(a\)](#), 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 \(I\)\(1\)](#), above, and within the scope of this policy ([Paragraph \(I\)\(2\)](#), above) 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 \(I\)\(10\) \(Investigation Report\)](#), below).

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 \(I\)\(6\)\(c\), above\)](#).

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 \(I\)\(1\)](#), above) 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 \(I\)\(10\)\(a\) \(Elements of the Investigation Report\)](#), below).

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 [Paragraph \(I\)\(1\)](#), above) 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\(C\) \(Corrective Action and Dismissal\)](#), above, 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 \(I\)\(8\)\(d\) \(Documentation of Decision Not to Investigate\)](#), above;
- 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 5/31/11)

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 Berkeley 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](#) of the Regulations and Procedures Manual (RPM). These chapters of the RPM are the approved Human

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) (Revised 5/31/11)

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 Berkeley 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](#) 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
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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 IV.D.2.c](#), belowb, 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

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, Scheduling, and Work Location

[Responsible Manager](#)

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

Revised 1/11

Applicability:

- [§2.06\(A\)-\(C\)](#) below apply to non-represented employees only.
- Represented employees should consult their collective bargaining agreements or contact their union representative for information applicable to them.
- This policy is applicable to the following non-represented employee classifications: Career, Term, Limited, Faculty, Rehired Retiree, Visiting Postdoctoral Fellow, Postdoctoral Fellow, Visiting Researcher, Graduate Student Research Assistant (GSRA), and Student Assistant.
 - Faculty and Graduate Student Research Assistant (GSRA) pay is in accordance with their campus pay policies.
 - [Postdoctoral Fellow pay](#), at a minimum, is based on their years of relevant experience.
 - [Student Assistant pay](#) is dependent on their academic progress

A. [Salary](#)

1. [Compensation Philosophy](#)
2. [Policy](#)
3. [Adjustment of Salary Ranges](#)
4. [Classification of Positions](#)
5. [Salary Actions](#)
 - a. [Start Salary for New Employees](#)
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- f. [Job Classification Restructuring](#)
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A. SALARY

1. Compensation Philosophy

The Laboratory's compensation program is designed to provide a level of compensation which, within available funds, attracts, motivates, and retains a quality work force which is necessary for the achievement of Laboratory goals. The program recognizes and rewards performance, criticality of job, and internal equity within the Laboratory while maintaining a competitive market position.

2. Policy

An individual salary shall be within the salary range that is assigned to the position's job code/job title based on the position's duties and responsibilities. Exceptions to this policy are noted in [§2.06 \(A\)\(5\)\(d\)](#) below.

3. Adjustment of Salary Ranges

Salary ranges may be adjusted periodically. Adjustments of salary ranges do not increase the salary paid to an employee but provide increased potential for within-range salary adjustment.

4. Classification of Positions

Positions are classified in groups on the basis of the level of duties and responsibilities assigned and performed as documented in individual position descriptions. As duties and responsibilities undergo significant changes, positions may be reviewed for reclassification.

5. Salary Actions

a. Start Salary for New Employees

In developing a start salary for a new employee, consideration will be given to the candidate's background and skill level, current competitiveness of the market for the particular job, and internal equity within the department or unit.

b. Merit Increases

Employees holding career and term appointments are eligible for merit increases annually. The increase is awarded with consideration given to such factors as performance, current position of salary in range for job, alignment with salaries of other employees making similar contributions, external market, affordability, and criticality of the job.

c. Salary Adjustments for Non-career and Non-term Employees

- i. Employees holding limited and rehired retiree appointments are eligible for a salary increase to the minimum of the range when the salary range for their job is adjusted upward.
- ii. Salary increases for employees holding [visiting postdoctoral fellow](#) and [postdoctoral fellow](#) appointments, [graduate student research assistant](#), [student assistant](#), visiting researchers

(see [§2.01\(F\)\(6\)](#) and [§2.07\(C\)\(11\)](#)), [limited](#) and [rehired retiree](#) positions, are described in the appointment information for those employee classes.

d. Promotional Increases

The change of an employee from one position to another in a classification having a higher salary range maximum is termed a promotion.

When an employee accepts an offer of a posted position at a higher salary range maximum it is a posted promotion.

When an employee's duties and responsibilities have evolved over a minimum of six months to the extent that another classification is more appropriate, and the new classification is at a higher salary range maximum, the change is a reclassification.

A salary increase may be granted upon upward reclassification or in the case of a posted promotion.

e. Posted Downgrade

When an employee applies for and accepts an offer of a posted position at a lower salary range maximum it is a posted downgrade. If the posted downgrade results in the employee's salary being above the maximum of the new range, the current salary may be maintained ("red-circled") or reduced.

f. Job Classification Restructuring

As a result of a Compensation review, a job classification may be restructured without a change in the duties of the incumbent employees. The salary range maximum of the new job classification structure may be either higher or lower than the previous salary range maximum.

If an employee's salary is above the maximum of the new salary range, the current salary may be maintained ("red-circled") or reduced.

If the employee's salary is below the minimum of the new salary range, the salary will be increased to the new minimum.

If the employee's salary falls within the new salary range, no salary change will be made.

g. Adjustments on Movement to a Job in a Lower Salary Range

The change of an individual employee from one position to another position within the same classification functional area that results in a lower salary range maximum is termed a demotion. This action may be the result of disciplinary action, a significant reduction in job duties and responsibilities, or the request of an employee that can be accommodated by the work unit.

The effects of a Compensation initiated review resulting in changes to a job classification structure with a lower salary range maximum are not demotions (See Paragraph (f) above).

Reclassification to a classification with a lower salary range maximum must be approved by the Human Resources Department and discussed with the employee.

If, as a result of a Compensation initiated classification restructuring, demotion, or other career change that results in an employee's salary being above the maximum of the new range, the current salary may be maintained ("red-circled") or reduced.

h. Lateral Transfers

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 lateral transfer.

Employees do not generally receive a salary increase when they accept a position with the same salary range as the position previously held, including when an employee accepts a position in a new appointment type (e.g., moving from a limited appointment to a career appointment, or moving from a term appointment to a career appointment with the same salary range).

i. Equity Increases

Increases in salary to remedy salary inequities may be granted on a targeted basis to address internal or market alignment.

j. Completion of Probation

Satisfactory completion of a probationary period by an employee does not automatically require a salary increase. A recommendation for a salary increase may be made, however, if the final probationary performance review justifies an increase, the employee was not eligible for an October merit increase, and merit guidelines and salary relationships within the division or department support an increase.

k. Transfers from other University of California Locations

Career employees transferring from another University of California location, who are not subject to a probationary period, may be considered for an increase if a six-month performance evaluation is completed that justifies a salary increase, the employee was not eligible for an October merit increase, and merit guidelines and salary relationships within the division or department support an increase.

l. Multiple Increases in a Fiscal Year

- i. An employee's total base salary increase in a single fiscal year, (including, for example, merit, promotional, and equity increases) shall not exceed 25 percent unless an exception is granted by the Compensation Manager. Compensation Manager approval is not required for those employees who are promoted from a trainee position (Student Assistants, Graduate Student Research Assistants (GSRA), or Postdoctoral Fellow) to a non-trainee position that results in a total base salary increase greater than 25 percent in a single fiscal

year.

ii. If more than one salary adjustment takes place on the same date, actions occur in the following order:

- salary range adjustment (if applicable);
- merit; and
- salary action resulting from posted promotion, reclassification, or equity adjustment.

6. Administrative Stipend for Temporary Assignments

A Temporary Assignment (TA) occurs when an employee is temporarily assigned responsibilities of a higher level position on a full time basis or assigned other significant higher level duties in addition to their regular duties. An employee in a Temporary Assignment may be paid a stipend. The Temporary Assignment stipend can be the greater of either the rate range minimum of the higher level job or up to a maximum of 15% of the employee's base pay. The base pay plus stipend can not exceed the maximum of the rate range of the employee's temporary job classification. The stipend is removed at the end of the temporary assignment or 2 years from the stipend's inception whichever comes first.

7. Restrictions

- a. Appointments of employees holding positions at more than one University of California location may not total more than 100 percent time.
- b. An employee who is appointed at 100 percent time shall not receive additional compensation from the University for any work or services that are related to the employee's appointment regardless of source or type of payments. Exceptions to this policy are any ancillary pay components as found in Paragraph (B) below, payments for teaching regularly scheduled University Extension courses whether or not related to the employee's appointment and outside the employee's normally scheduled hours, and administrative stipends payable under [§2.06\(A\)\(6\)](#).

B. ANCILLARY PAY COMPONENTS

1. Overtime

a. Definition

Overtime in most cases is actual time worked in excess of 8 hours per day or 40 hours per week in order to cover emergencies or to meet job responsibilities. Paid holiday leave is considered to be time worked. Sick leave, vacation, military leave, court leave, and any other leaves with pay are not considered to be time worked for purposes of compensation for overtime.

b. Policy

- i. Only non-exempt employees are eligible for overtime pay.
- ii. All overtime must be approved in advance by the employee's supervisor.
- iii. All overtime must be compensated, even if not approved in advance.
- iv. Granting compensatory time off in lieu of overtime pay is prohibited.

c. Pay for Overtime

Overtime for non-exempt employees will be paid at the rate of 1 ½ times the regular hourly rate for hours worked in excess of eight hours per day or 40 hours per week.

d. Pay for Overtime Meals

Employees may be paid overtime for meals if all the conditions set forth in [RPM 11.01 \(Meetings Laboratory-Hosted\)](#) concerning payment for food services are met and one of the following conditions applies:

- i. 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
- ii. 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 5 hours.

2. Shift Differential**a. General**

Shift differential is extra pay in addition to base pay for non-day shift work. A non-exempt employee is paid this differential when required to work on an assigned swing or owl shift. The amount of the differential is 7.5 percent for swing shift and 15% for owl shift. For purposes of computing shift pay, a swing shift consists of the hours from 4:00 p.m. to 12:00 midnight and an owl shift from 12:00 midnight to 8:00 a.m. To qualify for payment of shift differential, a minimum of four hours must be scheduled during the above periods. Work which is scheduled during the swing or owl shifts for the convenience of the employee is not considered an assigned swing or owl shift for purposes of this policy and no differential will be paid.

b. Overtime

Overtime pay, for employees who receive shift differential pay and work during non-day shifts (see RPM 2.06(B)(2) above), is based on the employee's base pay and shift rate.

c. **Temporary Assignments**

Employees who usually work a swing or owl 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 and no differential will be paid.

d. **Paid Leave**

Shift differential is included for all types of paid leave based on the shift an employee would have worked.

e. **Terminal Vacation Pay**

Terminal vacation is paid at the appropriate shift differential rate when the employee has been permanently assigned to swing or owl shift or when a temporary swing or owl shift has extended over 90 days.

3. Pay for Travel Time (Non-exempt employees)

Travel between an employee's home and the workplace is not considered time worked. Travel on Laboratory business during an employee's normal working hours (including travel during those hours on the employee's day off) is considered time worked. Travel outside normal working hours is considered time worked when it occurs on a scheduled day of work and is to or from a work location outside the normal commuting area of the assigned workplace.

4. Call-In Pay

Non-exempt employees 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 if appropriate. Represented employees should refer to their collective bargaining agreement.

5. Extended Workweeks

- a. An extended workweek is a planned schedule exceeding the normal 40-hour workweek 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.
- b. Requests for extended workweeks must be made in writing to the division director or designee.

Approval of such requests applies only to the individual(s) named and is not transferable to others.

c. **Pay for extended workweeks:**

- Nonexempt employees are paid at the regular overtime rate.
- Full-time, exempt employees are paid for extended workweeks on the basis of the formally approved schedule on file in the Payroll Office for each week the extended schedule is shown on the time report submitted by the division. The formula used to determine extended workweek pay is based on the percent of additional hours worked per month.

C. PAY AT TERMINATION

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. ([RPM 2.21\(I\) \(Terminations / Terminal Pay\)](#))

1. Vacation Pay

See [RPM 2.08\(F\) \(Terminal Vacation Pay\)](#) and [RPM 2.06\(D\)\(2\) \(Shift Differential\)](#).

2. Sick Leave Accrual / Transfer of Sick Leave

- Employees are not paid for accrued sick leave on termination from the UC System.
- See [RPM \(2.09\(F\) \(Sick Leave / Transfer and Reinstatement of Sick Leave\)](#) for information on transfer of sick leave to another UC location.

3. Severance

a. Policy

Non-probationary career employees who 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. Employees who are on temporary work deferment status, temporarily reduced in time, or permanently reduced in time are not eligible for severance payments.

b. Definitions

The following definitions apply for purposes of severance pay.

- Continuous Service.** Service is continuous if an employee is on pay status each month without a break in service. For severance pay purposes, a break in service occurs when there is a separation from Laboratory employment status for any reason, except that a separation from employment for purposes of transferring an employee to another University location is not a break in service.

- Periods on an approved leave without pay for military service, illness or 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.
 - Periods of employment before a break in service are not counted as periods of continuous service for purposes of severance pay.
 - Periods of employment as a University of California graduate student research assistant (GSRA), student assistant, or other trainee position are not counted as periods of continuous service for purposes of severance pay.
 - Periods of employment on variable time (once called indeterminate time) are not counted as periods of continuous service for purposes of severance pay.
 - 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.
 - 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
 - Continuous service is reestablished when an employee is rehired from recall or preferential rehire status from the Laboratory.
- ii. **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.
- iii. **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 workweek. One week 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).

- iv. **University.** University in this section refers to any University of California location including UC-managed DOE laboratory.

c. **Severance Payment Calculations and Method of Payment**

- i. **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.
- ii. **Method of Payment.** Severance will be paid in a lump sum at the time of termination

d. **Conditions**

- i. **Layoff.** Severance payments will not extend the period of employment beyond the date of termination due to layoff.
- ii. **Previous Severance Payment.** Severance payments made to an employee will not include payment for any period of service for which the employee has previously received severance payment(s).

e. **Limitations**

Severance payments will not be made to any employee who:

- i. Transfers to another Laboratory position or University career position;
- ii. Refuses a transfer to an equivalent position within the Laboratory or another University location;
- iii. Is offered employment with a successor/replacement DOE Contractor;
- iv. Resigns;
- v. Dies, except that severance pay will be provided if an individual dies after receiving notice of layoff;
- vi. Is dismissed for cause;
- vii. Elects to retire and has not received notice of layoff.

f. Exceptions

Exceptions for voluntary resignations upon approval of the Chief Operating Officer (COO) or designee may be made as follows:

- i. An employee who resigns after receiving formal notification of layoff but before the effective date of layoff may be provided severance payments.
- ii. An employee who resigns in lieu of another employee who would have been laid off may be provided severance payments. Normally, approval of a voluntary layoff 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.

g. Reemployment

- i. 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.
- ii. If an individual who has received severance payments is rehired by another University location before expiration of the number of weeks for which the employee has received severance payments, the amount of the balance must be repaid to the Laboratory within 90 days of hire at the new location.

4. University Death Benefits for Employees

Upon the death of an eligible employee, University of California employee death benefits will be paid in accordance with University policy. (See Basic Death Payment and Death Payment at http://atyourservice.ucop.edu/forms_pubs/misc/survvhb_emps.pdf. This payment is in addition to any other benefit provided under a pension or retirement plan in effect for the deceased person. 🚩 See [RPM 2.21\(H\) \(Termination by Death\)](#). 🚩

D. SCHEDULING AND WORK LOCATION

1. Policy

a. Use of Work Time for Personal Business

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. Use of Laboratory telephones for brief calls within the local commuting area 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. (See [RPM 10.02\(A\) \(Outside Employment and Business Activities\)](#) and [RPM 9.02 \(A\)\(2\) \(Communications and Networking Systems\)](#)).

b. Determination of Individual Work Schedule

Employee work schedules are determined by the designated supervisor of the work unit, within division policy, to ensure that the work unit's operational needs have appropriate coverage.

c. Meal Periods

Any work schedule of six continuous hours or more shall provide employees with a meal period of at least one-half hour. Meal periods, which should be duty-free, are neither time worked nor time on pay status.

d. Work Location

All employees are required to perform their work at an official Laboratory location, except while on travel status or through an approved telecommuting agreement, unless specific approval has been granted for work at another location. Official laboratory locations include, but are not limited to, the facilities in the San Francisco Bay Area, and locations such as the Washington, D.C., Office and Fermi Lab where Laboratory employees also reside. Agreements to perform work at alternative work sites must be in compliance with Laboratory policies.

2. Hours of Work**a. Exempt Employees**

The workweek for full-time exempt employees is normally considered to be 40 hours, and for part-time employees the portion of 40 hours equivalent to the appointment percentage; however, greater emphasis is placed on meeting the responsibilities assigned to the position than on working a specified number of hours. Exempt employees do not receive overtime compensation or additional compensation beyond the established salary for the position except as provided in [RPM §2.06\(A\)\(6\) \(Administrative Stipend for Temporary Assignments\)](#) and [§\(B\)\(5\) \(Extended Workweeks\)](#).

b. Non-Exempt Employees

- i. The regular number of hours worked by full-time, non-exempt employees is 40 hours in a workweek. Work beyond 8 hours in a day or 40 hours in a week is subject to additional compensation only under the circumstances described in [RPM §2.06\(B\)\(1\) \(Overtime\)](#).

ii. Rest Periods

A full-time, nonexempt employee may be granted two 15-minute rest periods, one to be taken in the work period prior to the meal period and one in the work period following the meal period. A part-time employee may be granted one 15-minute rest period for each work period of three continuous hours or more, not to exceed two rest periods per day. Rest periods 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. Scheduling of rest periods

is subject to the approval of the employee's supervisor. Abuse of rest periods may result in disciplinary action. Such rest periods shall be considered as time worked.

3. Definitions

a. Calendar Day

A calendar day is the 24-hour period from midnight of one day to midnight of the next day.

b. Calendar Week

A calendar week extends from 12:01 a.m. Sunday to midnight the following Saturday

c. Standard Laboratory Workday

- i. The standard workday is 8 hours in a 24 hour period on pay status with an unpaid meal break of at least 30 minutes (whether exempt or nonexempt).

ii. Day Shift

The standard day shift workday for full-time employees is 8 hours per day, 8 a.m. to 4 p.m.

iii. Swing Shift

The standard swing shift workday for full-time employees is 8 hours per day, 4 p.m. to midnight.

iv. Owl Shift

The standard owl shift workday for full-time employees is 8 hours per day, midnight to 8 a.m.

v. Exceptions

Supervisors may establish workday schedules, with division management approval, other than the standard Laboratory workday if necessary to meet operational needs in certain operating situations such as Laboratory protection, accelerator and computer operations, and scientific experiments in which experimental needs determine coverage requirements. Additional exceptions may be allowed as defined in [Paragraph \(D\)\(4\)\(a\)](#).

d. Standard Laboratory Workweek

Normally, a workweek consists of five consecutive workdays, Monday through Friday, within a calendar week.

e. Work Schedule

The daily, weekly, or monthly hours that an employee is assigned to work.

i. **Full-time**

A schedule involving complete workweeks or calendar months.

ii. **Part-time**

A schedule involving a specified percentage of each workweek or work month.

iii. **Variable time**

A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

4. **Flexible Work Option**

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: Flextime and Telecommuting Agreements. Approval of both options must be within the provisions of [RPM §2.06\(D\)\(2\)](#) to [\(3\)](#).

a. **Flextime**

i. **General**

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 [§2.06 \(D\)\(2\)](#) to [\(3\)](#). 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, ongoing flextime schedule cannot be implemented. If scientific or operational requirements make regular, formal flextime practices unfeasible, arrangements can be made between the supervisor and employee on an ad hoc basis.

ii. **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 [§2.06\(D\)\(2\)](#).
- 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.

iii. 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.
- Employees are also responsible for accurately reporting their time worked.

b. Telecommuting

i. 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.

ii. 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 (or designee). 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 at the [HR Forms Web page](#).

Telecommuting agreements involving nonexempt employees require concurrence of the Manager, Employee and Labor Relations.

Telecommuting agreements may be terminated at any time by either the employee or the supervisor. Whenever possible, a 30 days' notice should be provided.

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§2.07 Professional Research Staff

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

Responsible Manager

Revised 07/11

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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 their appointment is terminated during the appointment term and returns in another career-track position, the previous period of employment counts towards the five-year maximum (see [RPM §2.01\(B\)\(4\)](#)). 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. **Midterm and Promotional Reviews**

Procedures for midterm and promotional reviews of Research Scientists/Engineers (Career-Track), StaffMarkScientists/Engineers (Career-Track), and Divisional Fellows are listed here and in the description of each appointment type below. See [Scientist/Engineer Midterm Review Guidelines](#) and [Scientist/Engineer Midterm Review Checklist](#). 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  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, Faculty Senior Scientist, or Distinguished Scientist/Engineer. The Laboratory Director may appoint three additional members chosen at large from the Laboratory's Distinguished Scientists/Engineers, Senior Scientists/Engineers, and Faculty 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.

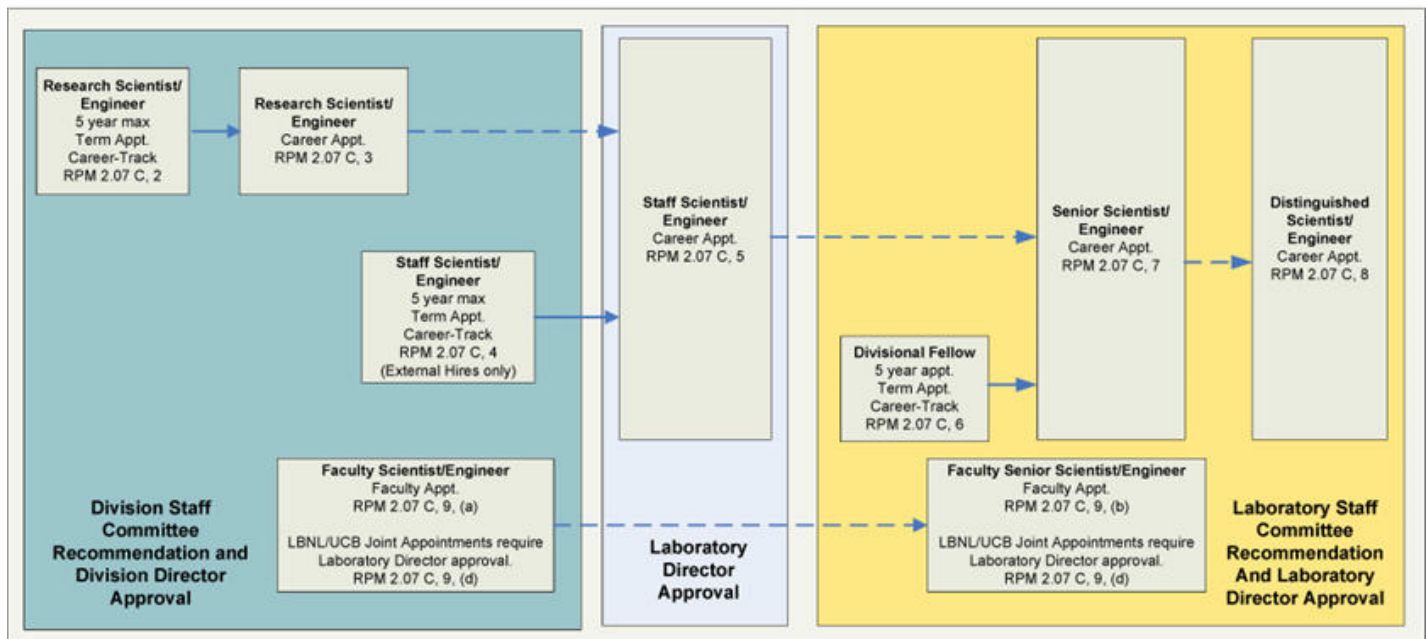
b. Membership of Division Staff Committees

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



05/20/2010 v. 2

Go [here](#) to download a PDF of the Berkeley Lab Scientific Career Path chart.

1. Postdoctoral Fellow

Information on the Postdoctoral Fellow appointment has been moved to [RPM §2.28 \(Postdoctoral Fellows\)](#).

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 midterm 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 Midterm and Promotional Review. The midterm review and promotional review are in addition to the annual performance review (see [RPM §2.03 \(Employee Performance Evaluations\)](#)).

If a Research Scientist/Engineer (career-track) employee is on an approved paid or unpaid leave of absence for one month or longer, his or her appointment may be extended by the length of the leave but only up to one year beyond the five-year maximum.

i. Midterm Review

At least 120 days prior to the end of the third year, the Division Staff Committee must have completed a midterm review of the work of the Research Scientist/Engineer (Career-Track) and provide the Division Director the midterm review. The Division Director must provide the employee with a written statement of the prospects for promotion to career position. See [Scientist/Engineer Midterm Review Guidelines](#) and [Scientist/Engineer Midterm 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 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\(C\)](#) and [\(D\)](#))**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 midterm review of performance and prospects for promotion no later than the end of three years

from initial hire in accordance with the Procedures for Midterm and Promotional Review. The midterm review and promotional review are in addition to the annual performance review (see [RPM §2.03 \(Employee Performance Evaluations\)](#)).

If a Staff Scientist/Engineer (career-track) employee is on an approved paid or unpaid leave of absence for one month or longer, his or her appointment may be extended by the length of the leave but only up to one year beyond the five-year maximum.

i. Midterm 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 midterm 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 Midterm Review Guidelines](#) and [Scientist/Engineer Midterm 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. Work Deferment

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 \(Work Deferment Policy\)](#).

g. Reduction in Force

Proposed layoff of Staff 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 Staff Scientist/Engineer (Career) who otherwise would be terminated for reasons of lack of funds or termination of a project or program.

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 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.

If a Divisional Fellow (career-track employee) is on an approved paid or unpaid leave of absence for one month or longer, his or her appointment may be extended by the length of the leave but only up to one year beyond the five-year maximum.

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. Midterm 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 midterm review. The Division Director must provide the employee with a written statement of the prospects for promotion to Senior Scientist/Engineer. See [Scientist/Engineer Midterm Review Guidelines](#) and [Scientist/Engineer Midterm 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 internationally 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 layoff.

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

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 employee is hired in a limited employee classification, the appointment may be a fixed or variable time schedule.

If the employee is hired in a term appointment and the initial employment period is between six and twelve months, the individual must be on a fixed, 100% time schedule.

If the employee is hired in a term appointment and the initial employment period 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\(K\)\(5\)](#)).
- 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 exception 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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Policy Number: ~~2.08~~ RPM Section 2.08**Policy Name: Vacation Leave****Effective Date: 4/7/2011 (Last Revision Date: 1/2009)**

- A. [Purpose of This Policy](#)
- B. [Whom This Policy Impacts](#)
- C. [Roles and Responsibilities](#)
- D. [Definitions](#)
- E. [Policy](#)
- F. [Implementing Documents](#)
- G. [Contact Information](#)
- H. [Policy Change History](#)

A. Purpose of This Policy

Lawrence Berkeley National Laboratory (the Laboratory) provides vacation leave to eligible employees for rest, relaxation, and renewal. Consistent with this objective, the Laboratory encourages employees to take their earned vacation leave each year.

B. Whom This Policy Impacts

1. The Laboratory provides vacation leave to employees who:

- Hold a [Career](#), [Term](#), [Postdoctoral Fellow](#), [Visiting Researcher](#), or [Limited](#) appointment; and
- Are appointed at 50 percent or more of full-time status for six or more months.
 - a. An employee holding such an appointment begins to accrue vacation leave at the start of his or her appointment.
 - b. If an employee eligible for vacation leave has his or her appointment reduced below 50 percent, the employee will no longer accrue vacation leave. Employees previously ineligible for accruing vacation leave due to part-time or short-term appointments become eligible for accruing vacation credit on the first day after six consecutive months of working 50 percent or more full-time status.
 - c. The following employee classifications are not eligible for accruing vacation credit: Faculty, Rehired Retiree, Graduate Student Research Assistant (GSRA), and Student Assistant.
 - d. Employees working variable-time schedules regardless of their employee appointment do not accrue vacation credit.

C. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

D. Definitions

WORD	DEFINITION
Full-time status	Full-time status is 40 hours per workweek.
Part-time status	Part-time status is fixed time set at a minimum of 20 hours per workweek, up to 39 hours per workweek.
Pay status	Any period of time for which an employee receives pay for time worked. This includes time on paid leave.
Senior Management Group (SMG) employee	Individuals whose Career appointment is in the SMG personnel program. SMG employees with a dual academic appointment at zero percent (0%) will be considered to possess a Career appointment in the SMG.
Variable-time status	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

E. Policy

1. Vacation Credit Accrual

a. Accrual Rates for Full-Time Eligible Employees

- i. An employee accrues vacation leave based on (1) his or her appointment type; (2) years of qualifying service regardless of a break in service at the Laboratory, the University of California (UC or the University) including UC Hastings College of the Law, the state of California, a UC-managed U.S. Department of Energy (DOE) laboratory, or a California State University (CSU); and (3) hours on pay status. On-call and overtime hours are not included for the purpose of computing the amount of vacation leave accrued.
- ii. The vacation leave accrual rates set forth below are based on full-time status:

Years of Qualifying Service	Approximate Number of Hours Accrued Per Month	Approximate Vacation Days Accrued Per Month	Approximate Vacation Days Accrued Per Year
Fewer than 10	10	1.25	15
10 but fewer than 15	12	1.50	18
15 but fewer than 20	14	1.75	21
20 or more	16	2.00	24

b. Accrual Rates for Eligible Full-Time Senior Management Group (SMG) Employees
Refer to UC's [Senior Management Group Vacation Leave Policy](#).

c. Accrual Rates for Part-Time Employees

Eligible employees appointed at less than full-time status accrue vacation leave on a prorated basis that corresponds with the hours they are scheduled to work.

d. Accrual Basis

Vacation credit accrual is based on five eight-hour days per week. Employees receive vacation credit accrual during leave with pay, except during extended military leave and professional research or teaching leave.

e. Short Month's Work

An employee in a pay status consisting of at least half the working hours of a month (including holidays) accrues vacation credit at the normal rate. An employee in a pay status consisting of less than half the working hours of a month accrues vacation credit on a prorated basis according to the number of hours worked in that month. Full-time employees accrue vacation credit in accordance with the [table above](#). [Part-time employees accrue vacation on a prorated basis](#).

f. When Vacation Leave Is Credited

Accrued vacation leave is credited and available for use on the next working day following the month in which it was accrued, except that eligible separating employees earn proportional vacation leave through their last day on pay status.

g. Vacation Credit of Transferring Employees

i. Transfers between the Laboratory and Other UC Locations

1. UC employees who transfer from another UC location to the Laboratory without a break in service will have their accumulated vacation credit transferred, up to the maximum credit allowed by this policy. Any accumulated vacation credit in excess of that maximum credit will be paid to the employee in a lump sum at the rate that applied to the employee prior to the transfer from the UC location.
2. Laboratory employees who transfer into a staff position at another UC location, without a break in service, will have their accumulated vacation credit transferred.
3. Laboratory employees who transfer into an academic position at another UC location will have their accumulated vacation credit paid out to the employee. Per [UC Academic Personnel Manual \(APM 730-0\)](#), academic appointees do not accrue vacation.
4. UC employees hired at the Laboratory in a non-SMG position will accrue vacation credit based on the table above, including UC employees who were classified as (1) Professionals and Support Staff and in the Administrative and Professional Staff Program as of June 30, 1996, or (2) Managers and Senior Professionals (MSP) immediately prior to being hired at the Laboratory.
5. UC employees hired at the Laboratory in SMG positions will accrue vacation according to the [UC Vacation Leave policy for SMG employees](#).

ii. Transfer between Laboratory Divisions

The vacation credit of employees is usually not affected by transfer between Laboratory divisions.

iii. Transfer from a Vacation-Eligible Employee Classification to a Non-Vacation-Eligible Employee Classification

When an employee transfers from a benefit-accruing classification to a non-benefit-accruing classification, any vacation credit he or she may possess on the effective date of the change will be paid in a lump sum at the rate that applied to the employee prior to the change.

h. Employee Vacation Advancement

Up to two days' advance use of vacation credit accruals for the months of December may be used to facilitate the implementation of Christmas/New Year's holiday closures. This applies only to employees who have not had sufficient time to accrue adequate vacation balances.

i. Vacation Accrual While on Leave of Absence

An employee continues to accrue vacation leave while on a Laboratory-paid leave of absence. However, employees do not accrue vacation leave during any unpaid leave of absence.

j. Maximum Vacation Leave Accrual Limit

Vacation leave may be accrued up to a maximum of two times an employee's annual accrual rate.

Once an employee reaches maximum accrual, no additional vacation leave may be accrued until the employee's vacation leave balance falls below the maximum.

Years of Qualifying Service	Maximum Vacation Leave Accrual Limit in Hours	Maximum Vacation Leave Accrual Limit in Days
Fewer than 10	240	30
10 but fewer than 15	288	36
15 but fewer than 20	336	42
20 or more	384	48

k. Scheduling a Vacation

- i. An employee may not use vacation leave before it is accrued.
- ii. Employees will coordinate their vacation leave in advance with their division.
Employees must provide their supervisors with reasonable notice of at least one week in advance of the need to take time off from work for any reason when the need for leave is foreseeable. This notice must include the expected length of the vacation to ensure that their absence does not conflict with the needs of the division.

iii. Vacation Leave Pay Rate

An employee's vacation leave pay rate is the rate of pay in effect at the time the leave is taken, not the rate of pay in effect when the vacation leave was accrued.

l. Use of Sick Leave While on Vacation

See [RPM 2.09\(D\)\(5\) \(Use of Sick Leave During Vacation Periods\)](#).

m. Use of Vacation While on Laboratory Travel

See [RPM 11.08 \(Travel Policy, Section 1.6 \(Combining Personal/Vacation Days with Business Travel\)\)](#).

n. Use of Vacation Credit for Other Leaves

Although the purpose of vacation leave is rest and relaxation, employees may use accrued vacation for personal or family illness or disability, or for other personal reasons. To the extent an employee seeks to use vacation leave in connection with a family-, medical- or disability-related absence, the Laboratory may require certification supporting the employee's request for leave.

o. Use of Vacation Credit on an Unpaid Leave

An employee on an otherwise unpaid leave of absence may not use vacation leave on an intermittent basis. Employees separating from Laboratory employment may not use vacation leave after their last day of work for any type of separation other than retirement. Retiring employees may schedule vacation leave between their last day of work and the effective date of retirement.

p. 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 the case of a transfer of an employee between University contracts or fund sources.

q. Return to Work

An employee is expected to return to work no later than the next regularly scheduled workday after the expiration of the approved leave. If an extension is desired, the employee should request this from his/her supervisor in advance of the expected date of return.

An employee who unexpectedly cannot return to work on the next regularly scheduled workday following the expiration of the approved leave of absence must notify his/her supervisor as soon as possible to explain the reason for the absence.

Failure to return to work after an approved leave of absence without supervisory approval for the extension of leave is considered an unauthorized absence. Five consecutive workdays of unauthorized absence constitutes job abandonment and may lead to disciplinary action. See [RPM 2.05\(L\) \(*Unauthorized Absences and Job Abandonment*\)](#).

r. Payout of Vacation Credit

i. An employee will be paid for any unused vacation leave accrued through his or her last day on pay status following:

- Separation of employment from the Laboratory
- An extended unpaid military leave

ii. An employee whose change of status from a vacation-eligible employee classification to a non-vacation-eligible employee classification will be paid for any unused vacation credit he or she accrued as of the effective date of the change. The

vacation credit will be paid in a lump sum at the rate that applied prior to the change in status.

s. Misuse of Leave

Misrepresenting reasons for requesting time off, including but not limited to misrepresentations that could lead to concerns of conflict of interest and/or fraud, may result in disciplinary action, including suspension without pay and/or termination from employment.

An employee on an unpaid leave of absence may not use vacation leave on an intermittent basis for purposes of eligibility for holiday pay and employer-paid contributions toward benefits.

Individuals on approved leaves of absence for which a medical certification is required may jeopardize their right to leave benefits and/or their continued employment by engaging in activities that are incompatible with the medical certification submitted in support of the leave.

t. Exceptions to the Laboratory Vacation Leave Policy

Requests for vacation leave that exceed what is allowed under current policy or that are not expressly addressed by current policy are considered exceptions to policy. Any request for an exception to policy requires, at minimum, the Chief Human Resources Officer (CHRO) approval.

F. Implementing Documents

LBNL Staff

- [Part-Time Employees Vacation Accrual Schedule](#)
- [Transferring Vacation Balance from UC Location to LBNL Information Sheet](#)
- [Transferring Vacation Balance from LBNL to UC Location Information Sheet](#)

HR Staff

- [Understanding the Vacation Leave Policy](#)
- [Transferring Vacation Balance from UC Location to LBNL](#)
- [Transferring Vacation Balance from LBNL to UC Location](#)

· [Vacation Balance Transfer Smartsheet](#)

G. Contact Information

For information regarding this policy, contact your [Division's HR Center](#).

Do you have feedback or questions regarding this policy? Contact hrpolicies@lbl.gov.

H. Policy Change History

As a result of the issuance of this policy, the following documents are rescinded as of the effective date of this policy and are no longer applicable:

· RPM Section 2.08 Vacation Leave Policy (effective January 2009).

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§2.09 Sick Leave

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

Rev. 1/09

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- B. [Rate of Earning Sick Leave](#)
- C. [Accrual of Sick Leave](#)
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 - 10. [Sick Leave Beyond Current Credit](#)
 - 11. [Medical Clearance to Return to Work](#)
- E. [Illness During Working Hours](#)
- F. [Transfer and Reinstatement of Sick Leave](#)
 - 1. [Transfer of Sick Leave](#)
 - 2. [Reinstatement of Sick Leave](#)

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	Hours of
--	--------------------	----------

160-hour month	168-hour month	176-hour month	184-hour month	for which monthly paid employee receives pay	sick-leave credit earned
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.  For more information on the Lab's Return-to-Work Program, go to http://www.lbl.gov/ehs/health_services/pp/index.shtml. 

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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Policy Number:  RPM Section 2.10

Policy Name: Holiday

Effective Date: 4/29/2011 (Last Revision Date: 9/1/2010)

- A. [Purpose of This Policy](#)
- B. [Whom This Policy Impacts](#)
- C. [Roles and Responsibilities](#)
- D. [Definitions](#)
- E. [Policy](#)
- F. [Implementing Documents](#)
- G. [Contact Information](#)
- H. [Policy Change History](#)

A. Purpose of This Policy

The Holiday Policy of Lawrence Berkeley National Laboratory (Berkeley Lab) includes twelve (12) paid holidays each calendar year, allowing eligible employees to observe national or state holidays.

B. Whom This Policy Impacts

This policy applies to employees who work either full-time or part-time schedules in the following employee classifications: [Career](#), [Term](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), [Rehired Retiree](#), and [Student Assistant](#).

Employees who work variable time in the following employee classifications are not eligible for holiday pay: [Limited](#), [Rehired Retiree](#), and [Student Assistant](#).

Employees in the following employee classifications are not eligible for holiday pay: [Faculty](#) and [Graduate Student Research Assistants \(GSRAs\)](#).

This policy applies to non-represented employees. Represented employees should consult their collective bargaining agreement.

C. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

D. Definitions

TERM	DEFINITION
Full time	Full-time status is fixed time at 40 hours per workweek.
Part time	Part-time status is fixed time set at a minimum of 20 hours per workweek, and up to 39 hours per workweek.
Variable time	A schedule with no fixed percentage of time or schedule. Hours worked will vary depending on operational needs.

E. Policy

1. Berkeley Lab Holidays

- a. The Laboratory observes the following holidays listed below and in the [Berkeley Lab Holiday Calendar](#). These holidays are granted with pay to eligible employees. The days listed below, or announced equivalents, are usually observed as holidays:
 - i. New Year's Day (or the announced equivalent)
 - ii. Third Monday in January
 - iii. Third Monday in February
 - iv. Last Monday in May
 - v. July 4

- vi. Labor Day
- vii. Thanksgiving Day
- viii. Friday following Thanksgiving Day
- ix. December 24 or 26
- x. Christmas Day (or the announced equivalent)
- xi. December 31 or January 2
- xii. 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 days listed above 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 (or the designee).

Berkeley Lab will be open on both Cesar Chavez Day and Veterans Day, and will be 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 during the winter holiday shutdown.

The floating holiday must be taken during the calendar year and cannot be accrued for future use.

2. Eligibility for Holiday Pay

a. Full-Time Employees

Full-time exempt employees are eligible for holiday pay if they are on pay status during the week in which the holiday occurs.

Full-time non-exempt employees are eligible for holiday pay if they are on pay status on their last scheduled workday before the holiday, and on their first scheduled workday following the holiday.

Full-time employees are also eligible for holiday pay if the holiday:

- i. Immediately precedes their appointment date, and the holiday is the first workday of the month
- ii. Immediately follows their last day of work, and the holiday is the last workday of the month
- iii. Occurs during an approved leave of absence, or a work deferment that does not exceed twenty (20) calendar days (including holidays)

b. Part-Time Employees

Part-time exempt employees will receive holiday pay for the number of hours per holiday in proportion to the percentage of their appointment (see [Section \(E\)\(3\) \(Holiday Pay Policy for Part-Time Employees\)](#) below).

New or rehired part-time regular employees are not eligible for holiday pay for a holiday that occurs before the first day of their appointment or after they are separated from employment with the University of California.

c. Variable-Time Employees

Employees who work variable-time schedules do not earn holiday time off with pay.

3. Holiday Pay Policy for Part-Time Employees

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:

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

4. 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.

5. Holiday Pay for Separating Employees

A separating full-time employee will receive pay for any holiday immediately following his or her last actual day of work (or vacation leave) if the holiday is the last working day of a pay period. This rule does not apply to part-time employees.

6. Pay Policy for Work Performed on a Holiday

a. Exempt Employees

Exempt employees do not normally receive extra compensation when their assignment requires work on a holiday.

b. Non-Exempt Employees

Non-exempt employees are paid regular pay, including any shift differentials, 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.

A non-exempt employee who is scheduled to work on a holiday but takes time off due to illness is eligible only for holiday pay.

c. Irregular Schedules

Non-exempt 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 receives holiday pay if his or her regular day off falls on a holiday observed by the Laboratory.

d. Cesar Chavez Day and Veterans Day

Non-exempt employees working on Cesar Chavez Day and Veterans Day will be paid for hours worked only. They will not receive additional holiday pay.

7. Holiday Pay Policy During Leave of Absence Without Pay

a. Short-Term Leave

A full-time employee on approved, non-disciplinary 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. A part-time employee on approved, non-disciplinary leave of absence without pay for more than 20 calendar days is eligible to be paid for any holidays occurring during the leave period at the prorated rate listed in the [table above](#), in Section (E)(3) (*Holiday Pay for Part-Time Employees*).

b. 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 beginning of the leave period.

8. Special or 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 non-exempt employees and, at the discretion of the division director or department head, for exempt employees.

9. Disciplinary Suspensions and Unauthorized Absences

Non-exempt employees who have been suspended for disciplinary reasons for a period that includes or immediately precedes or follows a holiday, and non-exempt employees who have an unauthorized absence immediately preceding or following a holiday will not receive holiday pay for that holiday.

10. Approval of Variations from Policy

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy, and must be approved in advance by the Chief Human Resources Officer (CHRO).

F. Implementing Documents

[Berkeley Lab Holiday Schedule](#)

[Limited Floating Holiday Implementation Guidance](#)

G. Contact information

For information regarding this policy, contact your [division's Human Resources Center](#).

Do you have feedback or questions regarding this policy? Contact hrpolicies@lbl.gov.

H. Policy Change History

As a result of the issuance of this policy, the following documents are rescinded as of the effective date of this policy and are no longer applicable:

- RPM Section 2.10 (*Holidays*) version 09/10

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§2.11

Miscellaneous Leave With Pay

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

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- D. [Supplemental Disability Leave](#)
- E. [Public and Operational Emergencies](#)

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 AND OPERATIONAL EMERGENCIES](#)

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§2.12

Leave of Absence Without Pay

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

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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.

<p>Table 2.12(C) Authorization for Leaves of Absence Without Pay</p>

Duration	Division director/ department head	HR head or designee	Associate Laboratory Director for Operations
≤ 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). For more information on the Lab's Return-to-Work Program, go to http://www.lbl.gov/ehs/health_services/pp/index.shtml.

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\(D\) \(Reasonable Accommodation\)](#).

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.

For more information on the Lab's Return-to-Work Program, go to http://www.lbl.gov/ehs/health_services/pp/index.shtml.

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 [§RPM 2.05\(L\) \(Unauthorized Absences and Job Abandonment\)](#).

For more information on the Lab's Return-to-Work Program, go to http://www.lbl.gov/ehs/health_services/pp/index.shtml.

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§2.13

Family Care and Medical Leave

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

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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](#), 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\(C\)](#).

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*).

For more information on the Lab's Return-to-Work Program, go to http://www.lbl.gov/ehs/health_services/pp/index.shtml.

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

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

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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

[Responsible Manager](#)

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A. WORK-INCURRED INJURY AND ILLNESS

1. General

This policy describes how the Laboratory provides workers' compensation coverage under the University of California self-insured program. 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 contract an illness or are injured at work should:

- a. Receive prompt medical attention

- b. Be provided with a Workers' Compensation Claim form (DWC1) within one working day of Laboratory knowledge of the illness or injury
- c. Receive prompt payment of benefits in accordance with California state law and the University's benefit program
- d. Be encouraged to return to work at the earliest possible time

3. Workers' Compensation Coverage

An employee who is injured or contracts a disease within the course and scope of employment may be entitled to benefits. These include medical care; compensation for wage loss during disability (temporary disability payments); death benefits and a burial allowance; and a supplemental job displacement voucher, which may be provided for retraining if the injury or illness prevents an employee from continuing in his or her job.

B. REPORTING OF WORK-INCURRED INJURIES AND ILLNESSES

1. Injuries and Illnesses Occurring and Reported On Site

Employees are required to report work-related injuries and illnesses *immediately* to their supervisors and to Health Services. Health Services must complete the employer section of the Workers' Compensation Claim form (DWC1) and give the form to the employee within one working day of employee reporting or Laboratory knowledge of the injury or illness.

2. Injuries and Illnesses Occurring or Reported Off Site

Supervisors must advise the Laboratory Workers' Compensation Office in Health Services *immediately* of all off-site reports of employee work-related injuries or illnesses. As above, Health Services must complete the employer section of the Workers' Compensation Claim form (DWC1) and mail the form to the employee within one working day of the report or Laboratory knowledge of the illness or injury.

C. 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 should send or transport the employee to Health Services for treatment. After business hours, the employee's division should activate the emergency medical system, if needed.

2. Treatment by Personal Physicians

Injured employees who have completed a **Predesignation of Personal Physician** form and have it on file with Health Services may be treated by that physician for a work-incurred injury or illness.

D. COMPENSATION WHILE ABSENT BECAUSE OF WORK-INCURRED DISABILITY

1. Use of Accrued Sick Leave and Vacation (Supplemental Leave)

An employee with accrued sick leave and vacation shall be permitted to use it, 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 income, and the employee's regular salary. (Temporary disability payments are two-thirds, [not full pay] of an employee's wage, capped at a maximum as specified by labor code, dependent on the employee's rate of pay.)

The sick-leave and vacation-leave payments made to an employee before initiation of disability payments will be deemed an advance temporary disability payment under the Workers' Compensation Act. An employee who receives advance temporary disability payments and is later paid temporary disability income for the same time period must reimburse the Laboratory for such payments. The reimbursement to the Laboratory is used to restore proportionate sick leave and vacation credit, as appropriate.

2. Insufficient Accrued Sick Leave to Cover Waiting Period

An eligible employee who does not have sufficient accrued sick leave to cover the three-calendar-day waiting period for receiving workers' compensation temporary disability payments will receive extended sick-leave benefits (see [Section D\[3\]](#) below) 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.

3. Extended Sick Leave for Work-Incurred Injury/Illness

- Extended Sick Leave is a University of California pay benefit that allows employees to receive income continuation at 80% of salary for a maximum of 26 weeks.
- All employees who accrue sick leave are eligible to receive extended sick-leave benefits.
- An employee who is receiving temporary disability payments, and who has exhausted all accrued sick leave, shall receive extended sick-leave payments.
- Extended sick-leave payments will be the difference between the temporary disability payments from workers' compensation and 80% of basic pay, plus any shift differential the employee would have received.
- If the employee returns to work at less than his or her normal hours (reduced work schedule) at the time of injury, the employee's reduced-schedule earnings, plus any temporary disability payments, shall be supplemented to 80% by extended sick-leave payments, provided the employee continues to be medically authorized for workers' compensation temporary disability.
- Total extended sick-leave payments shall not exceed 26 weeks for any one injury or illness.

4. Effect of Laboratory Personnel Policies

a. Supplemental Leave

An employee who is receiving temporary disability payments and supplemental sick leave or vacation as described in [Section \(D\)\(1\)](#), above, is considered to be on regular pay status for purposes of application of all Laboratory personnel policies except completion of the probationary period. The probationary period will be extended during periods of absence. Sick leave and vacation accrued during this period of disability may be used as soon as accrued.

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. The probationary period will be extended during periods of absence. Sick leave and vacation accrued during this period of disability are credited to the employee, however, only upon return to work. If an employee terminates without returning to work, the employee will be paid for vacation for the period during which he or she received extended sick-leave payments.

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 upon return to work. If an employee terminates without returning to work, no payment will be made for such vacation credit.

5. Family and Medical Leave Act (FMLA)

An employee who is receiving supplemental leave or extended sick leave as described in [Sections \(4\)\(a\)](#) and [\(4\)\(b\)](#), above, shall have that time counted against the 12 work-week entitlement to family and medical leave, provided that the employee is entitled to FMLA leave pursuant to [RPM §2.13 \(Family Care and Medical Leave\)](#).

6. Termination

An employee may not use vacation, sick leave, or extended sick leave to supplement temporary disability 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. ANNUAL REPORT TO DEPARTMENT OF ENERGY

The Lawrence Berkeley National Laboratory manager responsible for overseeing workers' compensation

claims shall submit an annual report to the DOE Site Office Contracting Officer. This report shall include:

1. Workers' compensation costs as a percentage of the Berkeley Lab payroll
2. A discussion comparing the Berkeley Lab's costs with those of similar institutions
3. A discussion of claims audit activities
4. A summary of actuarial methods used to set reserves

A significant change to the Laboratory's workers' compensation coverage requires pre-approval by the DOE Site Office Contracting Officer.

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§2.17

Employee Records

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[Responsible Manager](#)

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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

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

Rev. 06/08

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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 §82.00 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

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

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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

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[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

Employees who are unable to satisfactorily perform the essential, assigned functions of their positions due to a disability or medical condition may be separated from employment. Prior to medical separation, the Laboratory will engage in the interactive process. See [RPM §2.01\(D\) \(Reasonable Accommodation\)](#). A non-probationary career employee separated under this policy is eligible for special re-employment procedures. See [RPM §2.01\(E\)\(3\)\(a\) \(Recruitment\)](#).

This policy is applicable to the following employee classifications: career, term, or faculty. This policy is not applicable to the following employee classifications: limited, rehired retiree, visiting researcher, graduate student research assistant (GSRA), or student assistant.

2. Basis for Separation

- a. A medical separation will be based on: (i) a written statement by the employee's supervisor 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 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 intent to separate the employee. The notice will:
 - i. State the reason for the medical separation and the proposed effective date.
 - ii. Include copies of the supervisor's statement and any other pertinent material considered. (Upon request of the employee, documentation related to the interactive process will be included.)
 - iii. State that the employee has the right to respond orally or in writing within eight calendar days regarding the separation.
 - iv. Specify to whom the response must be made.
- 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 intent 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 non-probationary career employee may be selected for a position without the requirement that the position be publicized. See [RPM §2.01\(E\)\(3\)\(a\)](#) (*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 to 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 §2.06\(C\)\(4\)](#) (*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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§2.23 Miscellaneous

RPM Section 2.23(C)(Substance Abuse in Workplace) is being revised. Go [here](#) to see the proposed policy. To comment on this change, contact hrpolicy@lbl.gov by December 11.

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

Revised 3/11

C. [Substance Abuse in the Workplace](#) (This policy is being revised. Go [here](#) to see the proposed policy.)

1. [Laboratory Policy](#)
2. [Special Requirements for Employees Engaged on Federal Contracts and Grants](#)
3. [Definitions](#)
4. [Department of Transportation \(DOT\) Rule](#)

J. [Nonsmoking Policy](#) (This policy was moved to [RPM Section 2.30](#) on 3/3/2011)

C. SUBSTANCE ABUSE IN THE WORKPLACE (This policy is being revised. Go [here](#) to see the proposed policy.)

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.

Printed 7/25/2011. The official or current version is located in the online LBNL *Regulations and Procedures Manual*.

Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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Policy Number: RPM 2.02 (formerly 2.23(C))

Policy Name: Workplace Substance Abuse Policy (formerly Substance Abuse in the Workplace)

Effective Date: (Last Revision was 07/09) **TBD**

1. [Purpose of This Policy](#)
2. [Who Should Read This Policy](#)
3. [Roles and Responsibilities](#)
4. [Definitions](#)
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1. Purpose of This Policy

It is the policy of Lawrence Berkeley National Laboratory (the Laboratory) to promote and maintain a safe, healthy, and productive drug-free and alcohol-free work environment for the benefit of its employees and the communities in which it operates.

The Laboratory considers substance abuse to be a serious issue and attaches great importance to its commitment to maintain a drug-free and alcohol-free work environment. By prohibiting substance abuse, and by establishing a program to address substance abuse in the workplace, this policy seeks to prevent its risks and ill effects.

2. Who Should Read This Policy

a. Employees

This policy applies to all employee classifications: [career](#), [term](#), [faculty](#), [postdoctoral fellow](#), [limited](#), [visiting researcher](#), [rehired retiree](#), [graduate student research assistant \(GSRA\)](#), and [student assistant](#). This policy applies to both represented and nonrepresented employees.

b. Affiliates (formerly known as guests) and Visitors

This policy applies to all affiliates (formerly known as guests) and visitors.

3. Roles and Responsibilities

a. Managers and Supervisors

Laboratory managers and supervisors have overall responsibility for the Laboratory's drug and alcohol abuse prevention and testing program and for handling disciplinary actions that occur because of a positive alcohol or drug test or refusal to submit to a test. The Chief Human Resources Officer (CHRO) has the functional responsibility for this program. The Laboratory contracts the administrative responsibility for this program to a third-party vendor. Administrative responsibilities include coordinating with the testing laboratory to conduct tests, maintaining records relative to alcohol and drug testing, and scheduling and initiating employee testing. The Laboratory also maintains a contract with a Medical Review Officer (MRO) to review and decide on the results of alcohol and/or drug tests.

FOR PROGRAM INFORMATION

See the Workplace Substance Abuse Program (WSAP) or contact the Program Administrator.

b. Employees in Testing-Designated Positions (TDPs)

Employees in jobs that are designated as a testing-designated position (TDP) are subject to drug and alcohol testing. TDPs are defined in the Code of Federal Regulations (CFR). See the Workplace Substance Abuse Program (WSAP) for more details. The list of TDPs may be revised in accordance with these and other applicable regulations or laws.

Employees in TDPs must provide written notice to the Laboratory through their immediate supervisors or managers of any alcohol-related conviction or a drug-related arrest or conviction, or receipt of a positive drug or alcohol test result, as soon as

possible but no later than five (5) calendar days after such arrest, conviction, or receipt.

c. **Employees in Non-Testing-Designated Positions (TDPs)** (a.k.a. all other employees)

Employees in non-TDPs must provide written notice to the Laboratory through their immediate supervisors or managers no later than five (5) calendar days after they are convicted of any criminal drug statute violation occurring in the workplace or while on Laboratory business.

d. **The Laboratory**

In either case (b) or (c) above, the Laboratory is required to notify the federal contracting or granting agency no later than ten (10) calendar days after receiving notice of such arrest or conviction and to take appropriate corrective action up to and including termination or to require the employee to participate and successfully complete available counseling, treatment, and approved substance-abuse assistance, alcohol treatment, or rehabilitation programs within thirty (30) calendar days after receiving notice of such conviction.

4. Definitions

WORD	DEFINITION
Accident	<p>An accident is an incident that occurs on the job where:</p> <ul style="list-style-type: none"> • Through an employee's own actions he/she is injured; or • Through an employee's actions, another employee or individual is injured; or • An employee creates a hazardous situation that presents danger, either to the employee or another employee or individual; or • The employee is involved in a vehicular accident in a Laboratory vehicle [1] or in his or her personally owned vehicle while on Laboratory business.
Alcohol Intoxication	<p>A person is deemed to have alcohol intoxication when an alcohol test has a result indicating an alcohol concentration of 0.04 or greater [49 CFR 40.285].</p>
Controlled Substances	<p>Controlled substances as defined in Schedules I-V of the Controlled Substances Act (21 United States Code (USC) §812) and 21 Code of Federal Regulations (CFR) 1308.</p>
Conviction	<p>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 or alcohol statutes.</p>
Criminal Drug Statute	<p>A criminal drug federal or nonfederal statute involving the manufacture, distribution, dispensation, use or possession of any controlled substance.</p>

Designated Employer Representative (DER)	An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of 49 CFR 40 .
Employee Assistance Program (EAP)	A program of counseling, referral, and educational services concerning illegal drug use and other medical, mental, emotional, or personal problems of employees, particularly those that adversely affect behavior and job performance. Employees are encouraged to self-refer for substance abuse problems and to seek confidential assistance. The Lab's EAP provider is UC CARE Services .
Illegal Drugs	A controlled substance, as specified in Schedules I through V of the Controlled Substance Act, 21 USC 811, 812. The term "illegal drugs" does not apply to the use of a controlled substance in accordance with terms of a valid prescription, or other uses authorized by law.
Medical Review Officer (MRO)	A licensed physician who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.
Reasonable Suspicion	A suspicion based on an articulable belief that an employee is either under the influence of alcohol, illegal drugs, or controlled substances, or is engaged in use, possession, sale or distribution, or manufacture of alcohol, illegal drugs, or controlled substances, drawn from particularized facts and reasonable inferences from those facts.
Testing Designated Position (TDP)	<p>Employees in jobs that are designated as a testing-designated position (TDP) are subject to drug and alcohol testing under one or more of the following regulations:</p> <p><u>Department of Transportation-Testing Designated Position (DOT-TDP):</u></p> <p>The DOT rule covers employees 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</p>

	and that require the motor vehicle to be placarded under the Hazardous Materials Regulations. <u>10 CFR 707 – Testing Designated Position (CFR-TDP):</u> Employees in positions where failure of an employee to adequately discharge his or her position could significantly harm the environment, public health or safety, or national security, or other positions determined by the Department of Energy (DOE), to have the potential to significantly affect the environment, public health and safety, or national security.
Under the influence	An employee's work performance or on-the-job behavior may have been affected in any way by alcohol, illegal drugs, or controlled substances.

5. The Policy

The Laboratory recognizes dependency on alcohol and drugs as a treatable condition and offers programs and services for Laboratory employees with substance-dependency problems. Employees 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 (EAP), which is provided by the [University of California Health Center \(the Tang Center\)](#) on the Berkeley campus. Participation in such programs or services will be treated as confidential, in accordance with federal and state laws.

RESOURCES

Employee Assistance Program (EAP)
[CARE Services](#)
University Health Services, Tang Center
2222 Bancroft Way, Suite 310
Berkeley, CA 94720-4300
(510) 643-7754

The Laboratory strives to maintain a work site free from the use, possession, sale, distribution, or manufacture of alcohol, illegal drugs, or controlled substances. The Laboratory strongly supports and is committed to making a good-faith effort to maintain a workplace free of substance abuse. Unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol, illegal drugs, or 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.

RELATED POLICIES

[Serving Alcoholic Beverages on Laboratory Property \(for On-Site and Local Meetings\) Policy](#)

a. Condition of Laboratory Employment

It is specifically understood that compliance with this policy is a condition of employment at Berkeley Lab by all employees. Employees will abide by the terms and conditions of this policy.

Employees found to be in violation of this policy may be subject to corrective action (up to and including dismissal) under applicable Laboratory policies and collective bargaining agreements (CBAs) or may be required, at the discretion of the Laboratory, to participate and successfully complete a treatment program.

b. Testing for Drugs and Alcohol

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to the Department of Health and Human Services: Mandatory Guidelines for Federal Workplace Drug Testing Programs, 53 CFR 11979, as amended ("DHHS Guidelines"), and if applicable, other federal regulations. The Laboratory will test for the use of the following drugs or classes of drugs: marijuana, cocaine, opiates, phencyclidine, and amphetamines. However, when conducting reasonable suspicion or occurrence testing, the Laboratory may also test for any drug listed in Schedules I or II of the Controlled Substances Act, including alcohol.

If an employee refuses to cooperate with the testing, the employee shall be treated in all respects as if he or she had tested positive for an illegal drug or alcohol.

i. Employees in Testing-Designated Positions (TDPs)

Employees covered by either the DOT rule or the CFR rule are subject to drug and alcohol tests. Testing for both groups of employees is done under the following circumstances:

- Pre-employment Drug Test
- Post-Accident Testing. These are accidents involving the operation of a motor vehicle or motorized machinery like a forklift.
- Random Testing
- Reasonable Suspicion Testing
- Return-to-Duty Testing
- Follow-up Testing

ii. **Employees in Non-Testing-Designated Positions (TDPs), Affiliates (formerly known as Guests), and Visitors**

Employees in non-TDPs, guests, visitors, and subcontractors may be required to participate in reasonable-suspicion drug and alcohol testing. Employees in non-TDPs, guests, or visitors who are operating a Laboratory vehicle or machinery and are involved in an accident, will be required to participate in post-accident testing. If the post-accident test result is positive and if the employee, guest, visitor, or subcontractor is allowed back on Laboratory property, he or she may be required to adhere to follow-up testing for drugs and alcohol.

iii. **Retest**

Any employee who has been notified of a positive test result may request a retest of the same sample at the same or another certified laboratory. The employee would be responsible for the cost of transportation and/or testing of the sample.

c. **Approval of Variations from Policy**

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Chief Human Resources Officer (CHRO).

6. **Implementing Documents**

For Laboratory Staff:

-

For HR Staff:

- LBNL Workplace Substance Abuse Program (WSAP)

7. **Contact Information**

For information regarding the administration of the Workplace Substance Abuse Program, contact your [Division's HR Center](#) or the Workplace Substance Abuse Administrator at XXX.

Do you have feedback or questions regarding this policy? Contact hrpolicies@lbl.gov.

8. **Policy Change History**

As a result of the issuance of this policy, the following documents are rescinded as of the effective date of this policy and are no longer applicable:

- RPM 2.23(C) Substance Abuse in the Workplace Policy

This is a draft policy for employee comment and the last date comments will be accepted is December 11, 2010.

To comment on this policy, please send an email to: hrpolicies@lbl.gov.

Note:

1. Vehicle refers to either (1) a Department of Transportation (DOT) defined commercial motor vehicle that is 26,001 lbs gvwr. or greater, or a vehicle that carries 16 passengers or more including the driver, or that is required to display a DOT placard in the transportation of hazardous material; or (2) any Laboratory-owned motorized vehicle, including cars, trucks, forklifts, and GEMS (a.k.a. white two-passenger pods that are plugged in).

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Honoraria

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Title:	Honoraria
Originally issued:	December 31, 2004
Effective Date:	June 30, 2006
Revision Number:	2
Scheduled review date:	December 31, 2007 (every year)
Primary contact:	Manager, Disbursements Office

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.

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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 2.20, 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 4.0, [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 [Disbursements 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

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- 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.

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If the policy requirements have been met, the [Disbursements Office](#) will process the request. Payment will be issued according to the information provided on the [Request for Issuance of Check for Payment of Honoraria or Stipends](#) form.

Authority

- DOE Contract 31, Appendix A, Personnel Administration, Section XVII, Special Programs, subparagraph (d) (Contract 31, Appendix A)
- Regulations and Procedures Manual (RPM), Chapter 4.0, 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.

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- **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 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



Non-Employee Stipends

Lawrence Berkeley
National Laboratory Financial Policies and Procedures Part I - Chapter 4.02

Title:	Non-Employee Stipends
Originally issued:	June 1, 2006
Effective Date:	June 15, 2006
Revision Number:	1
Scheduled review date:	June 1, 2007 (every year)
Primary contact:	Controller

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.

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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.

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.

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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.

- **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.

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.

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.

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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 [Disbursements 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)

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- 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.

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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).

Disbursements Office

- Verifies with the Payroll Office that the payee is not a Laboratory employee.
- 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](#).
- Withholds and refunds the appropriate tax, as applicable.
- Prepares and issues IRS Form 1099, as appropriate, for US citizens and resident aliens.

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Payroll Office

- 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.

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 4.0, 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

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- IRS [Instructions for Form 1042-S](#), Foreign Person's U.S. Source Income Subject to Withholding
- IRS [Instructions for Form 1099-MISC](#), Miscellaneous Income
- 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

- Controller
- Manager, Financial Policy and Training
- [Payroll Office](#)
- [Disbursements Office](#)
- [Procurement Department](#)
- Travel Department Help Desk ([Travel Hotline](#))
- International Researchers & Scholars Office (IRSO) BOrtega@lbl.gov
- [Sponsored Projects Office \(SPO\)](#)

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.

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- **Fellowship:** Generally, a payment made to an individual in support of their pursuit of study or research.
- **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

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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)

- **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, Chapter 4.01, Honoraria](#)
- [Request for Issuance of Check for Payment of Honorarium or Stipends form](#)

Financial Policies and Procedures Manual

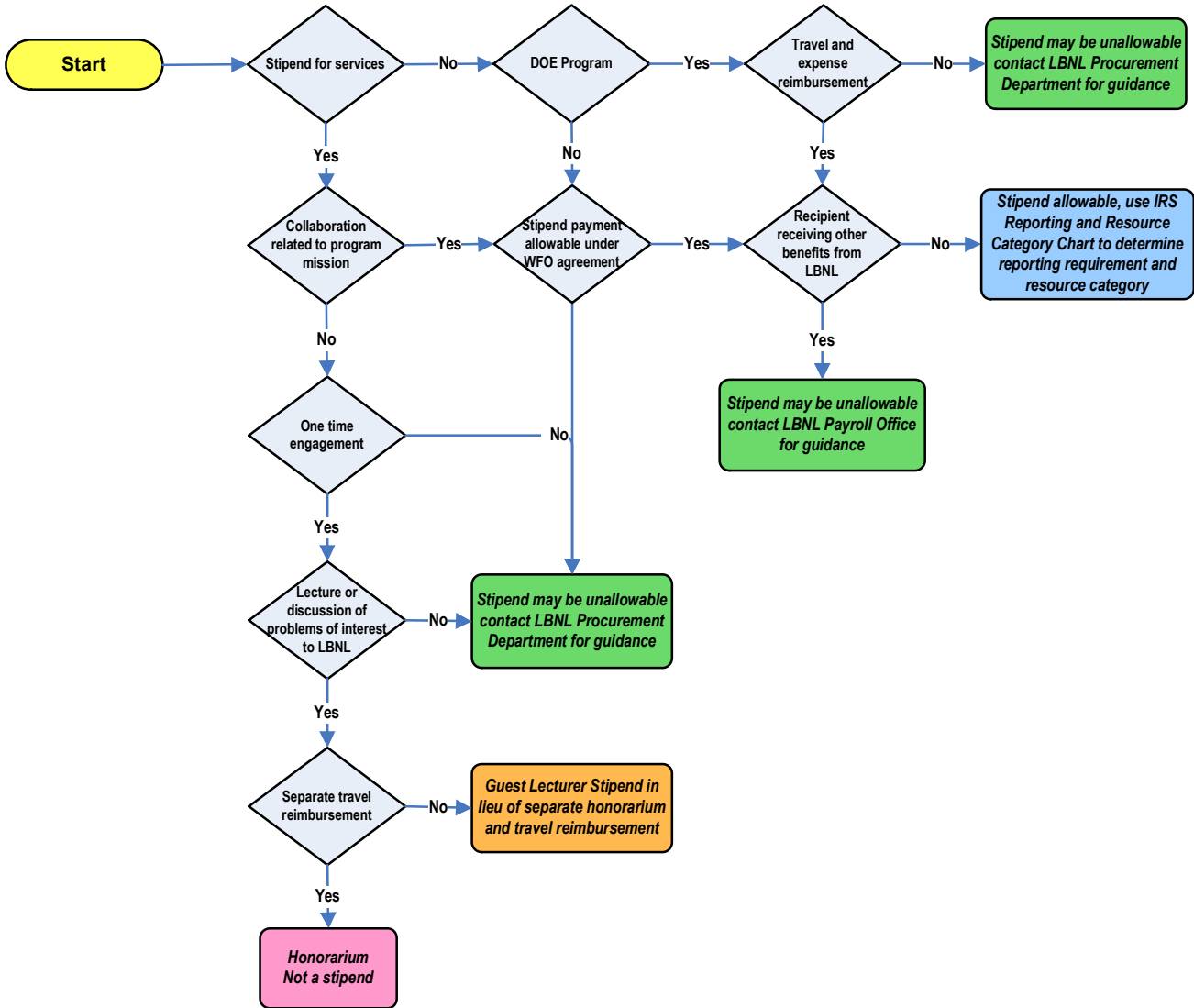
Approval Limits for TOTAL (*not partial*) Stipends

Type of Stipend	Resource Category	Division Designee	Division Director*	Associate Laboratory Director	Laboratory Director (per Contract 31)
<u>Fellowships</u>					
US Citizens, Permanent Residents and Resident Aliens	35300	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
<u>Non Fellowships</u>					
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
<u>Guest Lecturers</u>					
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

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NON EMPLOYEE STIPENDS Allowability Determination

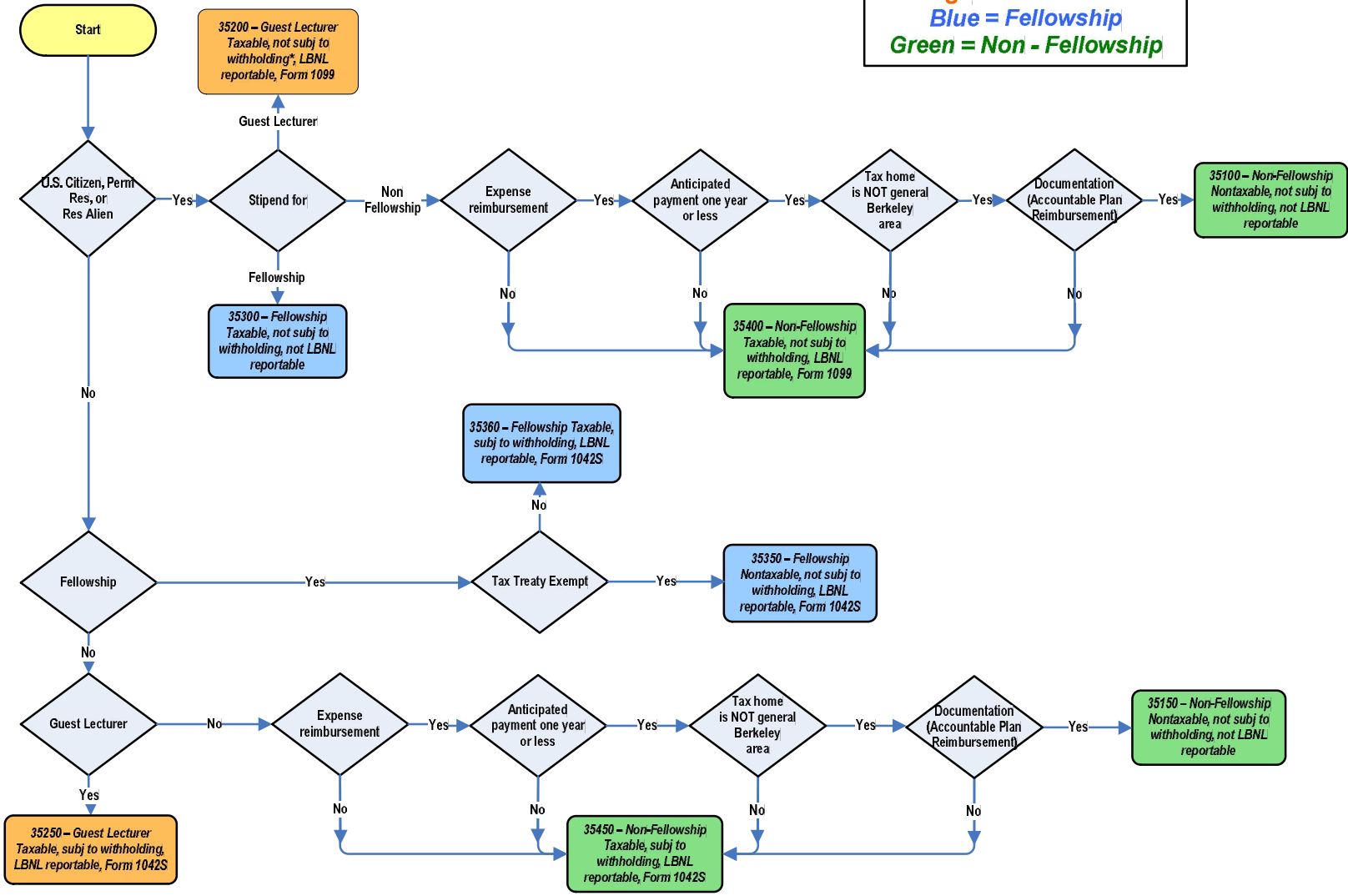


Legend

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
Non-Fellowship	Documentation (Accountable Plan Reimbursements) ¹ 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 IS in the general Berkeley area) - or - 2) Accountable Plan Reimbursements ¹ planned (or actually paid) for > one year - or - 3) Insufficient Documentation (Non Accountable Plan Reimbursements) ² - 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 NOT in the general Berkeley area)	No	No	No	n/a	35150
Non-Fellowship	1) Accountable Plan Reimbursement for ≤ one year (if tax home IS in the general Berkeley area) - or - 2) Accountable Plan Reimbursements ¹ planned (or actually paid) for > one year - or - 3) Insufficient Documentation (Non Accountable Plan Reimbursements) ² - 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

¹**Accountable Plan Reimbursement**
An expense reimbursement allowance that meets all of the IRS documentation requirements (see right)

²**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

§2.26 Voluntary Leave Donation

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

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Rev. 02/10

- A. [Purpose](#)
- B. [Applicability](#)
- C. [Definitions](#)
 - 1. [Catastrophic Illness or Injury](#)
 - 2. [Catastrophic Casualty Loss](#)
 - 3. [Catastrophic Bereavement Loss](#)
 - 4. [Exceptions](#)
- D. [Provisions of Leave](#)
 - 1. [Applicable Situations](#)
 - 2. [Receiving-Employee Conditions](#)
 - 3. [Donating-Employee Conditions](#)
 - 4. [Donations](#)
 - 5. [Minimum Donation](#)
 - 6. [Maximum Credit](#)
 - 7. [Misuse of Leave](#)
- E. [Tax Consequences](#)
- F. [Program Details](#)

A. Purpose

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 catastrophic illness or injury affecting the employee or an eligible person, as defined below; or
- who has experienced a catastrophic casualty loss; or
- who has a catastrophic bereavement loss; and
- is on an approved Family and Medical Leave, Personal, or Bereavement leave of absence.

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\(D\)](#)

[\(Employee Complaint Resolution\)](#).

B. Applicability

This policy is applicable to the following employee classifications: career, term, postdoctoral fellow.

This policy is not applicable to the following employee classifications: faculty, limited, visiting researcher, rehired retiree, graduate student assistant researcher, and student assistant.

C. Definitions

1. Catastrophic Illness or Injury. A serious life-threatening illness, injury, impairment, or physical or mental condition that:

- a. is expected to incapacitate the employee or the employee's family member; and
- b. causes a loss of income due to the employee having exhausted all paid leave accruals; and
- c. creates absence(s) which are not currently eligible to receive payment of temporary disability benefits from either Worker's Compensation or the disability insurance benefits; and
- d. is projected to cause a minimum of 30 days' absence in a calendar year, and involves:
 - i. A period of illness or injury or treatment connected with inpatient care (e.g., an overnight stay) in a hospital, hospice, or residential medical care facility; or
 - ii. A period of illness or injury requiring absence of more than seven calendar days from work, and that also involves continuing treatment by (or under the supervision of) a licensed health care provider; or
 - iii. A period of illness or injury (or treatment) due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.); or
 - iv. A period of illness or injury that is long-term due to a condition for which treatment may be ineffective (e.g., stroke, terminal disease); or
 - v. An absence to receive multiple treatments (including any period of recovery from the treatments) either for restorative surgery after an accident or other injury, or for a chronic condition, (e.g., cancer or kidney disease).

2. Catastrophic Casualty Loss. A serious financial loss is suffered by an employee due to a terrorist attack, fire, or other natural disaster, including severe damage or destruction of the employee's primary residence, regardless if it has been declared a major disaster or emergency by the President of the United States.

3. Catastrophic Bereavement Loss. The employee has exhausted his/her sick and vacation leave and has not exhausted his/her bereavement leave entitlement. See [RPM §2.09\(D\)\(6\) \(Use of Sick Leave for Death in Family\)](#).

4. Exceptions. Exceptions to policy are requests that are either greater than what is allowed under current policy or not expressly provided for under any policy. Any request that is not expressly addressed by current policy must be treated as an exception.

D. Provisions of Leave

1. Applicable Situations

The receiving employee's absence from work must be due to:

- a. the employee's own catastrophic illness or injury; or
- b. the catastrophic illness or injury of the employee's spouse, domestic partner, parent, child, sibling, grandparent, or grandchild (or in-law or step-relative in one of these relationships); or
- c. the catastrophic illness or injury of any other person residing in the employee's household for whom there is a personal obligation; or
- d. the employee's need to manage their personal affairs due to a catastrophic casualty loss; or
- e. The employee's need for bereavement leave due to a catastrophic bereavement loss.

The catastrophic illness or injury must be verified. In addition, verification of a family member or other eligible person will be required in accordance with University and Laboratory policy.

2. Receiving-Employee Conditions

The receiving employee must:

- a. be in good standing. Employees in good standing are not currently on a performance improvement plan (PIP), counseling memo, corrective, or disciplinary action. See [RPM §2.05\(C\) \(Corrective Action and Dismissal\)](#). Exceptions may be approved by the Chief Human Resources Officer (CHRO).
- b. be in a position that accrues vacation leave; and
- c. 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; and
- d. not currently be eligible for workers' compensation benefits and disability benefits (when applicable); and

- e. be on an approved leave of absence.

3. Donating-Employee Conditions

A donating employee must:

- a. be in a position that accrues vacation leave; and
- b. have sufficient vacation leave to cover the donation (leave may not be donated prior to its accrual).

4. Donation

The donating-employee may donate any available amount of vacation credit but is encouraged not to deplete his/her own vacation accrual below 40 hours.

5. Minimum Donation

The minimum donation of vacation leave under this policy is 8 hours. Donations above this amount must be made in four-hour increments.

6. Maximum Credit

A receiving-employee will not be credited with vacation credits that exceed the number of hours needed to ensure continuance of the employee's regular salary during the period of the approved catastrophic leave.

7. Misuse of Leave

Misrepresenting reasons for requesting time off, or misrepresenting reasons in applying for a leave of absence, may result in disciplinary action, including suspension without pay and/or termination from employment.

An employee on a leave of absence may not utilize leave on an intermittent basis for purposes of eligibility for holiday pay and employer-paid contributions towards benefits.

Individuals on approved leaves of absence for which a medical certification is required may jeopardize their right to leave and/or their continued employment by engaging in activities that are incompatible with the medical certification submitted in support of the leave.

E. Tax Consequences

The employee receiving the donation will be responsible for any applicable taxes on the earnings. An employee who donates leave to other employees may be subject to tax liability. Donating employees should check with their tax advisors prior to making any donations.

F. Program Details

For more information regarding the Laboratory's Voluntary Leave policy, see <https://www.lbl.gov/Workplace/HumanResources/html/Employee-Actions/Leaves/catastrophic.html>.

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§2.27

Upper Laboratory Management

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

[Responsible Manager](#)

Rev. 03/09

- A. [UC-Managed DOE National Laboratories Policy on At-Will Upper Management Personnel](#)
 - 1. [General](#)
 - 2. [Notice](#)
 - 3. [Termination Assistance](#)
 - 4. [Severance Pay](#)
 - 5. [Resolution of Concerns](#)
 - 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 [Senior Management \(SMG\) Human Resources Policies](#).

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\(F\)\(3\) \(Laboratory Management\)\)](#)).

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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§2.28 Postdoctoral Fellows

Responsible Manager

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

Rev. 2/11

Preamble

A. Policy

B. Definition

C. Titles

1. Employee Titles

- a. Postdoctoral Fellow
- b. Special Postdoctoral Fellow
- c. Interim Postdoctoral Fellow

2. Guest Titles

- a. Guest Postdoctoral Fellow
- b. Guest Postdoctoral Fellow—Stipend
- c. Guest Postdoctoral Fellow—Paid Direct

D. Qualifications

E. Recruitment

F. Appointment Criteria

G. Terms of Service

H. Appointment Percentage

I. Salary and Stipend

1. Scale
2. Criteria

J. Coaching and Mentoring / Annual Reviews

K. Leaves

1. Vacation
2. Sick Leave
3. Medical Leave
4. Military Leave
5. Jury Leave

L. Holidays

M. Benefits Plan

N. Expiration/Termination of Appointment

O. Promotion

PREAMBLE

At Lawrence Berkeley National Laboratory, the postdoctoral experience is an opportunity for further scientific training and professional development for individuals who have recently completed a doctoral degree. Postdoctoral fellows bring expertise and creativity that enrich the research environment for all members of the Laboratory community, including graduate and undergraduate students of the University of California.

A. POLICY

This policy defines and sets forth terms and conditions relating to the appointment of postdoctoral fellows. It applies to postdoctoral fellows who are employees of the Laboratory. This policy does not apply to postdoctoral fellows who are guests of the Laboratory.

B. DEFINITION

1. The postdoctoral fellow conducts research under the general oversight of a supervisor in preparation for a career position in academia, industry, government, or the nonprofit sector. Postdoctoral fellow appointments are intended to provide an opportunity to acquire further scientific professional growth and development.
2. Postdoctoral fellows train under the direction and supervision of Laboratory scientific and engineering staff (including faculty). In addition to research activities, postdoctoral fellows may be approved to engage in other scientific activities (e.g., teaching, serving on institutional committees) to broaden their professional skills.
3. Postdoctoral fellows may serve as co-principal investigators on externally funded contracts or grants. They are also permitted to serve as principal investigators on Laboratory-Directed Research and Development (LDRD) proposals. Postdoctoral fellows may be permitted to serve as principal investigators in three areas: (1) awards that are restricted to postdoctoral fellows; (2) small awards for research-related expenses; (3) or other circumstances approved by the division director.

C. TITLES

The specific title of a postdoctoral fellow is determined by the source of funds:

1. Employee Titles

a. Postdoctoral Fellow

The "postdoctoral fellow" appointment is determined when (1) the research is supported by Laboratory funds, or (2) the Laboratory is reimbursed by an external agency for the postdoctoral fellow's appointment.

b. Special Postdoctoral Fellow

The “special postdoctoral fellow” appointment is for the individual who has funding support from an external agency and the division augments the fellowship funding with additional work and compensation to reach approved Laboratory pay rate minimums.

c. Interim Postdoctoral Fellow

The “interim postdoctoral fellow” appointment is for the time period between finishing doctoral degree requirements as a Laboratory Graduate Student Research Assistant (GSRA) and beginning their postdoctoral work elsewhere. There should be no break in service between the end of the GSRA appointment and the beginning of the Interim Postdoctoral Fellow appointment. Such interim appointments are made by a division director, based on the recommendation of the supervisor, and are not to exceed six months.

2. Guest Titles

The title of a guest postdoctoral fellow is determined by the source of funds. Postdoctoral fellows who have guest status at the Laboratory are not covered by this policy.

a. Guest Postdoctoral Fellow

The “guest postdoctoral fellow” appointment is for the postdoctoral fellow with an appointment at another institution and is participating in a scientific collaboration or participating in experiments at a Laboratory user facility. See the [Guest Policy](#) to determine whether these are visitors or participating guests.

b. Guest Postdoctoral Fellow—Stipend

The “guest postdoctoral fellow—stipend” appointment is for a postdoctoral fellow who has been awarded or appointed to a fellowship or traineeship for postdoctoral study by an external agency and the fellowship or traineeship is paid through a Laboratory non-payroll account.

c. Guest Postdoctoral Fellow—Paid Direct

The “guest postdoctoral fellow—paid direct” appointment is for the postdoctoral fellow who has been awarded a fellowship or traineeship for postdoctoral study by an external agency and the agency pays the fellowship or traineeship directly to the postdoctoral fellow rather than through the Laboratory.

D. QUALIFICATIONS

The postdoctoral fellow position requires a recent Ph.D. or its equivalent. Candidates should show strong potential for creativity and productivity in research.

E. RECRUITMENT

Recruitment as defined in [RPM §2.01\(C\) \(Recruitment and Selection\)](#) is encouraged for all postdoctoral fellow appointments in order to promote equal opportunity for all candidates but is not required.

F. APPOINTMENT CRITERIA

Appointment as a postdoctoral fellow requires a confirmed doctoral degree or the international equivalent.

G. TERMS OF SERVICE

1. Postdoctoral fellow appointments have fixed end dates. Initial appointments are typically made for one year but may be made for up to three years. The minimum duration of appointment is six months at full time.
2. The total duration of an individual's postdoctoral service including postdoctoral service at other institutions may not exceed five years. If a postdoctoral fellow is on an approved paid or unpaid leave of absence for one month or longer, his or her appointment may be extended by the length of the leave but only up to an additional one year beyond the five-year maximum.
3. Interim postdoctoral fellow appointments are not to exceed six months (see [Paragraph \(C\)\(1\)\(c\)](#)).
4. Time spent in postdoctoral fellow appointments is not counted toward the five-year maximum for career-track and project scientist positions. See RPM [§2.07\(C\)\(2\)\(Research Scientist/Engineer \(Career-Track\)](#), [\(4\)\(Staff Scientist/Engineer \(Career-Track\)](#), or [\(6\)\(Divisional Fellow \(Career-Track\)](#); or [RPM §2.07\(C\)\(10\)\(Project Scientist\)](#).
5. It is within the Laboratory's sole discretion not to re-appoint a postdoctoral fellow.

H. APPOINTMENT PERCENTAGE

1. Appointments to the postdoctoral fellow title are full-time.
2. When a postdoctoral fellow additionally holds another University of California position, the percent time of the postdoctoral fellow appointment normally will be reduced so that the sum of the percent times of the two appointments equals 100 percent.

I. SALARY AND STIPEND

1. Scale

An authorized salary scale establishing minimum and maximum pay rates for postdoctoral fellow titles is issued by the Human Resources Compensation Unit and approved by the Laboratory Deputy Director.

2. Criteria

Divisions are responsible for setting pay rates.

J. COACHING AND MENTORING / ANNUAL REVIEWS

In furtherance of advancing a postdoctoral fellow's career, it is recommended that the postdoctoral fellow and the supervisor conduct an annual oral review and have ongoing conversations on career growth and development throughout the postdoctoral experience. A written summary will be provided to the postdoctoral fellow upon request.

K. LEAVES

1. Vacation

Employees in postdoctoral fellow positions accrue vacation leave in accordance with [RPM §2.08 \(Vacation Leave\)](#).

2. Sick Leave

Employees in postdoctoral fellow positions accrue sick leave in accordance with [RPM 2.09 \(Sick Leave\)](#).

3. Medical Leave

Employees in postdoctoral fellow positions are eligible for unpaid medical leave as provided in [RPM §2.13 \(Family Care and Medical Leave\)](#).

4. Military Leave

Employees in postdoctoral fellow appointments are eligible for military leave as provided in [RPM §2.14 \(Military Leave\)](#).

5. Jury Leave

Employee postdoctoral fellows are eligible for paid jury duty leave as provided in [RPM §2.11\(A\)\(1\) \(Jury Duty\)](#).

L. HOLIDAYS

Employees in postdoctoral fellow appointments are eligible for holiday pay as provided in [RPM §2.10 \(Holidays\)](#).

M. BENEFITS PLANS

Employee postdoctoral fellows are eligible for designated health and welfare benefits.

N. EXPIRATION/TERMINATION OF APPOINTMENT

1. 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.
2. 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.

O. PROMOTIONS

The postdoctoral fellow position is not a career-track position. 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 Chief Human Resources Officer and the Head of the Workforce Diversity Office.

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§2.29

Work Deferment Policy

If you have feedback regarding an HR policy or procedure, share it with us [here](#).

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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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Policy Number: ~~2.30~~ RPM Section 2.30

Policy Name: Nonsmoking

Effective Date: 3/3/2011 (Last Revision Date: 7/1/2010)

- A. [Purpose of This Policy](#)
- B. [Whom This Policy Impacts](#)
- C. [Roles and Responsibilities](#)
- D. [Policy](#)
- E. [Implementing Documents](#)
- F. [Contact Information](#)
- G. [Policy Change History](#)

A. Purpose of This Policy

It is the objective of Lawrence Berkeley National Laboratory (LBNL) to create and maintain an environment as close to smoke-free as practicably possible. In addition, because LBNL is located in an environment that poses severe hazards from wildland fires, the Laboratory is obliged to ensure that outdoor smoking is restricted to safe areas.

B. Whom This Policy Impacts

1. Employees

This policy applies to all employee classifications: [Career](#), [Term](#), [Faculty](#), [Postdoctoral Fellow](#), [Limited](#), [Visiting Researcher](#), [Rehired Retiree](#), [Graduate Student Research Assistant \(GSRA\)](#), and [Student Assistant](#). This policy applies to both represented and nonrepresented employees.

2. Affiliates (Formerly Known As Guests) and Visitors

This policy applies to all affiliates (formerly known as guests), contractors, and visitors.

C. Roles and Responsibilities

Managers, supervisors, and employees have the responsibility to adhere to the provisions of this policy.

D. Policy

1. Where Smoking Is Not Permitted

The Laboratory, in keeping with the purpose of this policy and in compliance with California law, has determined that smoking is not permitted in these areas:

- a. In any Laboratory building
- b. In any Laboratory vehicle
- c. Within 25 feet (7.62 meters) of any Laboratory building
- d. On decks or stairs
- e. In areas with vegetation
- f. In any area posted as "No Smoking"

2. Where Smoking Smoking Is Permitted

Smoking is permitted only in outdoor areas that are paved with asphalt, brick, or

Smoking at LBNL

concrete.

All individuals are responsible for ensuring:

- a. That their smoke does not enter buildings.
- b. 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 Laboratory supervisor.

3. Approval of Variations from Policy

Unless there is explicit and specific authorization for an action by this policy, the action is considered to be a variation from the policy and must be approved in advance by the Chief Human Resources Officer (CHRO).

To request an ash can or to have one serviced, go [here](#) for information.

E. Implementing Documents

- [Smoking at LBNL](#)
- [LBNL Policy Highlights](#)

F. Contact Information

For information regarding this policy, contact your [division's Human Resources Center](#).

Do you have feedback or questions regarding this policy? Contact hrpolicies@lbl.gov.

G. Policy Change History

As a result of the issuance of this policy, the following documents are rescinded as of the effective date of this policy and are no longer applicable:

- RPM Section 2.23(J) (*Nonsmoking Policy*) version 07/09

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- §3.01 Definitions (moved to "[Definition of Terms in the RPM](#)," in 12/08)
- §3.02 Time Reporting (Moved to [RPM §11.05](#))
- §3.03 Overtime (Moved to [RPM §2.06\(B\)\(1\)](#), on 12/19/08)
- §3.04 Special Pay Provisions (Moved to [§2.06\(B\)\(2\)](#), [\(B\)\(3\)](#), and [\(B\)\(4\)](#), in 12/08)
- §3.05 Pay Periods, Computations, and Deductions (Moved to [RPM §11.06](#))
- §3.06 Paydays and Check Distribution (Moved to [RPM §11.07](#))
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Chapter 4 Relocation

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§4.01 Relocation Policy

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- A. [General](#)
- B. [Definitions](#)
- C. [Resources](#)
- D. [Source Documents](#)
- E. [Guidance Documents](#)

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 unallowable and therefore cannot be billed to the federal government as a direct or indirect expense.
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. PCS relocation is for a period of 12 months or longer.
 - a. PCS relocation reimbursement may be made available to career, term, faculty, visiting researcher, postdoctoral fellow, or graduate student research assistant (GSRA) employees.
3. With the approval of the Laboratory Director or designee, Laboratory employees may be assigned to temporary duty at other locations on a temporary change-of-station (TCS) basis for a period of between six months and a day and 12 months. Payment of actual and reasonable costs associated with the TCS may be made.
 - a. TCS relocation reimbursement may be made available to career, term, faculty, visiting researcher, postdoctoral fellow, or GSRA employees.
4. 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.
5. New or transferred employees—i.e., change-of-station (COS) employees—must sign a repayment agreement, which states that employees who voluntarily terminate employment prior to completing one year of credited service from the start of employment for new hires, or date of transfer for transferred staff, must refund LBNL the full amount of their relocation reimbursements.

6. New or transferred employees (i.e., COS employees) must consult with and gain pre-approval from the Relocation Office for their relocation expenditure plans prior to committing any relocation expenditures.
7. 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 COS date.
8. Written requests for exceptions to the relocation policy require advance approval by the Chief Human Resources Officer and the Chief Operating Officer.

B. DEFINITIONS

1. Permanent change-of-station (PCS): PCS relocation (also known as "Join the Staff" relocation) reimbursement may be offered to a new employee who accepts a permanent assignment of 12 months or longer at an LBNL work site.
2. Change-of-station (COS): COS applies to employees who expect to be assigned at an LBNL work site for more than 12 months. COS employees are offered the same relocation benefits as PCS employees.
3. Temporary change-of-station (TCS): TCS relocation reimbursement may be offered to an employee who accepts a temporary assignment for a period of between six months and a day and 12 months.
4. Exception to policy: Any action that exceeds what is allowable under current policy or that is not expressly provided for under this policy must be treated as an exception.

C. RESOURCES

1. [Reimbursable Relocation Costs](#)
2. [Relocation Expenses Planning Worksheet](#)
3. [LBNL Travel and Change-of-Station \(COS\) Reimbursable Expenses](#)
4. 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*

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Chapter 5

Public Information, Publications, and Patents

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 - §5.02 [Scientific and Technical Publications](#)
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 - 2. [University and High School Tours](#)
 - 3. [Distinguished Guests](#)
 - 4. [Employees' Guests](#)
- E. [Federal, State Government, and Community Relations](#)
- F. [Contacts with State and Federal Officials](#)

A. PUBLIC INFORMATION AND MEDIA RELATIONS

It is the policy of Lawrence Berkeley National Laboratory (Berkeley Lab) 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 and Media Relations (CMR) unit. Public information documents prepared for general audiences about or on behalf of the Laboratory should be developed in consultation with CMR to maintain accuracy and coherence in representing the Laboratory.

Laboratory divisions and employees who identify items of potential public interest should contact CMR to discuss their prospective use for news or promotional purposes. CMR will propose appropriate vehicles for dissemination and prepare the information materials accordingly. CMR disseminates news about the Laboratory to external audiences through news releases, brochures and leaflets, and the online sources. Information for employees is furnished internally through the [Berkeley Lab News Center](#) and [Today at Berkeley Lab](#). A specified approval process is followed for news releases to ensure accuracy and validity, including final approval by division directors and the Laboratory Director. For more information, contact the Department Head of Public Affairs.

Laboratory contacts with the news media should be coordinated through CMR, which handles requests for information and interviews from print, broadcast, and online media; arranges special media events (i.e., news conferences, photography, TV/radio coverage); and originates or coordinates media-related contacts for Laboratory activities. CMR 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 CMR 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 Manager of CMR. 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 CMR. The Manager of CMR serves as the Laboratory spokesperson or coordinator for official public announcements.

Specialists from CMR are also available to assist in preparation and training for news interviews, to assist with the development of materials for public interest and public 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. 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 Chief Operating Officer (COO).

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 online [Image Library](#) may be downloaded for use by the news media or for educational or scientific purposes. 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 the Manager of CMR.

D. LABORATORY TOURS AND VISITS

Visits on Laboratory official business are arranged by the host departments or divisions. [Site Access](#) 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 with the Department of Public Affairs. The Department

of Public Affairs also arranges tours for the general public on a regular basis. All visits must be scheduled and conducted in such a way that they do not interrupt Laboratory work.

2. University and High School Tours

Tours for schools are scheduled through the [Center for Science and Engineering Education \(CSEE\)](#) and are conducted to minimize interference with Laboratory work. Tours for school groups are limited to middle and high school students and are arranged with CSEE staff by the teacher or another school official.

3. Distinguished Guests

Arrangements for a tour of the Laboratory for distinguished guests are generally made by the Department of Public Affairs Protocol Officer with assistance from senior staff members. CMR 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.

E. FEDERAL, STATE GOVERNMENT, AND 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. **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 Department of Public Affairs.

F. 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 Department 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 [Section A \(*Public Information and Media Relations*\)](#) above.

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§5.02 Scientific and Technical Publications

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- H. [Page Charges and Reprint Ordering](#)

A. GENERAL

It is the policy of Lawrence Berkeley National Laboratory (also referred to as Berkeley Lab or the Laboratory) to encourage wide dissemination of its research results through all appropriate channels, including peer-reviewed journals, conferences, and research repositories. Berkeley Lab supports open access to publicly funded research, and makes publications freely available through the U.S. Department of Energy (DOE), Office of Scientific and Technical Information (OSTI), as well as through other channels. Formal Laboratory scientific reports and publications must meet the requirements described below, and must be submitted to the Report Coordination Office (RCO), which ensures appropriate distribution to DOE and other open-access repositories.

All Berkeley Lab staff are expected to manage Scientific and Technical Information effectively throughout its life cycle to help ensure the continuity of research, and its wide availability.

B. DEFINITION OF SCIENTIFIC AND TECHNICAL INFORMATION

Scientific and Technical Information (STI) products are those deemed by the originator to be useful beyond the originating site (i.e., intended to be published or disseminated), in any format or medium, and which contain findings and technological innovations resulting from research and development (R&D) efforts and scientific and technological work of scientists, researchers, and engineers.

Scientific and Technical Information publications include journal and conference submissions (whether

or not they were refereed, and whether they were 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, and major institutional documents such as strategic plans.

The following two categories of publications produced at the Laboratory are not covered by this policy:

- **Public information documents** (e.g., news 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) intended for internal distribution only.

C. PUBLICATION REQUIREMENTS

Berkeley Lab Scientific and Technical Information (STI) publications require appropriate credit lines and acknowledgements, author affiliations, and legal disclaimers. In addition, STI publications must be submitted to the Laboratory's Report Coordination Office (RCO).

1. Credit Line

All Berkeley Lab Scientific and Technical Information publications must carry the appropriate credit line on the title page showing the funding source, the DOE/Laboratory contract number, and any applicable Laboratory/non-DOE contract number. Most non-DOE awards, including all National Institutes of Health (NIH) awards, contain specific wording for acknowledgments that must be used in the credit line.

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-access 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, preferably on a title page.

All Laboratory Directed Research and Development (LDRD)-supported research must carry the following standard credit line:

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., a federal or state agency, private institute, or commercial firm), acknowledgment of this support, including the contract number and any acknowledgment language specified in the agreement, is required. When work has been carried out in collaboration with other DOE contractors, all contractors must be identified with contract numbers. More information about required sponsor acknowledgments is available from the [Report Coordination Office](#).

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 Berkeley Lab documents. For Berkeley Lab authors, this information must include the complete Laboratory address:

Lawrence Berkeley National Laboratory
One Cyclotron Road
Berkeley, CA 94720

The Berkeley Lab 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 affiliations with the University of California (UC), Berkeley, and Berkeley Lab, the affiliation should include both the UC department and the Berkeley Lab division, 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 Berkeley Lab 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. SUBMISSION OF SCIENTIFIC AND TECHNICAL INFORMATION PUBLICATIONS

Scientific and Technical Information publications are processed through the Report Coordination Office (RCO) of the Information Technologies (IT) Division. RCO assigns an appropriate report number, ensures contractual information requirements are met, coordinates the receipt of printed archive copies, and makes the required distributions to open-access repositories. Guidelines for ensuring that publications are ready for distribution, and information about publisher-required embargoes, are available from [RCO](#).

E. REVIEW OF SCIENTIFIC AND TECHNICAL INFORMATION PUBLICATIONS

Berkeley Lab 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 in 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.

All publications must be reviewed within a division before receiving a Berkeley Lab report 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 the 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. More information on this requirement is available from the [Office of the Chief Information Officer](#).

F. PATENT AND COPYRIGHT REVIEW

Per [Section 5.03](#) (*Patents*) of the *Regulations and Procedures Manual (RPM)*, researchers must identify potentially patentable discoveries to [Technology Transfer and Intellectual Property Management](#) prior to any form of publication.

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 Report Coordination Office (RCO). All transfer of copyrights must include the Technology Transfer and Intellectual Property Management–approved statement available from 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 requirements of this RPM section (Section 5.02).

G. NEGOTIATIONS WITH EXTERNAL PUBLISHERS

The selection of an external publisher for the proceedings of a Berkeley Lab–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 [Technology Transfer and Intellectual Property Management](#) 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

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A. EMPLOYEE OBLIGATIONS

1. [The DOE/LBNL Contract](#) provides the United States government with certain rights in inventions made by Lawrence Berkeley National Laboratory (Berkeley Lab) employees or guests at the Laboratory, or by anyone using Laboratory facilities or Laboratory resources. The Contract also provides the University of California 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 6 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 Section (B)(1)(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/needtoknow.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 Berkeley Lab 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 \(Disclosure of Laboratory Proprietary Information\)](#)).
- 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. Ph.D. 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 [Section \(B\)\(1\)\(a\)](#) 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/Tech-Transfer/researchers/pre_pub_review.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 nondisclosure 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\(A\)\(4\) \(Policy for All Participating Guests\)](#). Requires participating visitors to sign a Laboratory Visitor Intellectual Property Acknowledgment.
- [RPM §2.01\(E\)\(7\)\(d\) \(Patent Policy\)](#). States University of California patent policy applying to Laboratory employees.
- [RPM §10.02\(I\) \(Patent Agreements\)](#). Describes patent policy applying to Laboratory employees serving as consultants to other organizations.
- [RPM §11.04\(C\)\(8\) \(Patents, Data, and Copyrights\)](#). Discusses patent policies applying to consultants to the Laboratory.

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§5.04 Printing

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Rev. 07/11

- A. [General](#)
- B. [Procurement of Commercial Printing](#)
- C. [Environmentally Sustainable Printing](#)

A. GENERAL

As a U.S. Department of Energy (DOE) national laboratory, Lawrence Berkeley National Laboratory (Berkeley Lab) is required by federal law ([Title 44 \[Public Printing and Documents\], Chapter 5 \[Production and Procurement of Printing and Binding\], Section 501 \[Government printing, binding, and blank-book work to be done at the Government Printing Office\] of the U.S. Code](#)) to procure printed matter through the U.S. Government Printing Office (GPO). The Creative Services Office (CSO) Printing Services Coordinator is Berkeley Lab's Government Printing Office (GPO) Representative, and is therefore responsible for providing printing-related services for the Laboratory. These services include the procurement of digital and offset printing of Scientific and Technical Information (STI) and non-STI publications through GPO. (See [RPM Section 5.02 \[Scientific and Technical Publications\]](#) for a definition of Scientific and Technical Information, and examples of non-STI publications.)

B. PROCUREMENT OF COMMERCIAL PRINTING

The DOE and Berkeley Lab require that the procurement of commercially printed matter be made by [CSO Printing Services, the Laboratory's GPO Representative](#).

No appropriated funds can be used for payment of printing/duplication-related work unless procured by or through the GPO. For more information, see [Title 44 of the U.S. Code](#).

C. ENVIRONMENTALLY SUSTAINABLE PRINTING

Berkeley Lab is required by federal law (see [Title 44 of the U.S. Code](#), and [Executive Order 13514](#)) to promote sustainable printing practices, and to procure printing services that use uncoated printing and writing paper containing at least 30% postconsumer fiber, and vegetable-oil-based inks for offset printing. Contact the [Laboratory's GPO Representative \(the CSO Printing Services Coordinator\)](#) for more information about selecting paper and ink that meet these requirements.

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§5.05 Licensing Income Distribution

Responsible Manager

Rev. 06/08

- 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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- 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 §10.14 \(Privileged Information\)](#).

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

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Links updated 09/08

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 - 1. [Written Agreement](#)
 - 2. [Disclosure of Information or Transfer of Material](#)
 - 3. [Transfer Labeling](#)
- C. [Transfer of Proprietary Information or Material to Subcontractors](#)
- D. [Consequence of Failure to Safeguard Berkeley Lab Information](#)

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 §10.14](#) (*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.  All materials must be shipped through the Laboratory's Shipping and Receiving Department to ensure compliance with Export Control and other applicable laws. 

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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 **§5.08****Document Management and Control**

Responsible Manager

New 10/08

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- B. [Graded Approach](#)
- C. [Controls](#)
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A. POLICY

Authoritative documents, whether electronic or on paper, which specify policies, prescribe uniform processes, or establish or document design specifications must be controlled to ensure they are accurate, current, appropriately distributed, and approved by authorized individuals, in a manner reflecting the risks associated with improper management of the information.

B. GRADED APPROACH

LBLN will utilize a graded approach in managing and controlling documents. The level and formality of document controls will be directly related to the level of risk associated with improper document management. The full graded approach is listed in the [Laboratory Operating and Quality Management Plan \(OQMP\)](#).

At a minimum, controlling institutional policy documents (such as the RPM and those listed in [RPM §1.01](#)), and other documents for which an error in document control could reasonably be expected to endanger safety or health, or substantially diminish the ability of the institution to meet mission requirements, must be subject to formal document control.

Each Laboratory Division will identify the subset of operations documents that require formal document control in their Division ISM Plan and implement the appropriate controls as necessary. The list of documents should be reviewed annually (or more frequently as the need arises).

C. CONTROLS

The following controls are to be utilized in the management of controlled documents.

1. Approval: An appropriate review and approval process to certify new documents, ensure accuracy, and update the document as necessary.
2. Distribution: A process to ensure distribution and notification of new versions as appropriate.
3. Versioning: The most current version of a document is evident to a reader or editor, and the reader can identify variations from previous versions.

D. ADDITIONAL RESOURCES

Additional implementing guidance is available in the [Laboratory OQMP](#).

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Chapter 7

Health and Safety

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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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§7.01

Environment, Safety & Health (ES&H)

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1. [Line Management Responsibilities](#)
2. [The Environment, Health, and Safety \(EH&S\) Division](#)
3. [The Berkeley Lab Integrated Safety Management \(ISM\) Plan](#)
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5. [The LBNL Health and Safety Manual \(PUB-3000\)](#)

C. [Oversight and Programmatic Interrelationships](#)

1. [The Safety Advisory Committee \(SAC\)](#)
2. [The Office of Contractor Assurance \(OCA\)](#)

D. [Summary](#)

A. Policy

It is the policy of Lawrence Berkeley National Laboratory to perform all work safely and 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, Berkeley Lab implements the regulatory requirements of the Environment, Safety, and Health (ES&H) Standards Set through a hierarchy of policies, procedures, and performance objectives in this document (line management and the Environment, Health & Safety [EH&S] Division), the Berkeley Lab Integrated Safety Management Plan (ISMP), the Laboratory *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 (ISM) 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, makes clear that this responsibility cannot be delegated outside of the unbroken chain 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 ES&H policies that meet the safety challenges of Laboratory operations and activities as well as the requirements of DOE Contract 31 and the ES&H Standards Set.

The Laboratory Director has delegated to all levels of management the authority to implement the Laboratory's ES&H and emergency-preparedness policies.

Division directors and heads of independent departments are responsible for ensuring that the Laboratory's ES&H and emergency-preparedness policies are being observed within their divisions.

Each Laboratory 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 safety and emergency procedures, the concepts of an ISM system, and the five core functions of ISM. In addition, managers and supervisors have responsibilities that are designed to provide a safe and healthful working environment free from undue hazards and to protect the environment (see [Chapter 1 \[General Policy and Responsibilities\] of PUB-3000](#)). In exercising these responsibilities, all managers may delegate authority and assign responsibility for a particular operation, activity, or area to a work lead, but they retain accountability for worker and workplace safety. Oversights and errors that lead to injury, illness, environmental pollution, or damage to property within their jurisdictions are their responsibility.

The importance of identifying accountability in cases of delegated authority is applicable to employees from one division (the home division) who are matrixed to another division (the host division) to provide special technical expertise. The matrixed employee's individual safety, including his or her safety training, the use of special equipment and instrumentation, and acknowledgment of the importance of safety, is the responsibility of the home division supervisor. Identifying workplace hazards and controlling such hazards to maintain safety in the workplace or work area are the responsibilities of the host division supervisor. A host division supervisor may authorize a matrixed employee to be a work lead of two or more host division employees and to provide, for example, on-the-job training and direction in the use of equipment and instrumentation. In this scenario, the

matrixed employee assigned as supervisor/work lead is responsible for staff safety in the operation of equipment, but not for the work area. The policy and implementation guidance for matrixed employees is covered in detail in PUB-3000, Chapter 1 (*General Policy and Responsibilities*), [Section 1.4.2.2](#) and [Section 1.5](#).

2. The Environment, Health & Safety (EH&S) Division

The primary responsibility of the EH&S Division is to protect workers, the public, and our environment by providing professional and technical expertise, follow-on services, and integrated ES&H policy to the Laboratory's research and support programs. The EH&S 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 EH&S 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 EH&S Division, broadly based on the key core safety values in the opening statement and the responsibilities listed here, is published as [Chapter 2 \(EH&S Charter\) of PUB-3000](#).

3. The Berkeley Lab Integrated Safety Management (ISM) Plan

The Berkeley Lab institutional ISM Plan provides guidance and performance expectations both to operational and programmatic divisions to develop Division ISM Plans specific to their work, activities, operations, and staffing patterns. This arrangement provides an effective and efficient means for each division to develop and tailor an ISM Plan to address its specific safety challenges. The Laboratory institutional ISM Plan and the divisional plans are updated at least annually to address safety challenges derived from changes in programs and/or activities and to reflect improvements based on self-assessments and Lessons Learned. These relationships and interfaces are depicted in Figure 1, below, and described in detail in the Berkeley Lab *ISM Plan* (PUB-3140).

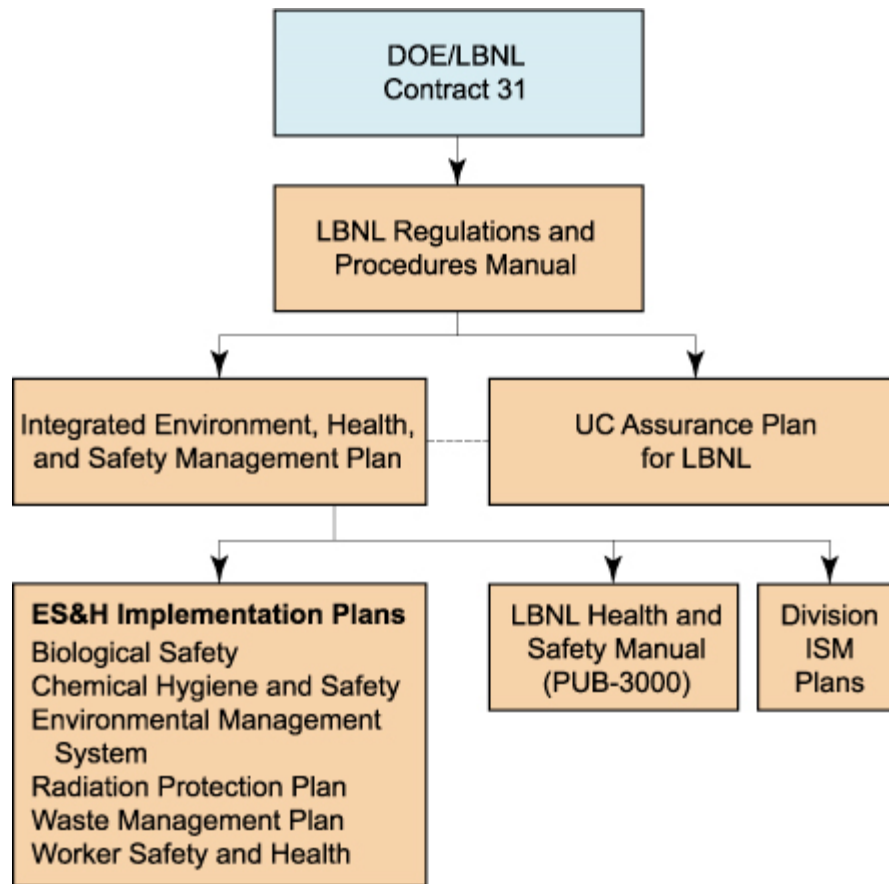


Figure 1. Berkeley Lab document hierarchy: The functional relationship among the DOE/LBNL contract, LBNL ES&H policies, and ES&H implementing elements.

The Berkeley Lab institutional ISM 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 (PEMP). Activity and operational expectations are described in [RPM Section 8.01 \(Quality Assurance\)](#), and details on the performance assessment at this level are published in the Berkeley Lab's *ES&H Self-Assessment Program* (PUB-5344). Individual expectations are based on the safety-related roles and responsibilities of supervisors, work leads, and each staff member, including guests, subcontractors, and vendors as defined in [PUB-3000, Chapter 1](#). Annual performance reviews include safety expectations as part of the performance review process (Employee Institutional Requirements). Division ISM Plans are expected, 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 probe performance vertically and horizontally across the organization to guide continuous improvement.

4. Implementation Plans

Some Implementation Plans were developed in direct response to regulatory requirements; for example, 10 CFR 835 called for a Radiological Protection Plan, and 10 CFR 851 led to the Worker Health and Safety Plan. However, 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 rigorous approach to work planning, hazard identification and control, and performance of work. Therefore, a component common to these plans is the formal work authorization. Work authorizations applicable to operations and programs such as Activity Hazard Documents for laser use; Radiological Work Authorizations; and the use of forklifts, cranes, and hoists are covered in detail in PUB-3000. Some of the authorizations in these plans are applicable to specific facilities and others to the institution as a whole. Examples of these are Safety Analysis Documents (SADs) that establish the safe operating limits for the Advanced Light Source and environmental and waste-management permits from regulatory agencies. The purpose of the Implementation Plans is to translate the regulations and standards in the ES&H Standards Set into technical programs. PUB-3000 acts as the outreach implementation of the plans in a more functional form for integration and implementation into work and activities throughout the Laboratory.

To achieve their technical goals, the Implementation Plans have policies and procedures internal to the group responsible for the plan to implement the technical aspects of the program (e.g., environmental monitoring, chemical exposure monitoring, radiation dosimetry); to update technical expertise, instrumentation, and standards; and to drive continuous improvement.

5. The LBNL Health and Safety Manual (PUB-3000)

PUB-3000 consolidates ES&H policies, specific responsibilities, and guidance for implementation into a convenient online package. This comprehensive manual is firmly based on the seven guiding principles 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 for the well-being of workers, guests, the public, and the environment. The Laboratory performs work to meet the requirements of the manual, which are based on the ES&H Standards Set. PUB-3000 addresses all the standards of the ES&H Standards Set in a manner designed to provide individual safety and 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 ES&H Standards Set and the Implementation Plans. This information provides Laboratory 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 Occupational Safety and Health Administration (OSHA)-related plans (e.g., Worker Safety and Health, Chemical Hygiene and Safety) 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 or plans containing related or pertinent information. The more direct relationships are shown below:

- [Worker Safety and Health Program: PUB-3000 Chapters 1–5, 7–10, 12–19, 25–32](#)
- [Chemical Hygiene and Safety Plan: PUB-3000 Chapters 3–5, 7, 12-13, 19](#)
- [Biosafety Manual: PUB-3000 Chapter 26](#)
- [Radiation Protection: PUB-3000 Chapter 21](#)

- [Environmental Management System: PUB-3000 Chapter 11](#)
- [Waste Management Plans: PUB-3000 Chapter 20](#)

In addition, [Chapter 6 \(Safe Work Authorizations\)](#) and [Chapter 32 \(Job Hazards Analysis\)](#) of PUB-3000 provide direct support and guidance for responsible individuals to understand the need for work authorizations and the tools and guidance to conduct them through the process of job hazard analysis and determination of the appropriate authorization. The success of the formal work authorization process depends upon line managers' recognition of the need for a rigorous approach to work planning and authorization, and their commitment to working with and training staff to work within the authorized safety envelope. Success also depends upon individuals taking responsibility for their own safety and that of their coworkers. These expectations are detailed in Section 6 of the ISM Plan and in [Chapter 1 of PUB-3000](#). Some chapters of PUB-3000 are applicable to all technical areas: training and occurrence reporting.

C. Oversight and Programmatic Interrelationships


1. The Safety Advisory Committee (SAC)

The SAC is an interface between the research and operations divisions of Berkeley Lab, as well as between the ES&H technical programs (mainly in the EH&S Division) and assurance and assessment activities of the Office of Contractor Assurance (OCA) see [RPM Section 8.01 \(Quality Assurance\)](#). To effectively execute this role, the SAC has direct access to the Laboratory Director and the Senior Management Team.


The SAC makes recommendations to the EH&S Division Director on the development and implementation of 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, Associate Laboratory Director for Operations / Chief Operating Officer (ALDO/COO), and/or the EH&S Division Director, as requested. The SAC also provides advice and counsel to the ALDO/COO by reviewing appeals from the Laboratory divisions when any division and the EH&S Division do not agree on the interpretation or application of criteria, rules, or procedures. Such advice and counsel may include options for a resolution. The SAC has established five permanent subcommittees—electrical, emergency preparedness, laser, mechanical, and Division Safety Coordinators—to assist in the review of ES&H issues and concerns and the development of recommendations for institutional implementation. These subcommittees report to the SAC.

To properly execute its responsibilities under its charter, the SAC Chair may set up additional subcommittees made up of subject matter experts to address specific health and safety matters. Such subcommittees may become long-standing expert subcommittees, or they may be of short duration, depending upon technical support requirements.

In addition, the SAC chair, in cooperation with OCA, is charged by the Laboratory Director with conducting the portion of institutional self-assessment known as Peer Review. These reviews are designed to ensure management systems consistent with ISM are in place in all Laboratory divisions



and that these systems are leading to the effective implementation of the Laboratory's ES&H program. All members of the SAC are expected to serve on Peer Review subcommittees. Peer Review results are submitted directly to the Division Director. 

2. The Office of Contractor Assurance (OCA)

In addition to supporting the SAC in planning and conducting Peer Reviews, OCA is responsible for managing the Division ES&H Self-Assessment Program, and providing support to the EH&S Division Director in ES&H technical assurance and DOE/LBNL Contract 31, Appendix B self-assessments (see [RPM Section 8.01](#)). 

OCA, in consultation with the EH&S Division Director, analyzes the results of all self-assessment reports to improve the effectiveness of the technical and management aspects of Laboratory ES&H programs.

D. Summary

 In addition to each Laboratory employee's and line management's commitment to safety, the Berkeley Lab ISM Plan and the ES&H Technical Implementation Plans, which carry out the ES&H Standards Set and are implemented by PUB-3000, provide the basis for an efficient and effective safety program. Berkeley Lab recognizes that improvement is always possible and should be sought continuously. Therefore, we, as an institution—as line managers, supervisors, work leads, and as individuals—apply Lessons Learned and the self-assessment process (see [RPM Section 8.01](#)) to continually strive for higher levels of safety excellence. 

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Chapter 8

Quality Assurance

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§8.01 Quality Assurance

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Rev. 06/11

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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 (ES&H) 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 (OIA) 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 standards and requirements necessary and sufficient to mitigate the risks or 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; 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

Divisions and other Berkeley Lab organizations are required to self-evaluate their operations to ensure that ES&H 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 Laboratory [Division ES&H Self-Assessment Manual \(PUB-3105\)](#).

e. Issues Management Program

Issues are managed and tracked through resolution in accordance with the LBNL Issues Management Program, which includes:

- Determining risk and significance
- Identifying causes
- Developing and effectively implementing corrective actions to ensure successful resolution and prevent the same or similar problems from occurring

Findings are addressed based on a graded approach. Depending on significance, findings may merit corrective-action-plan development, root-cause analysis, extent-of-condition review, and effectiveness review.

OIA meets with the LBNL Chief Operating Officer monthly to raise significant concerns and review progress in implementing corrective actions. As appropriate, OIA will also elevate concerns to the LBNL Contract Assurance Council. When applicable, functional managers and OIA develop Lessons Learned for distribution to affected organizations and the Laboratory.

Corrective actions that cannot be completed immediately must be tracked through the Berkeley Lab Corrective Action Tracking System (CATS). The program elements and requirements are described in Berkeley Lab's [Issues Management Program \(PUB-5519 \[1\]\)](#).

OIA/Office of Contractor Assurance (OCA) and LBNL managers develop Lessons Learned from internal operating experiences and review external sources for lessons that may be applicable to LBNL in order to prevent problems from recurring.

The LBNL Lessons Learned and Best Practices Program is designed to ensure ongoing performance improvement, prevent the recurrence of significant adverse events/trends, and determine implementation strategies that will help LBNL successfully meet the missions and goals set forth by DOE.

LBNL/PUB 5519(4), *Lessons Learned and Best Practices Program Manual*, outlines the requirements for sharing internal and external operational experiences within specific Laboratory organizations, Laboratory-wide, or with other facilities across the DOE complex.

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§8.02 Business Continuity Policy

[Responsible Manager](#)

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A. INTRODUCTION

Lawrence Berkeley National Laboratory (the Laboratory) recognizes the potential risks associated with service interruptions due to an adverse event affecting its strategic, operational, scientific, financial, and stakeholder support services. Therefore, it is important for the Laboratory to maintain viable support capabilities with minimal impact to its research and operations in case of an adverse event. The Business Continuity (BC) Management Program provides the policies and plans necessary for protecting the Laboratory's business or research operations as well as its reputation for quality should such an interruption occur.

B. DEFINITIONS

1. **Service interruption.** Any incident that threatens personnel, buildings, or the operational procedures of an organization and requires special measures to restore normal functions.
2. **Business continuity management.** A process that involves identifying and managing risks and threats faced by an organization due to disruption and interruption; taking steps to control and reduce the risks; assessing the impact on the organization if the risks should materialize; and providing a Business Continuity Plan (BCP) to ensure the continuation of the organization's activities.

C. POLICY

Each directorate/division is responsible for identifying its essential functions, and for developing, maintaining, and testing its BCP in coordination with the BC Program Manager. Each BCP, developed by using the UC Ready Business Continuity Program, will document the resources, actions, tasks, and data required by a scientific or Operations division to recover its essential functions. Each BCP must be approved and signed by the appropriate division director or designee.

D. RESPONSIBILITIES

The Chief Operating Officer (COO) / Associate Laboratory Director for Operations (ALDO) is responsible for ensuring that all Laboratory divisions participate in implementing the BCP requirements.

The Business Continuity Planning Steering Committee is responsible for advising on the policy and planning of the Business Continuity Program.

The BC Program Manager is responsible to the COO/ALDO and the Director of Institutional Assurance for the development, implementation, management, and maintenance of the Laboratory-wide BCP.

Division directors and department heads are responsible for ensuring the development, implementation, and maintenance of BCPs of their responsible areas. From this, the division will develop a BCP.

E. TESTING

The Laboratory-wide BCP should be tested at least annually to ensure effective recovery preparedness.

Scientific and Operations divisions' BCPs should also be tested annually. Managers from each division and the Division Business Continuity Coordinator will work with the BC Program Manager to perform these division-specific tests.

F. TRAINING

Staff involved in BCP activities must be trained on business resumption and recovery by their respective division.

G. COMMUNICATIONS

The Laboratory-wide and division-specific BCPs will include instructions, processes, procedures, and/or guidance concerning internal and external communication.

Internal Communication: Division directors are responsible for internal communication within their respective divisions.

External Communication: The Public Affairs Department serves as the Laboratory's point of contact to the media should an event adversely affect the Laboratory or a scientific or Operations division.

H. BCP MAINTENANCE AND MANAGEMENT REPORTING

All Laboratory organizations will review and update their BCPs annually or more often if major relevant changes occur. All major updates should be incorporated into their BCPs as soon as possible, with notification to the BC Program Manager.

The reporting of the status and progress of business continuity planning is key to an effective BC Management Program. The BC Program Manager will report the status and progress of the BC Management Program to the COO/ALDO and Business Continuity Steering Committee every six months and after every Laboratory-wide BCP test.

I. BC MANAGEMENT PROGRAM GOVERNANCE

Business continuity is an institutional concern affecting all Laboratory organizations and therefore requires senior management to provide guidance and oversight.

Division directors will participate in the governance of the Laboratory's BC Management Program by ensuring that each division's BCP is updated, reviewed, and tested annually.

J. IMPLEMENTATION

Consistent with this policy, activities to support this planning effort are addressed in the Laboratory's Business Continuity Implementation Plan.

K. COMPLIANCE

Compliance with this policy is essential to its effectiveness. All Laboratory divisions are expected to adhere to this policy and follow it consistently. The BC Program Manager will assess the preparedness of all Laboratory organizations, including its Operations and scientific organizations, and report annually to senior management. In addition, Internal Audit will periodically review the BCPs to ensure compliance.

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Chapter 9

Computing and Networking

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§9.01

Computing and Communications

[Responsible Manager](#)

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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.

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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Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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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

Information content	Breadth of access
1. Read-only access to fully formatted publications that have been adequately reviewed in accordance with Laboratory publication policy. RPM §5.02 (<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

Responsibility	Responsible parties
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. CPPM is listed in the Telephone Directory .
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"> • Review computer and communications security awareness and training. • Provide regular (at least every other year) reviews of Laboratory's computer and communications incident history and current security technology. • Make recommendations for revisions to Laboratory's computer security policies as necessary. <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. Owners of applications that use an electronic signature as a legal signature must ensure that any risks specific to electronic signatures are analyzed and that security controls for the application are appropriate to the risks. 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." Electronic record keeping requirements specific to the application must be developed and implemented.

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 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: $T = p(C) X \$$.
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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 **§10.01****Conflict of Interest — General**[Responsible Manager](#)

Rev. 06/11

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A. GENERAL

The Lawrence Berkeley National 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 compensated [Outside Business and Professional Activities \(RPM §10.02\)](#), [Employment of Near Relatives and Domestic Partners \(RPM §2.01\(E\)\(5\)\(b\)\)](#), [General Research-Related Conflict of Interest \(RPM §10.05\)](#), [Human Subjects Conflict of Interest \(RPM §10.09\)](#), [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. These policies apply to all Laboratory employees regardless of percent time of appointment at the Laboratory, including rehired retirees and University of California faculty associated with the Laboratory.

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 under 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.78, Contractor's Organization](#), cites the Department of Energy Acquisition Regulation that addresses gratuities, the use of privileged information, incompatibility between employee regular duties and private interests, and outside employment of employees.

[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 Berkeley Lab is operated in the public interest with objectivity and independence, free from organizational conflict of interest.

[Clause I.92, Technology Transfer Mission](#), implements the National Competitiveness Technology Act of 1989, as amended, and states that the contractor shall conduct federally funded technology-transfer activities that benefit the competitiveness of U.S. industry. The conflict-of-interest portion of this clause is reflected in Paragraphs 10.08 and 10.11 of this chapter.

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 to the [Research and Institutional Integrity Office](#).

C. RELATED LINKS

Summary of Links Related to Conflict of Interest

- [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](#)
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- [List of Nongovernmental Entities Exempt from Disclosure Requirement](#)
- [National Institutes of Health Conflict of Interest](#)
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 **§10.02****Outside Business and Professional Activities***Responsible Manager*

Rev. 1/10

- A. [General Policy](#)
- B. [Review-and-Approval Principles and Time Limits](#)
 - 1. [Principles](#)
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- C. [Review and Approval of Outside Business and Professional Activities](#)
 - 1. [Uncompensated Outside Business and Professional Activities](#)
 - 2. [Compensated Outside Business and Professional Activities](#)
- D. [Other Payments from Outside Organizations](#)
- E. [Teaching for the University of California](#)
- F. [Review of External Technical Proposals Involving Laboratory Inventions](#)
- G. [Policy on Outside Professional Activities for the University Senior Management Group](#)
- H. [Ownership or Management Interest in Commercial Entities with Potential Economic or Technology Connections to the Laboratory](#)
- I. [Patent Agreements](#)

[Appendix I: Table 10.02\(E\) \(Policy on Teaching for the University of California\)](#)**A. GENERAL POLICY**

Employees may engage in outside business and professional activities outside Laboratory hours and away from the Laboratory as long as such activities do not interfere with performance of their Laboratory duties, create a real or apparent conflict of interest, or subject DOE or the Laboratory to public criticism or embarrassment. As set forth below, Laboratory management review and approval are required for any of the following outside professional activities:

- 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 outside activity 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 residential real estate sales. Employees who are undecided as to whether their outside activity must be disclosed in accordance with

this policy shall refer the question to the Research and Institutional Integrity Office.

All outside business and outside professional activities must be conducted without the use of Laboratory supplies, equipment, or facilities. See also [RPM §§2.05\(I\) \(*Integrity in Research*\)](#), [10.14 \(*Privileged Information*\)](#), and [11.39\(A\)\(2\) \(*Use of Laboratory Property and Supplies / General*\)](#). In addition, no amount of time due to the Laboratory may be devoted to private purposes, and no outside business or professional activity 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 \(H\)](#), below.

B. REVIEW-AND-APPROVAL PRINCIPLES AND TIME LIMITS

1. Principles

The following considerations are made in determining whether a real or apparent conflict of interest exists.

a. Incompatibility between regular duties and private interests.

1. Employee outside business or professional activities shall not be in competition with current or proposed Laboratory projects.
2. Employee outside business or professional activities shall not result in unfair competitive advantage to the outside business.
3. Employee outside business or professional activities shall not materially affect the Laboratory's dealings with the outside business or 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.
4. Employee outside business or professional activities shall not limit the employee's responsibility to fully and promptly report significant Laboratory research and development information to DOE.

- #### **b. Protection of privileged and proprietary information.**
- An employee engaged in outside professional activities shall protect 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.

2. Time Limits

There is no specific time limit for an employee's outside business or professional activities; however, approval is required on an annual basis and whenever there is a change in the scope or terms of work.

C. REVIEW AND APPROVAL OF OUTSIDE BUSINESS AND PROFESSIONAL

ACTIVITIES

Outside business or professional activities, including but not limited to consulting, and serving on boards of directors and advisory boards, are normally permitted with most outside organizations. However, Laboratory employees may not engage in outside activities that in any manner interfere with the proper and effective performance of their Laboratory duties or appear to subject DOE or the Laboratory to public criticism or embarrassment (see [RPM §2.01 \(Employment\)](#)). In addition to the general requirements in [Paragraph \(A\)](#), above, prior approval is required for outside business or professional activities that involve the use of information from the subject area of the employee's Laboratory work, or that involve an entity with whom the Laboratory does business or has the potential to do business, e.g., licensing, sponsored research, subcontracts.

1. Uncompensated Outside Business and Professional Activities

Review and approval of uncompensated outside business and professional activities is at the discretion of the home Division.

2. Compensated Outside Business and Professional Activities

Compensated outside business or professional activities described in this section and in [Paragraph \(A\) \(above\)](#) require prior review and approval by Laboratory management and institutional officials. The "[Request for Approval of Compensated Outside Professional Activity](#)" form is used to obtain most required approvals. In accordance with Contract provisions, the Laboratory provides the DOE Berkeley Site Office (BSO) with information and/or copies of documents pertaining to compensated outside business or professional activities.

D. OTHER PAYMENTS FROM OUTSIDE ORGANIZATIONS

Generally, employees are permitted to accept honoraria from sources other than the Department of Energy (including flow-through funds) for lectures or presentations. However, the California Political Reform Act imposes prohibitions and/or limits on honoraria for employees in positions designated by the University of California Conflict of Interest Code. See Section G below, and [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 [Appendix I: Table 10.02 \(E\) \(Policy on Teaching for the University of California\)](#), which 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](#). Approval of the division director is required. The division sends a copy of the form to their Human Resources

Center, which maintains the appropriate record.

F. REVIEW OF EXTERNAL TECHNICAL PROPOSALS INVOLVING LABORATORY INVENTIONS

A Laboratory employee who is invited by DOE or any third party to review a technical proposal that describes (1) his/her own invention/s or (2) any other LBNL invention that the employee is aware of through, for example, previous knowledge of the invention or Background Intellectual Property, shall so inform the Technology Transfer and Intellectual Property Management Office, which will evaluate the information and notify BSO if the subject matter of the proposal involves an elected or waived subject invention in which the Laboratory holds or intends to elect title.

G. POLICY ON OUTSIDE PROFESSIONAL ACTIVITIES FOR THE UNIVERSITY SENIOR MANAGEMENT GROUP

Outside professional activities of Laboratory employees who are members of the University of California Senior Management Group 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.

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 members of the University Senior Management Group.

H. 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 may seek 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 entity in which the employee has a financial interest, the employee must disqualify himself or herself from influencing or participating in those negotiations or transactions. See [RPM §10.03 \(Self-Disqualification and Conflict of Interest\)](#).

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 Procurement Department.

Business ownership or management interest as defined above must be reported on the [Notification of Outside Business Ownership or Management Interest form](#). The Research and Institutional Integrity Office 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 Laboratory policy that addresses conducting business with employee-connected firms.

I. 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 \(Patents\)](#).

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§10.03

Self-Disqualification and Conflict of Interest for Designated Officials

[Responsible Manager](#)

Rev. 08/10

- A. [Self-Disqualification](#)
- B. [Designated Official Positions](#)

A. SELF-DISQUALIFICATION

California's Political Reform Act of 1974, embodied in the University of California (UC) Conflict of Interest Code, requires all state employees and officials to disqualify themselves from making or participating in certain decisions when a financial conflict of interest is present. The Act also prohibits UC employees from making, participating in, making, or influencing a governmental decision that directly relates to a prospective employer (Section 87407, Regulation 18747.) As UC employees, all Berkeley Lab employees are covered by the provisions of the Act.

B. DESIGNATED OFFICIAL POSITIONS

Under California law and UC policy, certain designated Laboratory employees (designated 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. In addition, designated officials are subject to post-employment restrictions.

One-Year Ban. The Political Reform Act prohibits designated officials, for one year after leaving UC service, from receiving compensation for representing any other person by appearing before or communicating with UC in an attempt to influence UC decisions involving the making of general rules (such as regulations or legislation), or to influence certain proceedings involving a permit, license, contract, or transaction involving the sale or purchase of property or goods (Government Code Section 87406, Regulations 18746.1 and 18746.2).

Permanent Ban on "Switching Sides." Under the Political Reform Act, designated officials are permanently barred from working on the other side of a proceeding in which they had participated while working for UC. A designated official may not receive compensation for representing any other person by appearing before or communicating with UC, nor for aiding, advising, counseling, consulting, or assisting in representing any other person before any State of California administrative agency in a proceeding involving specific parties (for example, a lawsuit, a hearing before an administrative law judge, or a state contract) in which the designated official had previously participated (Sections 87400-87405, Regulation 18741.1).

See <http://www.lbl.gov/Workplace/RIIO/coi/index.html> for a list of designated official positions at Berkeley Lab, and related links.

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 **§10.05****General Research-Related Conflict of Interest***Responsible Manager*

Rev. 9/10

- A. General
- B. Laboratory Reviewing Official
- C. Conflict of Interest Advisory 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. When researchers participate in a substantive way in the scientific development, execution, and/or reporting 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 a 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 COI 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 potential 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 Deputy Director (DD). The DD may utilize the Laboratory's Conflict of Interest Advisory Committee (COIAC) to perform independent substantive review of COI cases and to make recommendations to the DD and Laboratory management for managing, reducing, or eliminating COI issues in such matters.

C. CONFLICT OF INTEREST ADVISORY COMMITTEE

The Director or DD may appoint and charter a COIAC composed of experienced, knowledgeable, independent people appropriate for the case under review. COIAC members are from scientific or engineering divisions. The Laboratory Counsel, the Laboratory Research and Institutional Integrity Officer, and the Head of the Technology Transfer and Intellectual Property Management Department also act as ex officio COIAC members. The COIAC reviews the disclosure statement details and all relevant features of the research program, and recommends to the DD 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*](#)

Rev. 06/11

- 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 [Research and Institutional Integrity Office \(RIIO\)](#), and a determination will be made by the Laboratory Deputy Director.

For both positive and negative disclosures, original forms should be sent to RIIO, and a copy should be sent to the Office of Sponsored Projects and Industry Partnerships (OSPIP).

For research involving human subjects, see [RPM Section 10.09 \(Human Subjects Conflict of Interest\)](#).

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 \(Form DFI-3\)](#)

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](#)

Rev. 06/11

- 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 the Laboratory 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. The Laboratory receives funding from Chiron. Chiron receives its funding from NIH. The Laboratory must collect **both** the **state disclosure** (Form 700-U) from the PI at the Laboratory, 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. The Laboratory receives funding from the American Heart Association. The AHA receives its funding from NIH. The Laboratory 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. The Laboratory receives funding from the Parkinson's Disease Foundation (PDF). PDF receives its funding from the NIH. **PDF is a nonprofit entity, but is not on the state exempt list. The Laboratory 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.

Original disclosure forms, both positive and negative, should be sent to the [Research and Institutional Integrity Office](#). A copy should be sent to the Office of Sponsored Projects and Industry Partnerships (OSPIP).

B. RELATED FORMS

- [Conflict of Interest Disclosure Form 700-U](#)
- [Conflict of Interest Addendum \(if there are any positive responses on the 700-U\)](#)

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](#)

Rev. 06/11

- 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, OSPIP Manager, OSPIP 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 Berkeley Lab), 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 [Research and Institutional Integrity Office](#), with a copy going to the Office of Sponsored Projects and Industry Partnerships (OSPIP), and the Human Subjects Quality Assurance Committee (HSQAC), if applicable. For negative disclosures, the original goes to OSPIP, 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](#)

*The original disclosure forms (positive and negative) should be sent to the Laboratory [Research and Institutional Integrity Office](#).

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§10.09 Human Subjects Conflict of Interest

[Responsible Manager](#)

Links updated 05/11

- A. [General](#)
- B. [Human Subjects Research](#)
- C. [Summary of Forms](#)

A. GENERAL

In the protection of human subjects at Lawrence Berkeley National Laboratory (LBNL), "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 so as to adversely affect the rights and welfare of subjects. Additionally, a conflict of interest in research depends on the situation, and not on the actions or character of an individual investigator.

The U.S. Department of Health and Human Services, from which LBNL holds its approval to conduct research involving human subjects, has issued *Financial Relationships and Interests in Research Involving Human Subjects: Guidance for Human Subjects Protection* which can be found at: <http://www.hhs.gov/ohrp/policy/fguid.pdf>.

B. HUMAN SUBJECTS RESEARCH

At LBNL, all protocol applications for research involving human subjects must be submitted to and approved by the LBNL Human Subjects Committee (HSC), which is the LBNL Institutional Review Board. The Human and Animal Regulatory Committees (HARC) Office provides support for HSC.

For all protocol applications submitted to HSC (except exemptions or "not human use" determinations for pre-existing tissue), the Protocol Lead Investigator must:

- Complete the [Declaration: Principal/Protocol Lead Investigator's List of Participants Who Must File Disclosures of Financial Interests \(Form DFI-H1\)](#). Form DFI-H1 must list all LBNL personnel including the Protocol Lead Investigator(s) and any individuals having direct contact with subjects at LBNL, and identify whether or not each person has a reportable financial interest. Persons identified on Form DFI-H1 as having a reportable financial interest (a positive disclosure) must complete the [LBNL Positive Disclosure of Financial Interests \(Form DFI-3\)](#) and submit it to HSC.

- Respond promptly to requests for additional information from the Research and Institutional Integrity Office (RIIO); otherwise, the conflict of interest (COI) review may be delayed.

Review and Approval of the Disclosure of Financial Interest Form

When there is a positive disclosure, the HARC Office will forward the protocol application and disclosure forms to RIIO for COI review. Should RIIO need additional information, RIIO will contact the individuals filing the disclosure. RIIO will inform the HARC Office, the individual filing the disclosure, and the Protocol Lead Investigator of the outcome. The Human Subjects Committee will proceed with its review while RIIO is completing the COI review, but final approval of the human subjects research protocol, amendment, or renewal will be withheld until RIIO has completed its review.

C. SUMMARY OF FORMS

- [*Declaration: Principal/Protocol Lead Investigator's List of Responsible Personnel Who Must File Disclosures of Financial Interest for Human Research \(Form DFI-H1\)*](#)
- [*LBNL Positive Disclosure of Financial Interests \(Form DFI-3\)*](#)

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§10.11

Disclosure of Financial Interests Related to Licensing

[*Responsible Manager*](#)

Links updated 11/09

- 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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§10.12

Acceptance of Gifts or Favors

[Responsible Manager](#)

New 07/09

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.

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§10.13

Contacts with State and Federal Officials

[Responsible Manager](#)

New 07/09

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.

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§10.14 Privileged Information

[Responsible Manager](#)

New 07/09

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 "Anticipated Materials Requirements or Pricing Actions; Knowledge of Selected Contractors or Subcontractors Before

Official Announcements," 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.

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§10.15

Organizational Conflicts of Interest (OCI)

[Responsible Manager](#)

New 10/10

- A. [General](#)
- B. [Restrictions on Work Involving Prior Work Product](#)
- C. [Restrictions on Use of Information](#)
- D. [Restrictions on Technology Transfer Activities](#)
- E. [Laboratory Management Responsibilities](#)
- F. [Employee Responsibilities](#)
- G. [Related Policies and Guidance](#)

A. GENERAL

The University of California, as operator of Lawrence Berkeley National Laboratory, conducts its activities in a manner to avoid actual, potential, perceived, or apparent conflicts of interest on the part of the University of California as an institution. This conduct is consistent with the requirements of Contract 31, Clause I. 66, Organizational Conflict of Interest. Broadly stated, the requirements of Contract 31 are intended to ensure that the Laboratory (1) is not biased because of its financial, contractual, organizational, or other interests that relate to the work performed under the contract, and (2) does not obtain any unfair competitive advantage over other parties by virtue of its performance of that work.

B. RESTRICTIONS ON WORK INVOLVING PRIOR WORK PRODUCT

During the performance of Contract 31, and for five years after its completion, the Laboratory is ineligible to participate in any Department of Energy (DOE) contracts, subcontracts, or proposals therefore (solicited and unsolicited) that stem directly from the Laboratory's performance of work under Contract 31.

The Laboratory may not perform any advisory and assistance services under Contract 31 on any work of its products or services (or the products or services of another firm that it has been substantially involved in developing or marketing), unless directed to do so in writing by the DOE contracting officer. This does not preclude the Laboratory from competing for follow-on contracts for advisory and assistance services.

The Laboratory is ineligible to perform or participate in any capacity in any contractual effort based on

a complete or essentially complete statement of work or specifications it prepares for use in a competitive acquisition, unless directed in writing by the DOE contracting officer to incorporate its products or services into the statement of work or specifications. However, the Laboratory can offer and sell any of its standard and commercial items to the government.

C. RESTRICTIONS ON USE OF INFORMATION

There are a number of restrictions concerning use of information to which the Laboratory has access by virtue of performing work under the contract. Examples are DOE plans, policies, reports, studies, financial plans, Privacy Act information, or data not released or otherwise available to the public. Unless the Laboratory has prior written approval of the DOE contracting officer for using such information, it shall:

- Not use it for any private purpose unless it has been released or otherwise made available to the public
- Not use it to compete for work for DOE until six months after either the information has been released or otherwise made available to the public, or the completion of Contract 31, whichever is first
- Not use it as the basis for an unsolicited proposal to the government until one year after the information is released or otherwise made available to the public.
- Not release it unless the information previously has been released or otherwise made available to the public by DOE
- Treat proprietary data, Privacy Act information, or other confidential or privileged technical, business, or financial information in accordance with any restrictions placed on it

However, the Laboratory can use technical data it first produces under Contract 31 for its private purposes consistent with the patent, rights in data, and security provisions of Contract 31.

D. RESTRICTIONS ON TECHNOLOGY TRANSFER ACTIVITIES

Policy on this topic is found in the following locations:

- [§10.02 \(Outside Business and Professional Activities\)](#)
- [§10.08 \(Technology Transfer/Cooperative Research and Development Agreement \[CRADA\] COI\)](#)
- [Technology Transfer and Intellectual Property Management Conflict of Interest Policy](#)
- [Office of Sponsored Projects & Industry Partnerships Policies & Procedures](#)

E. LABORATORY MANAGEMENT RESPONSIBILITIES

To ensure Laboratory and employee compliance with the provisions of this policy that are applicable to each, Laboratory management will ensure that managers and supervisors are aware of the requirements of this policy and that employees are advised annually of the requirements of this policy. Laboratory management will perform its responsibilities set forth in this policy, including ensuring that appropriate restrictions are included in Laboratory subcontracts and that DOE is informed, as necessary,

of particular circumstances to be reported under requirements set forth in this policy. Laboratory management also is responsible for advising DOE, immediately and fully in writing to the contracting officer, if any changes, including additions, occur to the facts disclosed prior to the award of Contract 31 that bear on organizational conflicts of interest. All requests for waivers of OCI must be submitted to the DOE contracting officer in writing.

F. EMPLOYEE RESPONSIBILITIES

To promote the Laboratory's compliance with all applicable organizational conflict-of-interest requirements, Laboratory employees at all levels are responsible to act in compliance with the requirements of this policy, and to inform their supervisors and division directors of any circumstances of which they may be aware that would appear to be inconsistent with those requirements.

G. RELATED POLICIES AND GUIDANCE

- [§5.07 \(Disclosure of Laboratory Proprietary Information\)](#)
- [§10.01 \(Conflict of Interest—General\)](#)
- [§10.02 \(Outside Business and Professional Activities\)](#)
- [§10.14 \(Privileged Information\)](#)
- [Procurement Standard Practice \(SP\) 9.3 Organizational Conflicts of Interest](#)

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Chapter 11

Office of the Chief Financial Officer (OCFO) Policies

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Meetings (Laboratory-Hosted)

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	January 15, 2009
Revision date:	July 20, 2010
Revision number:	3
Scheduled review date:	January 15, 2011 (every year)
Primary contact:	Manager, Operations

Summary

The purpose of this policy is to provide guidance for meetings hosted by the Laboratory.

Scope

This policy applies to all [events](#) (see Glossary) that qualify as a Laboratory-hosted or co-hosted **meeting**. The terms set forth in this policy are consistent with DOE Contract 31 and [DOE Acquisition Regulation Letter, No. AL-2005-12](#). Laboratory-hosted meetings are to be conducted in a reasonable manner, while minimizing costs wherever possible.

Policy

A determination must be made for each Laboratory [event](#) as to whether it qualifies as an official or Laboratory-hosted meeting or a Laboratory-hosted/co-hosted conference.

In order to qualify as an official Laboratory-hosted meeting, several prerequisites or criteria must be met as outlined in the Event Questionnaire in the [Event Approval Database](#).

If the event does not meet the established meeting criteria, it will be considered a Laboratory-hosted/co-hosted conference, which involves different prerequisites and criteria (see [Conferences](#) policy).

Attendees at a Laboratory-hosted meeting may include Laboratory employees, contractors, guests, or visitors. The meeting may also include food and beverage, subject to the guidelines in this policy and the Laboratory [Food and Beverage](#) policy.

It is the meeting chairperson's responsibility to ensure the event complies with Laboratory policy and DOE regulations.

Funding Sources

Funding for Laboratory-hosted meetings may originate from both internal and external sources such as:

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- Laboratory operating funds, including Work for Others
- Registration fees
- Exhibitor fees
- [Co-sponsorship](#) funds

Approvals

All requests for approval are to be completed in the [Event Approval Database](#) at least **two (2) business days prior** to the start of the meeting

On-Site Laboratory-Hosted Meetings

Only on-site meetings **with food and beverage** are processed and approved through the [Event Approval Database](#).

Local Maximum Per Diem Rates

The following are the maximum per diem rates for the **Oakland/Berkeley/Walnut Creek** area. These rates have been adjusted to meet industry standards. Expense totals include tax and tip, but delivery charges do not apply. Breakfast is not reimbursable.

Expense Type (Includes Tax and Tip)	Allowable M&IE Per Diem for Oakland/Berkeley	Allowable M&IE Per Diem for Walnut Creek
Breakfast	n/a	n/a
Lunch	\$20.00	\$20.00
Dinner	\$41.00	\$46.00
Total	\$61.00	\$66.00
Refreshments (a.m. or p.m.)	\$14.75	\$14.75

Off-Site Laboratory-Hosted Meetings

The decision to conduct an off-site meeting should include the following:

- Cost
- Laboratory benefit
- Attendance
- Transportation
- Logistics (rationale)

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All **off-site** meetings are processed and approved through the [Event Approval Database](#). The off-site meeting request must include:

- Three site comparisons
- Budget
- Percentage of non-Laboratory attendees (at least 20% is required)
- Agenda
- Attendee list (with affiliations)

When evaluating the three **off-site comparisons**, the site with the **lowest overall cost** will be the primary factor in choosing the meeting location.

Strategic Planning Meetings

The objective of a strategic planning meeting is to discuss goals and strategies that affect the Department or Division. Each Division (or Department reporting directly to the Director's Office) is allowed two (2) strategic planning meetings during the fiscal year. The 20% requirement for non-Laboratory participants will be waived. Strategic planning meetings will otherwise comply with all Laboratory policies and DOE regulations. Each Division will track and monitor their annual two-meeting allotment.

Contractual Agreements

Conference Services is the **only** authorized approver of contractual agreements for Laboratory events. Any contractual agreement associated with a Laboratory-hosted meeting must be submitted to Conference Services **at least five (5) business days prior** to the meeting for approval.

Allowable Meeting Costs

The following are examples of allowable meeting costs (see Checklists: [Allowable/Unallowable Budget Expense List](#))

- Rental charges for off-site meeting facilities or required equipment (e.g., poster boards, computers, audiovisual equipment and support).
- Meeting announcements, programs, proceedings, summaries, or other meeting publications.
- Expenses paid for speakers or participants (e.g., registration fees, honoraria, travel).
- Credit card usage fees.
- Transportation to and from the meeting facilities or tours which are part of the meeting program, but not as entertainment.

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- Meeting costs for programs associated with Laboratory Employee Activities Association (EAA). This may also include food and beverage for employee morale activities that meet the guidelines in Contract 31, Appendix A, XI, Employee Programs.

Note: EAA-sponsored events with food and beverage are approved by **Human Resources** (see [EAA Hosted Food Request form](#)).

Unallowable Meeting Costs

Unallowable meetings costs can only be paid with unallowable funds. The following are examples of unallowable meeting expenses:

- Alcoholic beverages
- Promotional items and memorabilia such as models, gifts, and souvenirs
- Decorative items, including flowers and balloons
- Entertainment and social events
- Tours not related to the meeting objective

Registration Fees

A registration fee may be charged to meeting attendees. Registration fees are set by the conference chairperson. Laboratory employees are charged the same registration fee as other participants. Registration fees may only be used for **allowable** expenses.

Alcoholic Beverages

Except as authorized in this policy, the purchase, use, possession, or consumption of alcoholic beverages on any premises owned or controlled by the Laboratory is **prohibited**.

Alcoholic beverages may, however, be served on occasion for functions conducted **on Laboratory premises** with prior written approval from the Division Director and the Laboratory Director or designee (see [Alcohol Beverage Request](#) form). The request must include the following:

- Nonfederal funding source for the purchase of alcoholic beverages
- Function objective
- Number of anticipated attendees
- Date, time and location
- Function host

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Recruitment Meals

For recruitment meals, see the Laboratory [Food and Beverage](#) policy.

Invoice Payments

Payment for invoices from vendors, hotels or other facilities for allowable meeting costs is made by completing a [Request for Issuance of Check \(RFIC\)](#) form and submitting it to Accounts Payable.

Food and Beverage Service

Food and beverage cost estimates must be preapproved by the Division and Conference Services using the [Event Approval Database](#). Requests for reimbursements for actual costs are to be submitted to Accounts Payable on one of the RFIC forms as appropriate.

- [Request for Issuance of Check](#)
- [Request for Issuance of Check \(payment with a BZ Project\)](#)

Include the following documentation:

- Detailed receipt or invoice (originals only)
- Copy of approved Laboratory-Hosted Meeting Request **form**
- Agenda
- Attendee list (with affiliations)

Authority

- [DOE Acquisition Regulation Letter, No. AL-2005-12](#)
- DOE Contract 31

Contacts

- Manager, Operations
- Financial Policy Office
- Conferences Services

Glossary

- **BZ Project: Allowable** and/or **unallowable** project used to collect registration fees and other external funds and to pay invoices for meeting costs. Overhead costs (i.e., burdens or taxes) within a BZ Project are applied to travel, procurement and conference/meeting expenses costs.
- **Co-sponsor:** An organization that shares voluntary contributions/support for the meeting (i.e., a benefactor).
- **Event:** Any formal activity that involves the dissemination or exchange of trade, business, professional or technical information with employees or peers. A Laboratory event will be defined as a meeting or a conference.
- **Exhibitor:** An individual or organization that participates in the conference to display their products and services relative to the purpose of the conference.
- **Sponsor:** An organization outside the Laboratory that makes a voluntary contribution to support the meeting (i.e., a benefactor).



Conferences (Hosted, Co-Hosted or Travel To)

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

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Summary

The purpose of this policy is to provide requirements and procedures for **DOE funded/** Laboratory-hosted or co-hosted conferences where the total Laboratory-wide cost is expected to be **\$10,000 or greater** or when **traveling to** a conference on behalf of the Laboratory, where the total Laboratory-wide cost is expected to be **\$25,000 or greater**. This also applies to [DOE Management and Operating \(M&O\)](#) contractors for the Laboratory.

Scope

This policy pertains to all [events](#) that qualify as a Laboratory-hosted or co-hosted conference. The terms set forth in this policy are consistent with [Department of Energy \(DOE\) Order 110.3A](#), DOE Contract 31, and [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/co-hosted conferences must be accomplished in a reasonable manner that minimizes expenditures while achieving program objectives.

A determination must be made for each Laboratory-hosted (or "travel to") [event](#) funded all or in part by DOE as to whether it qualifies as a conference or meeting. Several prerequisites must be met as outlined in the Event Questionnaire in the [Event Approval Database](#).

If the event does not meet established conference prerequisites, it will be considered a meeting. [Laboratory-Hosted Meetings](#) involve different prerequisites and processes.

Events **solely funded** by [Work for Others \(WFO\)](#) do not qualify as conferences. **"Travel to" conferences solely funded by WFO** are **not** required to be entered in the [Event Approval Database](#) (see [Traveling to a Conference](#)).

Traveling to a Conference

DOE requires the Laboratory to track employees traveling to the same "qualified" conference funded all or in part by DOE (**overhead costs do not apply**). Only "travel to" events that qualify as a **conference** using the Event Questionnaire in the [Event Approval Database](#) are to be tracked in the Event Approval Database. Employees planning to travel to a "qualified" conference funded all or in part by DOE must complete the "travel to" conference information in the [Event Approval Database](#).

While **all trips involving travel to a conference must be entered** into the Event Approval Database, travelers may begin making travel arrangements early when approval has been granted by their Division (i.e., verbal for domestic and formal for foreign). This may assist with facilitating/expediting flight discounts and ticketing requirements.

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Costs for traveling to a conference will be reimbursed in accordance with the Laboratory’s [Travel and Expense Policy](#). **Traveling to a conference solely funded by WFO is excluded from this requirement.**

- Total costs associated with traveling to a conference **up to \$25,000** will be tracked in the Event Approval Database by Conference Services.
- Total costs associated with traveling to a conference from **\$25,000 up to and including \$50,000** will be tracked and approved through the Event Approval Database by the Conference Services, the Laboratory Directorate/ Designee and the Berkeley Site Office (BSO).
- Total costs associated with traveling to a conference **greater than \$50,000** will be tracked and approved through the Event Approval Database by Conference Services, the Laboratory Directorate/Designee, the Berkeley Site Office (BSO), and the US Department of Energy/Headquarters (DOE/HQ) Program Office.

The following reflects these approval limits:

Laboratory-Wide “Travel To” Total Using DOE Funds	Event Approval Database (Number of days prior to the Conference start date)	Conference Services Approval	Laboratory Directorate or Designee Approval	Berkeley Site Office (BSO) Approval	DOE/HQ Program Office Approval
\$0 - \$24,999	Yes (30 days prior)	n/a	n/a	n/a	n/a
\$25,000 - \$50,000	Yes (30 days prior)	X	X	X	n/a
\$50,001 and over	Yes (45 days prior)	X	X	X	X

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Conference Hosts/Co-Hosts

A conference host is defined as having control over the conduct or management of the conference (e.g., sufficient to influence costs, venue, program content, or similar aspects). A conference co-host exists if more than one organization shares control of the conduct or management of the conference, or provides some form of non-monetary services (see [Conference Planning Support](#)).

The following additional guidelines apply if the Laboratory participates as a conference co-host:

- The Laboratory can be identified as an official host, but it may not be featured prominently (more notably) than other co-hosts in any conference literature
- Conference Services is responsible for approving any co-hosted contractual conference agreements

Conference Planning Support

Administrative conference planning support should be allocated as follows:

- Part of the employee's normal job function: Charge Division
- Outside of employee's normal job function: Charge Conference project

Approval of Conferences

All Laboratory-hosted/co-hosted conferences must be completed in the [Event Approval Database](#) at least **45 days prior** to the conference, or they may **not be approved** by **Conference Services**.

For conference expenditures **\$10,000 or greater (overhead costs do not apply)**, the following approvals are required:

- Division Director (or designee)
- Conference Services
- Laboratory Director, Deputy Director, Associate Laboratory Director, or Laboratory Director's Chief of Staff
- [DOE Contracting Officer](#) (or designee)

As noted above, open **conference** requests are closed and locked in the [Event Approval Database](#) on the **45th calendar day** prior to the start of the conference.

Third Party 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.

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Site Selection

The hosting 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.

The hosting 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.

For **off-site** events with approved budgets for estimated meal costs that **exceed** the selected off-site vendor cost quote, a full explanation will be provided on the RFIC.

Allowable/Unallowable Conference Costs

- A checklist of **allowable/unallowable** conference costs is available on the Conference Services website (see [Checklists: Allowable/ Unallowable Budget Expense List](#)).
- Private funds, [sponsorships](#) and exhibitor fees may be used for **unallowable** conference costs.
- Laboratory funds and registration fees can only be used for **allowable** costs (see [DOE FAR 31.201-2](#), *Determining Allowability*).

Food Service

For food and beverage service provided during a conference, all of the following requirements must be met (see [Food and Beverage](#) policy):

- The conference exceeds two hours.
- External participants (non-Laboratory employees) are present (at least 20% is required).
- 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.
- Event-related work precedes any food service provided, and the food service is provided during a working session.
- A detailed agenda (including business topics discussed before and during food and beverage service) and an attendee list (with guest affiliations) are provided.
- Food service for the conference has been approved in advance by Conference Services.

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Funding Sources

Laboratory-hosted or co-hosted conferences may be funded from a number of internal and external sources including registration fees, sponsorships, exhibitor fees, and Laboratory funding. All funds and revenue used to support conferences must be deposited into the appropriate Laboratory project(s) established by the Controller's Office.

Registration Fees

Registration fees for attendees may **only** be used for **allowable** expenses.

The hosting 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.

The collection of registration fees is handled through an online registration tool, which is managed by Conference Services. All registration fees collected are deposited into the **allowable** BZ project established for each conference.

Fees collected for optional **unallowable** activities (e.g., entertainment, excursions) will be deposited into the **unallowable** BZ project.

The hosting Division may, at their discretion, waive or reduce registration fees for speakers, invited guests, students or others.

Exhibitor Fees

An exhibitor participates in the conference to display products and services that relate to the purpose of the conference. Exhibitor fees collected can be used for **allowable** or **unallowable** expenses. The allocation of **allowable** or **unallowable** funds from exhibitor fees is determined by the Division and is included in the conference budget. Exhibitor fees are not considered registration fees.

Sponsorships

Sponsorships are voluntary contributions made by outside organizations to support the conference (i.e., a benefactor). Funds received from sponsorships can be used for **allowable** or **unallowable** conference costs. The allocation of allowable or unallowable funds from sponsorships is determined by the Division and is included in the conference budget.

Reimbursement for Speakers and Invited Guests

Travel costs for speakers and invited guests should be charged to the appropriate conference project.

Project Set-up Requirements

In order to segregate conference costs from other program costs, the requesting Division must open a **separate** project for each conference. This will serve as the parent project for the

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allowable [BZ project](#) and **cannot** be a summary or WFO project. Any programmatic costs associated with the conference should be charged to this project for costs not covered by revenue collected in the [BZ project](#).

Segregating conference costs provides several benefits:

- Increases conference cost visibility/transparency.
- Facilitates external reporting requirements for the DOE Conference Management System (CMS), which is used by **Conference Services** only.
- Assists the close out of surplus allowable BZ project revenue and costs and surplus non-DOE BZ revenue.

Availability of Conference Funds

- Invoices submitted for payment from the **unallowable** BZ project will **NOT** be paid if there are insufficient funds.
- Costs that exceed funds in the **allowable** BZ project will be re-allocated to the Division conference parent project at closeout.

Surplus Conference Revenue

DOE Funds

Any surplus conference revenue collected from DOE as a host, co-host or sponsor are subject to the Miscellaneous Receipts Act (U.S. Code 3302) and must be deposited with the U.S. Treasury as soon as possible.

Non-DOE Funds

Any surplus conference revenue collected from or provided by Laboratory co-hosts or sponsors *other than DOE or DOE contractors* are not subject to the Miscellaneous Receipts Act and, therefore, do not need to be returned to the U.S. Treasury.

It is expected that any surplus conference funds are to be maintained at a minimum. The following options apply to the disposition of surplus funds for both **allowable** and **unallowable** conference-related expenditures. The disposition of surplus conference funds is the responsibility of the Conference Chairperson.

- **Allowable** surplus funds can be used to offset conference-related costs that are clearly identifiable in the Division conference **parent project**.
- **Unallowable** surplus funds can be used to offset conference-related costs in the **allowable** BZ project.
- Can be refunded to the attendees (if surplus funds are material).
- Can be returned to the sponsor.

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- Can be used for future occurrences of the same conference.
- Immaterial surplus amounts can be retained in an institutional BZ project to use for conferences as necessary; e.g., to offset other conference costs.

Payment of Conference Expenses

Conference-related invoices and receipts must be reviewed and approved by the Division and conference Services. The hosting Division should ensure that all **allowable** and **unallowable** expenses are separated and identified on the final invoices/receipts prior to submitting for payment. Payment is made via the following Request for Issuance of Check (RFIC) forms:

- [Request for Issuance of Check](#)
- [Request for Issuance of Check \(payment with a BZ Project\)](#)

Conference Management System (CMS)

The CMS is the **DOE** central database used for planning purposes to compile data, generate reports, and view proposed and approved conferences that **exceed the \$10,000 threshold**. Following approval by DOE, preliminary conference information is entered into the CMS by Conference Services. Upon final closeout of each conference, updated information such as the final number of attendees, costs and other relevant information is updated in the CMS by **Conference Services** and reviewed by the Laboratory's DOE Contracting Officer.

Records Retention and Maintenance

Conference Services maintains 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 host or sponsor, and the relationship between the Laboratory and the host or 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 hosting Division and processed by Conference Services.
- Copies of **allowable** and/or **unallowable** payments made by third parties for costs contracted by the Laboratory.

Controller's Office (General Accounting)

- Documentation of closing project reconciliation.

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Hosting Division

- Copies of paid invoices for both **allowable** and **unallowable** conference costs.
- Approved paper copy of the Laboratory-Hosted Conference Approval Request (from the Event Approval Database).
- Copies of contractual agreements approved by Conference Services.

Roles and Responsibilities

Hosting Division

- Plans, organizes, and initiates conference arrangements.
- Sets up a separate project for each conference which serves as the parent project for the allowable [BZ project](#) which **is not** a summary or Work-for Others (WFO) project.
- Completes the applicable entries, forms and documents in the Laboratory's [Event Approval Database](#), which includes funding and budget information, for approval by Conference Services.
- Develops and maintains the conference budget and appropriate financial records.
- 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.
- Provides a dedicated Division project in which to charge costs associated with the conference.
- Identifies allocation of **allowable** and **unallowable** costs and income from exhibitors and/or sponsors in conference budget.
- Upon completion of the conference, reviews and verifies conference revenues and expenditures within 120 days after completion of the conference.
- Ensures that all **allowable** and **unallowable** expenses are tracked, separated and identified on the final invoices and receipts prior to submitting to Conference Services for payment.

Division Director or Designee

- Approves all Laboratory-hosted, co-hosted, and "travel to" conferences.

Conference Services

- Administers and maintains the Conference policy and procedures. Provides guidance and training when necessary.

Financial Policies and Procedures Manual

- Reviews, approves and manages all Laboratory event information entered into the [Event Approval Database](#) to ensure timeliness and compliance with Laboratory policy, DOE Contract 31, and DOE Order 110.3A, Conference Management.
- Reviews, negotiates, and approves third party contractual agreements for conference arrangements such as hotel contracts, audio/visual services, chartered transportation services, etc.
- Reconciles registration payments to ensure all applicable fees have been paid and all payment information is captured.
- Provides General Accounting with the registration payment list.
- Reviews invoices and receipts to ensure allowable and unallowable costs are separated appropriately.
- Manages the event registration database.
- Manages the conference approval process.
- Enters preliminary and final conference information into the DOE CMS database for conferences that are expected to be \$10,000 or greater (overhead costs do not apply).

Laboratory Director or Designee

- Approves all Laboratory-hosted, co-hosted conferences for which total expenditures are \$10,000 or greater and all "travel to" conferences from \$25,000 or greater (overhead costs do not apply).

Note: The designee for the Laboratory Director is the Deputy Director, Associate Laboratory Director, or Laboratory Director's Chief of Staff.

Contracting Officer (DOE Berkeley Site Office)

- Approves all Laboratory hosted, co-hosted conferences for which expenditures are \$10,000 or greater and all "travel to" conferences from \$25,000 up to and including \$50,000 (overhead costs do not apply).
- Reviews conference data entered in the DOE CMS database.

Controller's Office (General Accounting)

- Deposits registration fees and/or sponsorship funding and records revenue in the Laboratory's Financial Management System (FMS).
- Upon approval from Conference Services.
 - Opens **unallowable** BZ project for the conference.
 - Sets up an **allowable** BZ project and requests it be opened by the Budget Office.

Financial Policies and Procedures Manual

- Issues payment for conference expenses approved by Conference Services.
- Closes and reconciles conference project(s).
- Provides general guidance on conference accounting.
- Prepares final resource adjustments to zero out the BZ projects at closeout.

Budget Office

- Opens the **allowable** BZ project for the conference.

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

Contacts

- [Conference Services hotline](#)
- Manager, Operations

Glossary

- **BZ project:** Allowable and/or unallowable project established for each Laboratory-hosted/co-hosted conference. The BZ project is used to collect registration fees and other external funds and to pay invoices for conference costs. Overhead costs (i.e., burdens or taxes) within a BZ project are applied to travel, procurement and conference/meeting expenses costs.
- **Co-host:** An organization that shares conference hosting responsibilities with another (see Host).
- **Conference Management System (CMS):** The DOE central database used to compile data, generate reports, and view proposed and approved conferences \$10,000 or greater (overhead costs do not apply). Conference Services is responsible for entering conference data into the CMS.
- **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.
- **Exhibitor:** An individual or organization that participates in the conference to display their products and services relative to the purpose of the conference.
- **Host:** An organization that has control over the conduct or management of the conference (e.g., sufficient to influence costs, venue, program content, or similar aspects).
- **Incidental:** Minor or subordinate in significance or nature; i.e., secondary.
- **Laboratory-hosted meeting:** An event or activity conducted at Laboratory expense, during which Laboratory employees, supplemental labor employees, and/or visitors hold work-related discussions, exchange or disseminate technical information, or conduct structured training.
- **Management and Operating (M&O) Contractor:** The third party management of a DOE facility. DOE competitively awards M&O contracts to manage and operate DOE facilities. These M&O contractors are finally integrated with DOE and operate under strict DOE controls and guidelines.
- **Official travel:** Travel necessary to accomplish official business on behalf of the Laboratory. Official travel is properly authorized, processed, conducted, reported and reimbursed in accordance with this policy (see [Travel and Expense](#) policy).
- **Sponsor:** An organization outside the Laboratory that makes a voluntary contribution to support the conference (i.e., a benefactor).
- **Work for Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel (LBNL).



Financial Management General Guidelines

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Overview

Originally issued:	October 1, 2005
Effective Date:	June 1, 2009
Revision Number:	3
Scheduled review date:	June 1, 2011 (every two years)
Primary contact:	Manager, General Accounting

Summary

For all financial business actions, Lawrence Berkeley National Laboratory (LBNL) must comply with DOE criteria as stipulated in the DOE/LBNL Contract 31 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 Office prior to writing policy
- Drafts policy utilizing [OCFO Financial Policy Template](#)
- Emails draft to Financial Policy Office for editing

Financial Policy Office

- 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 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 Financial Policy Office 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, General Accounting
- Financial Policy Office
- Budget Officer

Authority

- Department of Energy Contract 31

§11.04

Consultants to Lawrence Berkeley National Laboratory

[Responsible Manager](#)

Links updated 06/11

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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 personally provides expert advisory and/or assistance services of a technical or professional nature. Consultants provide technical, scientific, engineering, and/or administrative expertise not otherwise available to the Laboratory.

2. Consulting Services

Consulting services are "hands-off" in nature and are limited to expert advisory and/or assistance services consisting of information, advice, opinions, alternatives, conclusions, or recommendations to Laboratory personnel, including studies, analyses, and evaluations, that are personally provided by a technical or professional consultant.

3. Consultant Agreement

A consultant agreement is an agreement between the Laboratory and an individual consultant with special knowledge or expertise for the performance of consulting services.

4. 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 for the performance of consulting services.

B. POLICIES GOVERNING USE OF CONSULTANTS

1. General

The Laboratory will engage the services of a consultant on a short-term or intermittent basis if he or she contributes to the Laboratory's mission and those services cannot be provided as effectively by a Laboratory employee.

Consultants work independently and are not under Laboratory supervision. 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. Consulting services may not be obtained for unauthorized purposes, such as to bypass or undermine Human Resources (HR) policies or

pay limitations.

Consultants are prohibited from making any appearances on behalf of the Laboratory at a congressional office or federal agency, including military organizations, without a Laboratory employee present. The Office of Laboratory Counsel must approve in writing proposed exceptions to this requirement. Under no circumstances may a consultant be used to specifically aid in influencing or enacting legislation.

Consultants are required to refrain from activities on behalf of the Laboratory and DOE that could be interpreted as creating a conflict of interest for the consultant. Accordingly, consultant agreements and PSAs impose certain conflict-of-interest requirements and restrictions on the consultants.

2. Selection Process

Consultants are selected on the basis of professional qualifications, resources, experience, cost, and ability to meet Laboratory needs, as determined by the division requiring the particular service and approved by Procurement. Neither agencies nor other organizations will be paid a fee for locating a consultant.

3. Duration of Agreement/Number of Service Days

Agreements for consulting services are established for a period for which there is a foreseeable need, normally for one year or less. Consultant agreements must specify an anticipated number of service days per agreement year. A consultant may not receive fees for more than 90 consultant service days in a 12-month period without written approval from the HR Center Manager or designee. 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. There are no restrictions on the number of service days within the agreement period for PSAs.

Agreements may be written for a period of up to five years with appropriate justification from the requester to support the long-term need for the consultant's services. Agreements are renewed only when there is a verified continuing need.

4. Foreign Nationals

Foreign nationals who are not permanent residents of the United States are required to have an appropriate visa number and an Internal Revenue Service (IRS) Individual Taxpayer Identification Number (TIN) in order to provide consulting services to the Laboratory. To determine whether a consultant may receive payments as a foreign national, the Laboratory's International Researchers and Scholars Office (IRSO) should be notified of that consultant's proposed services as soon as possible.

5. Current UC Faculty as Consultants

Current University of California (UC) faculty may not be Laboratory consultants unless the employee occupies a teaching or research position; Procurement has determined that the expertise is not

otherwise available; and the employee's management has approved it. UC staff personnel normally may not be retained as consultants. The alternative of acquiring the services of UC personnel through an Intra-University Transaction (IUT) should be considered and discussed with Procurement.

The Chancellor of a UC faculty member's home campus must approve faculty consultant arrangements, and the compensation rate must be in accordance with UC academic personnel policies. Accordingly, consultant agreements and PSAs:

- Require consultants to disclose any actual or proposed employment or other compensatory arrangement with any other activity of the University; and
- Permit their terms governing amounts payable to the consultant or firm under the agreement to be modified as necessary to avoid dual compensation

6. Former Laboratory Employees

When the services of former employees are required, the Laboratory's practice is to rehire them as Laboratory employees through the HR Department. In exceptional cases, the use of a consultant agreement or PSA may be appropriate for the services of former employees. Written approval from the HR Center Manager or designee is required in these cases. Care must be taken to ensure that the selection of former employees as consultants to the Laboratory will best serve the Laboratory's interests.

7. Retired Faculty and Staff

A retired employee may work as a consultant if he or she is either employed by a consulting firm or owns his or her own consulting business. A retired employee may be a consultant for the Laboratory if he or she has not worked as a UC employee during the previous rolling 12-month period.

Laws and regulations affecting the UC Retirement Plan (UCRP) permit retired members to work at the Laboratory. The HR Department should be contacted regarding the employment of retired faculty and staff. See [RPM §2.01 \(Employment\)](#).

8. DOE Contractor Employees

An employee of a DOE contractor performing work on a full- or part-time basis under a management and operating (M&O), facilities management, site integrating, or other major DOE contract may provide consulting services to the Laboratory if the services are performed outside the official hours of duty of, or while on leave from, the DOE contract. Such consulting services must not:

- In any manner interfere with the proper and effective performance of the duties of the position
- Appear to create a conflict of interest or
- Appear to subject DOE, the University, or the other DOE contractor to public criticism or embarrassment

An alternative to acquiring the consulting services of DOE contractor personnel through a DOE

Contractor Order should be considered and discussed with Procurement.

C. POLICIES GOVERNING CONSULTANT RELATIONSHIP

1. Time and Place of Performance

Consultants, as independent contractors or employees of independent contractors, may adopt (subject to technical contact approval) arrangements suitable to the consultant concerning performance details, such as times and places for rendering the agreed-upon services.

2. Results of Performance

Consultants may be required to furnish reports or other data documenting the services rendered, as requested by the technical contact and in accordance with the terms of the agreement. When this is impractical, the technical contact is expected to maintain records adequate for this purpose.

3. Compensation

Consultants are normally paid agreed-upon compensation, with either daily rates or fees for each full day the consultant renders services. In addition, consultants may be reimbursed for certain costs and expenses, such as travel and clerical support, if indicated in the consultant's proposal and approved by the technical contact and authorized by Procurement in the consultant agreement or PSA.

The reasonableness of a consultant's fee 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, a statement of substantiation from the employer, or a comparison of rates for similar consulting services. Fee rates based on contractual arrangements with other clients may be substantiated by copies of client agreements or other suitable documentation.

Consulting agreements may be awarded by Procurement on a no-fee basis, allowing reimbursement of expenses only. Expenses must be reimbursed in accordance with Laboratory requirements. If no fee is paid, consultants may serve an unlimited number of days per year.

As discussed above, there are certain restrictions pertaining to consultant fees paid to UC faculty, consultants receiving compensation from multiple University sources, and compensating individuals for consulting services who also perform work on a full-time basis under another DOE contract.

4. Taxes

Fee income is subject to federal and state income tax. Laboratory Accounts Payable will issue appropriate 1099 tax forms, covering total fees paid during each calendar year to consultants providing services under a consultant agreement.

5. Property

Acquisition of property, including controlled property (equipment and sensitive property) or use of government-furnished property, by a consultant is generally not allowed. Deviating from this requirement requires a memorandum substantiating the necessity of such action, approval by Procurement, and inclusion of appropriate property provisions in the consultant agreement or PSA.

6. Travel

Consultants normally are reimbursed for travel and travel-related expenses in accordance with the Laboratory's requirements. Foreign travel requires DOE approval in advance.

Only travel expenses for travel required in performance of the consultant services are reimbursable. Expenses for local commuting to and from the Laboratory and the consultant's place of business normally are not reimbursable.

7. Conduct of Consultant

University and government policies form the basis for rules of conduct to which consultants agree to be bound through the agreements for consultant 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 materials requirements or pricing actions; possible new sites for DOE program operations; knowledge of selection of contractors or subcontractors in advance of official announcement; and medical, personnel, or security records of individuals.
- Making or influencing any decision on behalf of the Laboratory that directly or indirectly affects the interest of the Laboratory or 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, the Laboratory, or the government in any 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 Associate Laboratory Director for 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.

8. Patents, Data, and Copyrights

Under the [DOE/LBNL Prime Contract](#), the Laboratory is required to protect the government's interests

in inventions and technical data by including the appropriate and related clauses in its consultant agreements and PSAs. These clauses 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 fulfilled. If the consultant does not meet these obligations, the technical contact is expected to notify Procurement immediately so that appropriate and timely action may be taken. See [RPM §5.03 \(Patents\)](#).

9. Subcontracts and Assignment

Consultants must secure prior written approval from the Laboratory to subcontract with, assign to, or otherwise employ anyone to perform any of the consultant services, except incidental clerical or similar support work specified in the agreement with the Laboratory. This approval is provided by/through Procurement.

10. Environment, Safety, and Health Fire Protection Requirements

Agreements for consultant services specify that consultants are required to take all reasonable precautions at Laboratory sites to protect the environment, safety, and health of employees and members of the public in the performance of the work; minimize danger from all hazards to life and property; and comply with all applicable environmental, safety, fire protection, and health regulations and requirements of the Laboratory and DOE. The Laboratory may stop the particular work anytime a consultant fails to comply.

11. Insurance and Indemnification

Normally, consultants are not required to maintain liability insurance, but may be required to indemnify the University from liability for injury or damages related to the consulting services. The Laboratory may require a consultant to maintain liability insurance when:

- The services are performed on Laboratory, government, or third-party premises; or
- Government-furnished property is provided to a consultant or a consultant's employer; and
- The nature of the services poses a significant potential risk to the University and the government

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

Requests for consultant services are initiated by the technical contact (requester). The request may be

for a new agreement, the renewal of an existing consultant agreement, additional service days or other changes to an existing agreement, or consultant services under an agreement already in place for another Laboratory organization. Requests for services of a consultant should be submitted using the [Request for Consultant/Personal Services Agreement and Renewal form](#), available from the Procurement Web site, and be accompanied by a memorandum providing various information, as identified in the request form.

The completed request form and memorandum should be sent to Procurement with an approved e-Procurement (ePro) purchase requisition for processing. 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 and requesting the additional information.

In addition, an [Organizational Conflicts of Interest \(OCI\) Pre-Procurement Fact Sheet](#) must be completed and accompany each request greater than \$150,000. This fact sheet is available on the Procurement Web site. If there appears to be a reasonable possibility that an OCI may exist or arise, steps must be taken to avoid or neutralize it. If the OCI can only be mitigated, an award may not be made until DOE approval of the mitigation plan has been obtained.

2. Solicitations and Proposals

Formal, written solicitations for consultant agreements or PSAs are normally not required, and written proposals are not required for consultant agreements or PSAs under the small purchase threshold (currently \$150,000).

3. Negotiating the Agreement

Only Procurement may negotiate the terms and conditions of the agreement and issue 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, expenses to be reimbursed, and other appropriate details, as discussed in above paragraphs.

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 Prime Contract](#) establishes the right of DOE to approve or disapprove all Laboratory subcontracts, including consultant agreements and PSAs. Prior DOE approval is required for the following:

- An organizational conflict of interest that can only be mitigated

- Foreign travel

Changes, deletions, or additions to the Laboratory standard terms and conditions (General Provisions) of a consultant agreement or PSA may require prior written approval of the Laboratory Counsel and DOE. This approval is secured through Procurement.

5. Initiating Consulting Services

The technical contact normally contacts the consultant to arrange for commencement of the desired consultant services. Performance should not commence until the agreement has been executed. The technical contact is responsible for directing the consultant to the Site Access Office, where the appropriate badges and parking permits 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 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

Invoices for consulting services are submitted with supporting documentation to the Accounts Payable Office via e-mail at APIInvoice@lbl.gov. The Invoice for Consulting Services form is available from Procurement for this purpose. The technical contact reviews and signs off on the invoices to verify that the consultant has rendered services as claimed, that the period of time claimed is correct, and that the quality of services performed is acceptable to the Laboratory. After verification by the technical contact, Accounts Payable reviews each invoice to ensure that it is consistent with the terms of the agreement. The invoice is then processed for payment.

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. Renewal of an agreement may be appropriate if consultant services are needed for longer periods. Agreements that are not renewed simply expire without further obligation.

The PeopleSoft Purchasing System sends consultant agreement/PSA expiration notices to the technical contact in 30-, 60-, or 90-day intervals. Renewal is usually accomplished through a modification to the agreement, based on terms negotiated in the manner of the original agreement. Procurement initiates this action after receiving the Request for Consultant/Personal Services Agreement and Renewal form from the technical contact with the additional information required for the renewal. An ePro requisition may also be required for the renewal.

9. Personal Services Agreements

PSAs are treated in essentially the same manner as agreements for consultant services, except as follows:

- Solicitations are sent, and agreements awarded to, the individual's company rather than the individual.
- Payments are made to the company instead of the individual.

F. REFERENCES

The following policies and procedures apply to consultant agreements and PSAs and can be reviewed for additional details:

- University of California LBNL Procurement Standard Practices Manual, Standard Practice 37.1, *Consultants and Personal Services*
- [DOE/LBNL Prime Contract](#)

Printed 7/25/2011. The official or current version is located in the online LBNL *Regulations and Procedures Manual*.

Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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Time Reporting

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	September 15, 2007
Effective date:	December 31, 2010
Revision number:	3
Scheduled review date:	September 15, 2011 (every two years)
Primary contact:	Manager, Payroll

Summary

This policy outlines the requirements for accurate and timely reporting of effort using the Laboratory's Pay and Time Reporting System.

Policy

Each employee is responsible for his or her own reporting of time worked (by job or project) and leave taken (by category). Each division or department is responsible for the review and approval of time reported by each of their employees.

Accurate and timely reporting is required at the Laboratory and provides for the following essential elements:

- Monitors actual performance against budgetary goals
- Ensures labor costs are properly reported by DOE Budget and Reporting classification
- Guarantees employees are paid correctly and their leave accumulations are accurate

Workplace Location

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 §2.06 \(D\)\(4\)\(b\) Compensation, Scheduling, and Work Location, Telecommuting](#).

Agreements to perform work at alternative work sites must be consistent with Laboratory policy regarding standard workday and work week. See [RPM §2.06 Compensation, Scheduling and Work Location](#).

Financial Policy and Procedures Manual

Procedures

The Laboratory Electronic Time-Reporting System (LETS) is an electronic time-reporting system that provides on-line access to time-reporting and approvals. Role assignment, password applications, and training are available through the division offices. To access LETS, refer to the LETS manual or "How To" brochures available in each division.

The following chart details the various time-reporting categories:

Type of Employee	Schedule	Timecard	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)
Non-exempt	Full-time, part-time and variable	Weekly	1/4 hour

For employees in exempt classifications, time worked and leave taken on each project must be reported in total. It is not necessary to report the days on which the work was performed, but all leave time must be reported in specific days. For employees in non-exempt classifications, time worked and leave taken must be reported in 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.

Schedule and Time 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 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, non-exempt 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

Financial Policy and Procedures Manual

Certification of Time Reports

Employees are accountable for certifying the accuracy of their time reported. Each supervisor (approver) must certify the accuracy of the time reported by his or her subordinates. Each supervisor (approver) 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 (approver), normally, only another designated supervisor or manager may approve time.

In addition to supervisors (approvers), designated work leads are also able to certify time for employees assigned to them. Either the supervisor (approver) or the designated work lead may approve the employee's time. Designated work leads must be exempt-level Berkeley Lab employees who regularly provide work direction to the person(s) for whom time is being approved. Designated work leads cannot be graduate student research assistants (GSRAs), contract workers, students or guests.

In certain instances, the ability to certify timecards may be granted to non-LBNL employees who are currently employed by another Department of Energy national laboratory and have responsibility for providing work direction to the person(s) for whom time is being approved. Requests for exceptions must be provided in writing and approved in advance by the Chief Financial Officer or designee.

Time certification by the employee, supervisor or designated work lead 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.

Employees, supervisors and/or designated work leads must concur to changes and corrections to their certified time, whether accomplished through LETS or labor resource adjustments. Corrected timesheets or communication (e.g. e-mail notification) for labor resource adjustments and clearance of labor charges from dropout projects must be sent to the employee and their supervisor for concurrence. In the event the appropriateness of a corrected timesheet is questioned either by the employee or their supervisor, the Controller's Office is available to assist in the determination.

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.

Periodic Reviews

The Office of the CFO conducts periodic reviews of time-reporting documents for compliance with policy as stated above.

Due Dates in LETS

All employee time records are electronically sent to Payroll for processing based on the following schedule:

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- ***Weekly Reporters*** - 12 noon - The first business day of each week and the first business day of the new month
- ***Monthly Reporters*** - 12 noon - Three business days prior to month end

Contacts

- Manager, Payroll Office

§11.06 **Pay Periods, Computations, and Deductions**

[Responsible Manager](#)

Moved to the [Financial Policy and Procedures Web site](#), 5/21/09.

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Pay Periods, Computations and Deductions

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued: April 15, 2009
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Revision number: 3
Scheduled review date: April 15, 2012 (every year)
Primary contact: Manager, Payroll

Summary

This policy provides guidance on the requirements and calculations for pay periods and payroll deductions at the Laboratory.

Policy

Monthly Pay Periods

Exempt Employees Working Full-Time Schedules

Exempt employees working full-time schedules are paid at a fixed monthly rate.

The salary for exempt, full-time employees working partial months (i.e., new hires and terminating employees) is based on the following formula:

$$\frac{\text{Number of Days Worked in Month}}{\text{Number of Workdays in Month}} = \% \text{ of Time Worked}$$

$$\text{Percent of Time Worked} \times \text{Monthly Salary} = \text{Gross Pay}$$

The salary for exempt, full-time employees who are on Leave Without Pay (LWOP) during the month is calculated by the following formula:

$$\frac{\text{Monthly Salary} \times 12}{260} = \text{Daily Rate}$$

$$\text{Daily Rate} \times \text{Number of Days on LWOP} = \text{Deduction from Gross Monthly Salary}$$

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Exempt Employees Working Part-Time Schedules

The salary for exempt, part-time employees is calculated using the following formula:

$$\frac{\text{Number of Hours Worked in Month}}{\text{Number of Hours in Month}} = \% \text{ of Time Worked}$$

$$\text{Percent of Time Worked} \times \text{Monthly Salary} = \text{Gross Pay}$$

Bi-Weekly Pay Periods

Nonexempt Titles

Employees with nonexempt titles are paid biweekly. Their Gross Pay is calculated using the following basic formula:

$$\begin{aligned} & (\text{Compensable regular hours in biweekly period} \times \text{Applicable regular hourly rate}) + \\ & (\text{Compensable overtime hours in biweekly period} \times \text{Applicable overtime hourly rate}) \end{aligned}$$

Variable Schedule Exempt Titles

Employees on variable schedules have no fixed percentage of time or schedule. Their hours worked will vary depending on operational needs (e.g., rehired retirees, students and administrators).

Employees with exempt titles who work variable schedules are paid by the hour on a biweekly basis.

Due to hourly pay practices, employees in the above situations will be treated as nonexempt employees subject to Fair Labor Standards Act (FLSA) minimum wage and overtime provisions.

Pay is computed using the following basic formulas:

$$\frac{\text{Applicable Monthly Salary} \times 12}{2080} = \text{Hourly Rate}$$

Gross Pay is calculated using the following basic formula:

$$\begin{aligned} & (\text{Compensable regular hours in biweekly period} \times \text{Applicable regular hourly rate}) + \\ & (\text{Compensable overtime hours in biweekly period} \times \text{Applicable overtime hourly rate}) \end{aligned}$$

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Reporting of Overtime

Nonexempt Employees

Nonexempt employees are paid at the regular overtime rate of 1 ½ times the regular rate for hours worked in excess of 8 hours per day or 40 hours per week.

Extended Workweek

An extended workweek is a planned schedule exceeding the normal 40-hour workweek for more than four consecutive weeks at a regular Laboratory site or temporary assignment at locations away from a regular Laboratory site. Exempt or nonexempt employees may qualify (see [RPM 2.06 Compensation, Scheduling, and Work Location \(B\)\(5\)](#)).

Payroll Deductions

After gross pay has been calculated, deductions are made for income tax withholding, retirement plans, health insurance plans, and other types of 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 ([IRS Form W-4, Employee's Withholding Allowance Certificate](#)) kept on file in the Office of the Chief Financial Officer/Payroll Office.

Contacts

Manager, Payroll

§11.07

Paydays and Check Distribution

[Responsible Manager](#)

Revised 12/09

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 weekend or holiday, the payday will be advanced to the last working day before the weekend or holiday in all months except December. For December pay, the payday will be the second day in January unless the second day falls on a weekend, in which case the payday will be the first workday after the weekend.

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\(1\) \(Terminal Pay\)](#).

- 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.

Printed 7/25/2011. The official or current version is located in the online LBNL *Regulations and Procedures Manual*.

Printed or electronically transmitted copies are not official. Users are responsible for working with the latest approved revision.

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Travel and Expense Policy

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

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LABORATORY EMPLOYEES.....22**

1.0 Overview

1.1 Summary

This policy provides requirements for official Laboratory travel by employees and non-employees, regardless of the funding source. Additional requirements may be provided by the DOE program office, or non-DOE organization funding the trip. It is the responsibility of each traveler to adhere to this policy as well as any additional requirements as stated above.

1.2 Scope

This policy applies to all types of official Laboratory travel; i.e., [domestic](#), [foreign](#) or [local](#). It complies with applicable guidelines and regulations of the Department of Energy (DOE), Federal Acquisition Regulation, University of California, [Federal Travel Regulation \(FTR\)](#) and DOE Contract 31. For traveling to a conference, see the Laboratory's [Conference](#) policy.

1.3 General

Employees are encouraged to support cost effectiveness measures by evaluating the need to travel and the potential of using other less expensive travel alternatives such as email, [audio and/or net \(web\) conferencing](#) and [videoconferencing](#).

Travel while conducting official Laboratory business must be accomplished in a manner that meets business needs and minimizes costs. It is the traveler's responsibility to report travel expenses in a responsible and ethical manner. All official Laboratory travel must be properly authorized, conducted, reported and reimbursed in accordance with this policy.

An official Laboratory business trip begins when the traveler leaves his or her residence or [primary work location](#), whichever occurs last, and ends when the traveler returns to his or her residence or primary work location, whichever occurs first.

Only those travel expenses which are ordinary and necessary to accomplish the official business purpose of the trip are eligible for reimbursement. Any increase in expenses for personal reasons are the responsibility of the traveler. Personal travel is not to be charged to or temporarily funded by the Laboratory.

Travelers will not be reimbursed for expenses paid on behalf of others. Lodging expenses may be reimbursed for Laboratory travelers who share a room with another Laboratory employee.

1.4 Authorization to Travel

A [Travel Authorization](#) must be completed in the Laboratory's travel expense reimbursement system for a travel advance or prepayment.

- **Domestic Travel** - The *authorization* process is determined by the Division funding the trip.
- **Foreign Travel** - For all foreign travel, regardless of the funding source, it is required that a *Travel Authorization* be completed and approved *prior to travel* in the Laboratory's travel expense reimbursement system. The series of approvals originates with the Division Director (or designee) of the Division funding the trip.

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The trip must then be approved by the Travel Office, DOE and the U.S Department of State. (The Travel Office submits the request to DOE and the U.S. Department of State.) The Travel Office must receive the Division-approved *Travel Authorization* in accordance with the [Travel Authorization Advance Notice](#) requirements on the Travel Office website.

- **Local Travel** - Authorization requirements are determined by the Division funding the trip. The Laboratory's travel expense reimbursement system will not accept Travel Authorizations for local travel.

1.5 Reservations and Service Providers

It is expected that travel reservations for official Laboratory travel for employees and guests will be made through the Laboratory's [designated travel agency](#) or [on-line booking tool](#). Travelers are expected to utilize the current contracts with selected air carriers, hotels and rental car agencies whenever possible (see [Travel Services website](#)).

Travel Packages

Commercially-offered travel "packages" typically do not itemize expenses. Therefore, no business-related travel is to be booked through such vendors unless the traveler has confirmed that each aspect of the package will be separately itemized (e.g., itemized hotel charges and airfare) to assure appropriate documentation for reimbursement.

Canceling Reservations

Travelers who are unable to honor a reservation will be responsible for canceling the reservation in compliance with the terms of the hotel, airline, car rental agency, or conference/seminar vendor, etc. Charges or lost refunds resulting from failure to cancel a reservation will not be reimbursed unless the traveler can show that the failure was the result of circumstances beyond the traveler's control. For additional information regarding cancellation of airline tickets, see [Tickets Purchased Through the Laboratory's Designated Travel Agency](#).

1.6 Combining Personal/Vacation Days with Business Travel

When combining personal/vacation days with business travel, reimbursement is limited to expenses for business travel only. When personal/vacation days are taken during official travel status, the number of days must be specified on the Travel Expense Report.

For personal/vacation days while on foreign travel, DOE programs may have different practices or limits on the number of days allowed. Contact the Travel Office for guidance prior to submitting a foreign Travel Authorization in the Laboratory travel expense reimbursement system.

1.7 Corporate Travel Cards

Corporate travel cards are issued to employees who travel at least once per year (see [Travel Services website](#)). The corporate travel card is to be used solely for Laboratory business expenses associated with official travel such as hotels, car rentals, meals, miscellaneous expenses and registration fees, as allowed by Contract 31 and Laboratory policy. Personal charges, unrelated to Laboratory business purposes, are not to be charged to the corporate card. Any non- business related charges incurred by the traveler are not reimbursable.

Corporate travel cards are issued directly to the cardholder and not the Laboratory. Corporate travel card payments are the responsibility of the employee. Delinquencies and/or misuse may result in the cancellation of the traveler's card and/or other corrective action, up to and including termination. Any

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interest and/or late fees incurred for delinquent payments are the responsibility of the employee and, therefore, non-reimbursable.

Travelers who have been issued a corporate travel card are expected to use the card for cash advances. The corporate travel card may be cancelled at the discretion of the Laboratory or the issuing bank, and must be relinquished upon termination of employment.

1.8 Advances

Travelers are expected to use their corporate travel card to obtain cash advances for expenses incurred in connection with official Laboratory business travel. Laboratory checks for travelers without a corporate travel charge card are available on an exception basis. Contact Division Business Managers for more specific details.

The advances will be issued only under special circumstances and are limited to the following restrictions:

- May not exceed the estimated out-of-pocket expenses for the trip
- Will not be made more than one week prior to the travel date
- Requires written justification
- Will not be issued to persons who have been issued a corporate travel card
- Are not authorized for any person who is 30 days delinquent in submitting a Travel Expense Report for a prior trip
- Will not be made for local travel

An advance must immediately be returned to the Travel Office if an authorized trip is canceled or indefinitely postponed. Under certain conditions, travel advances may be considered taxable income by the Internal Revenue Service (see [Tax Treatment of Travel Expenses](#)).

1.9 Prepaid Expenses

Airline Tickets

Airline tickets purchased through the Laboratory's designated travel agency are direct billed to the Laboratory. When a traveler purchases a ticket outside of the agency, reimbursement will not be made until after the trip has occurred (see [Air Travel](#)).

Hotel and Event Registration Fees

If payment prior to travel for hotels and/or event registration fees is required by a vendor, it is expected that the Laboratory traveler will submit a completed [Request for Issuance of Check](#) form to Travel Services to pay the vendor directly.

If the vendor will not accept payment from the Laboratory, the traveler may pay the vendor directly (e.g., with their corporate travel card, if applicable) and request reimbursement through the expense report process when the trip is completed. If necessary, reimbursement may be made in advance of a domestic or foreign trip only if the traveler is a Laboratory employee.

2.0 Transportation Expenses

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.

Procuring Tickets

Travelers are expected to obtain transportation tickets from the Laboratory's designated travel agency in order to take advantage of special discounts and 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. For a complete list of eligible discounts available through the Laboratory's designated travel agency, see the [Travel Services](#) website.

Employee Purchased Tickets

The Laboratory's contracted agency offers special airfare discounts that cannot be obtained by outside sources. The State of California negotiated Discount Airfare Program (YCal fares) is the Laboratory's allowable airfare ceiling (see [State of California Discount Airfare Program](#)). If tickets are purchased outside of the Laboratory's contracted agency and any of the Laboratory discounts are not used, the traveler will be responsible for the difference in the cost of the airfare.

Indirect 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 lower. Excess travel time will be charged to the appropriate type of leave.

Vacation Interrupt

If a traveler is on vacation or has already purchased planned vacation travel tickets and is required to interrupt that vacation for business reasons, travel costs will be reimbursed from the vacation point to the official business point and back to the vacation point, plus any change or penalty fees that may apply.

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.

2.1 Air Travel

Tickets Purchased Through the Laboratory's Designated Travel Agency

Tickets purchased and billed through the Laboratory's designated travel agency are the property of the Laboratory. Cancellations must be reported directly to the travel agency prior to departure time. All tickets including those that are unused (full or partial) must be reported on a Travel Expense Report.

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Tickets Purchased Outside of the Laboratory's Designated Travel Agency

Tickets purchased outside of the Laboratory's designated travel agency (i.e., employee purchased tickets) will not be reimbursed by the Laboratory until after the trip has occurred. If the ticket is cancelled for any reason, the ticket remains the property of the traveler. Travelers will be reimbursed according to allowable guidelines.

Use of U.S. Carriers

All commercial air travel between the U.S. and a foreign country and between foreign countries must be made via a [U.S. flag carrier](#) or [U.S. code share](#) as required by Public Law D93-629 "Fly America Act." This applies to the following:

- Travel reimbursed from any funding source (DOE or non-DOE)
- International charter flights
- Travel to/from Canada or Mexico
- Flights to/from personal destinations in conjunction with official travel

Use of Foreign Carriers

In accordance with the Fly America Act, foreign carriers can be used only under the following circumstances:

- If a [U.S. flag air carrier](#) offers nonstop or direct service; i.e., no aircraft change, from traveler's origin to destination, traveler must use U.S. flag air carrier service unless such use extends travel time, including delay at origin, by 24 hours or more.
- If a U.S. flag air carrier does not offer nonstop or direct service (no aircraft change) between the traveler's origin and destination, the traveler must use a U.S. flag air carrier on every portion of route where service is provided unless (when compared to using a foreign air carrier) such use would apply to one or more of the following:
 - Increase the number of aircraft changes traveler must make outside of U.S. by two or more
 - Extend the travel time by at least six hours or more

Require a connecting time of four hours or more at an overseas interchange point

Obtaining Lowest Available Airfare (Coach Class)

Reimbursement is limited to the actual expense for business travel only. Any airfare for personal deviations will not be reimbursed unless the cost is less than the lowest available coach fare for the business travel. Travelers are expected to travel by the most efficient and economical modes of transportation possible within mission requirements, on the most direct route consistent with the business purpose of the trip. (i.e., utilize negotiated or discounted airfares; request departure and arrival within a two-hour window; or consider alternate airports).

It is expected that travelers book airline reservations from the Laboratory's designated travel agency (or [on-line booking tool](#)) in order to obtain the lowest allowable coach airfare and ensure full compliance with policy, as well as reimbursement. It is also expected that reservations will be made as early as possible in order to take advantage of the lowest coach fare available.

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.

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The following table reflects the conditions required for the use of a **one class upgrade** for airline accommodations.

Conditions for use of One Class Upgrade for Airline Accommodations		
Category	Condition	Advance Written Approval in Addition to Division Approval
DOE Mission	Urgent requirement to successfully perform Laboratory mission exists which cannot be postponed	Laboratory Director (or designee)
Health Issues	<p>LBNL employees requesting upgraded travel arrangement for health reasons should consult with the Site Occupational Medical Director. In most cases, a confidential medical note from the employee's physician will be required specifying the diagnosis, the requested accommodation, and the duration of the accommodation.</p> <p>The Site Occupational Medical Director evaluates the request and will notify the Travel Office and the affected Division Office of recommended travel accommodations and duration. Employees may be required to periodically update their medical documentation at the discretion of the Site Occupational Medical Director.</p>	Site Occupational Medical Director
Sanitation Needs	Coach class on an authorized foreign carrier does not provide adequate sanitation or health standards.	DOE Office of Aviation Management
Availability	<p>No other class of service (coach or business) is available within 24 hours of the proposed departure or arrival time.</p> <p>Coach class is not provided on regularly scheduled flights between the origin and the destination.</p>	Travel Manager for Domestic Travel in addition to DOE Final Approval for Foreign Travel
Overall Cost Savings	An overall savings (subsistence costs, overtime, lost productive time) would be realized, compared to waiting for coach class.	
Extended Flight Time	Origin/destination is outside the Continental United States and scheduled flight time, including stopovers and change of planes, is in excess of 14 hours. In this case, no rest stops will be approved.	
Overnight Travel Without Adequate Rest Period	Itinerary involves overnight travel without an opportunity for normal rest before commencement of working hours.	
Personal Expense	Travelers may upgrade to business, first class, or upgraded coach at their own expense, including through the redemption of frequent flier miles.	

Rest Stop/Official Stopover

A rest stop at either an intermediate point or the destination is allowed when **all** of the following conditions apply:

- The class of service used for air travel is less than business or first class
- Origin or destination is outside the continental United States
- Scheduled flight time (including stopovers) exceeds 14 hours
- Air travel is consistent with the Fly America Act
- Travel is taken by a direct or usually traveled route

Reimbursement is based on the per diem rate for the rest stop location. A maximum of three days are reimbursable before the date of actual official business (one day en route, the arrival day, and one rest stop within a 24 hour period).

Involuntary Denied Boarding Compensation

Compensation made to travelers by airlines for [involuntary denied boarding](#) is the property of the Laboratory and must be returned with the Travel Expense Report to be credited to the cost of the trip.

Voluntary Denied Boarding Compensation

Travelers may voluntarily vacate reserved airline seats and retain the payment received from the airline under the following conditions:

- Any resulting additional expenses are borne by the traveler
- Relinquishing a reserved seat does not diminish performance of official duties
- Vacation is charged to the extent that travel is delayed during normal work hours

Re-Ticketing/Schedule Changes

Charges for re-ticketing, schedule changes, etc., may be reimbursed for a valid business reason. The reason for the charge must be reflected on the Travel Expense Report.

Travel Membership Clubs

The Laboratory does not reimburse for airline membership clubs.

Chartered/Private Aircraft

Use of chartered and/or private aircraft will **not be authorized** for official Laboratory business, nor will any reimbursement be made for such use.

2.2 Vehicles

For information on vehicle insurance and accident reporting, see [Travel Insurance and Accident Reporting](#).

Private Automobile

When a private automobile is used, reimbursement will be made based on actual mileage, parking, ferries and tolls (see [Travel Expense Reimbursement Guidelines](#)). Gasoline, routine repairs, tires, or

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other vehicle expense items will not be reimbursed. When two or more persons share a privately owned vehicle, only the driver may claim reimbursement).

If a private vehicle is to be used instead of air travel for personal convenience, reimbursement of transportation costs, including the cost of meals, lodging, tolls, ferries, and parking while in transit, shall not exceed sum of the total allowable airfare (if air travel had been used), and the normal cost of ground transportation to and from [common carrier](#) terminals. Travelers are advised to contact the Travel Office prior to traveling to determine the allowable airfare and reimbursable limits (see Rental Vehicles also).

Mileage will be reimbursed from the time the traveler leaves his or her residence or primary work location, whichever occurs last, and ends when the traveler returns to his or her residence or primary work location, whichever occurs first.

When a traveler drives to or from a common carrier terminal, mileage and parking for one round trip for the duration of the trip is reimbursable. When the traveler is driven to a common carrier destination, mileage, short term parking and tolls for two round trips are reimbursable.

Rental Vehicles

A rental vehicle is to be utilized when more economical than the use of taxis or other means of transportation. It may be used for local travel only when no other means is available. Travelers are expected to use the [Laboratory's preferred rental car vendors](#) and charge the rental to their corporate travel card or personal credit card.

Gasoline for rental vehicles is also reimbursable. It is expected that the traveler will refuel their rental vehicle prior to returning it to the rental agency, thus avoiding excess gasoline charges.

If a rental vehicle is used instead of air travel, reimbursement of transportation costs, including the cost of meals, lodging, tolls, ferries, and parking while in transit, shall not exceed sum of the total allowable airfare (if air travel had been used), and the normal cost of ground transportation to and from [common carrier](#) terminals. Travelers are advised to contact the Travel Office prior to traveling to determine the allowable airfare and reimbursement limits.

Reimbursement for a rental vehicle cannot exceed intermediate size sedans. For information on rental vehicle insurance, see Section 9.1, [Rental Vehicle Insurance](#).

The following table reflects exceptions and additional requirements for vehicle rentals. All require the use of the Laboratory's preferred vendors:

Class of Vehicle	Reimbursable	Requirements	Justification Required
Four wheel drive	Yes	Business necessity or weather conditions	Yes
Minivan	Yes	For transportation of LBNL passengers and Lab equipment	Yes
Truck or Van	Yes	To transport equipment or materials	Yes

Non standard options, such as GPS (Global Positioning Systems) are not reimbursable.

For information on vehicle insurance and accident reporting, see [Travel Insurance and Accident Reporting](#).

2.3 Train (Rail) or Bus

Reimbursement for rail transportation is limited to the lowest first-class rate. Transportation by bus is not limited to any specific class of service.

When rail or bus transportation is used instead of available air travel due to business necessity, actual expenses including the cost of meals and lodging will be reimbursed. Reimbursement for the cost of a sleeping car (Pullman) accommodation is allowed in lieu of lodging expense for each night that these accommodations are used.

If a rail or bus is to be used instead of air travel for personal convenience, reimbursement of actual expenses including the fare, cost of meals, lodging, tolls, ferries, and parking shall not exceed sum of the total allowable airfare (if air travel had been used), and the normal cost of ground transportation to and from [common carrier](#) terminals. Travelers are advised to contact the Travel Office prior to traveling to determine the allowable airfare and reimbursable limits.

2.4 Ship

When traveling by passenger ship, transportation at the lowest first-class rate is reimbursable. Meals are reimbursable (up to the established M&IE rates) only if not **included** in the fare.

2.5 Motorcycle

Motorcycles (or motor-driven cycles) are **not** allowed for use on official Laboratory business, nor will any reimbursement be made for the use of such vehicles.

2.6 Airport Transportation

Employees are encouraged to support cost effective measures by using the most economical mode of transportation to/from home and the airport. The cost of shuttles, taxis, and airport car limousine services are reimbursable.

2.7 Local Public Transportation

Local public transportation fares (e.g., taxis, buses, subway, or streetcars) are reimbursable.

2.8 Other Types of Transportation

Charges for the use of other types of transportation (e.g., helicopter, boat) are allowed when their use is beneficial to the Laboratory. A justification of the necessity for their use must be included with the Travel Expense Report.

2.9 Parking

Reasonable parking charges for official, rental, and personal vehicles, when used for official Laboratory business are reimbursable. Travelers are encouraged to utilize long-term or off airport facilities when parking at [common carrier](#) terminals. Charges associated with valet parking are not reimbursable.

3.0 Lodging and Meals & Incidental Expenses (M&IE)

Lodging and Meals & Incidental Expenses (M&IE), referred to as a per diem allowance, will be reimbursed based on the type of travel and business point in accordance with the per diem rates established by the following federal agencies:

Type of Travel	Agency Establishing Per Diem Rates
Within Continental U.S. (CONUS)	General Services Administration (GSA)
Outside Continental U.S. (OCONUS); i.e., Alaska, Hawaii and U.S. possessions	Department of Defense (DOD)
Foreign	U.S. Department of State

Lodging taxes are not included in the above per diem rates but are reimbursed as a separate expense.

3.1 Lodging

Employees are expected to obtain government (or the most economical) room rates where available.

Actual lodging expenses may exceed the applicable Federal rate to a maximum of 300% per the [Federal Travel Regulation](#) if any of the special or unusual circumstances listed below apply. No additional approval other than the individual approving the Travel Expense Report is required (see [Travel Expense Report Settlement](#)).

Direct bill hotels are to be set up by individual Divisions for local area hotels. Direct billing for lodging can be reimbursed through a [Request for Issuance of Check \(RFIC\)](#) form for lodging and lodging taxes only. All other expenses including incidentals are the responsibility of the traveler. All expenses other than lodging taxes are to be settled with the hotel by the traveler.

Special or Unusual Circumstances:

- Lodging at a hotel where a conference, meeting or training session is held.
- Lodging costs have temporarily escalated due to events (e.g., sporting events, conventions, or natural disasters).
- Mission requirement - Traveler is required to do business in a certain location on certain days and no lodging available at the government rate.
- Other unplanned circumstances encountered by travelers such as:
 - Government rate booked but not available upon arrival at hotel
 - Flight cancelled; traveler required to spend night in airport hotel and not compensated by airline

If it becomes necessary to exceed the maximum lodging rate on a repetitive or continuing basis for a single business location, the Laboratory must obtain advance approval from the DOE Contracting Officer.

Any increase in lodging expense due to an accompanying non-employee is the responsibility of the traveler.

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Non-Commercial Lodging

Travelers lodging in non-commercial facilities such as house trailers or field camping are reimbursed actual expenses up to the maximum applicable lodging rate.

Lodging Owned or Leased by Traveler

Travelers will not be reimbursed lodging costs for stays at a facility either owned or leased by the traveler.

Lodging with a Friend or Relative

Lodging with friends or relatives is non-reimbursable.

3.2 Meals and Incidental Expenses (M&IE)

To minimize costs, travelers are highly encouraged to request reimbursement for the actual cost of meals and incidental expenses up to the applicable Federal M&IE rate (see [Lodging and Meals & Incidental Expenses \[M&IE\]](#)). The following table reflects M&IE allowance guidelines:

Travel Time (Hours)		M&IE Allowance
12 or less		None
More than 12, but less than 24		75% of applicable rate
24 or more	Day of departure	75% of applicable rate
	Full day of travel	100% of applicable rate
	Last day of travel	75% of applicable rate

Meal expenses include the cost of breakfast, lunch, dinner and related tips and taxes. Specifically excluded are alcoholic beverage and entertainment expenses and any expenses incurred for other persons.

When a meal is furnished at a nominal cost, or no cost, or is included in a registration fee, the amount claimed for meals and incidental expenses must be adjusted per the table on the [Travel Services website](#). This does not apply to meals provided by [common carriers](#) or complimentary meals provided by hotels/ motels. Incidental expenses include fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses and others on ships. On foreign travel, laundry and dry cleaning are also considered incidental expenses (see [Traveler Directly Reimbursed by a Third Party](#)).

3.3 Long-Term Travel (Domestic or Foreign)

The traveler is considered on long-term travel if assigned to one location away from their [primary work location](#) for thirty (30) days or more. It is expected that travelers on long-term travel will use establishments catering to the long-term visitor (e.g., weekly or monthly rentals).

Travel over 30 Days and up to Six (6) Months

Reimbursement for travel over 30 days and up to six (6) months will be limited to a daily amount of up to 55% (at the discretion of the traveler's division) of the applicable federal per diem rates (see [Travel Expense Reimbursement Guidelines](#)).

Travel that Exceeds Six (6) Months

For travel assignments that exceed six (6) months, refer RPM 4.01, the Laboratory's [Relocation policy](#).

4.0 Miscellaneous Business Expenses

Miscellaneous business expenses are reimbursable (see [Travel Expense Reimbursement Guidelines](#)). The following are examples of reimbursable business expenses:

1. Business office expenses for the use of computers, printers, fax equipment, internet, scanners, copy services, and postal service.
2. Baggage charges are allowable for business travel: One bag for domestic and two bags for foreign.
3. Purchase of materials and supplies when normal procurement procedures are not practical are reimbursable through a [Request for Issuance of Check \(RFIC\)](#) form.
4. Registration fees for attendance at conferences, conventions, or meetings of professional societies. Any part of such fees covering entertainment is not allowed. However, if a non-government organization sponsors a conference and a single, mandatory, non-separable registration fee is charged for both attendance and meals or an evening social event, the Laboratory will reimburse the traveler's full registration fee.
5. Fees for use of automated teller machines, traveler's checks, money orders, certified checks, visas, photographs and inoculations when not obtained through Laboratory facilities.
6. Expenses for laundry and dry cleaning services are not reimbursable if travel lasts less than four nights for domestic travel. For foreign and [OCONUS](#), separate claims for laundry and dry cleaning expenses are not allowed. They are included as part of the incidental expense allowance, which represents 20% of the applicable foreign M&IE rate.
7. One reasonable personal telephone call home per day.

Entertainment and alcohol expenses are not reimbursable.

5.0 Special Requirements for Non-Employees

Non-employees traveling at the Laboratory's request may be reimbursed for their travel expenses. In addition to complying with this Travel Policy, the following special guidelines apply:

Foreign Visitors

Payments to foreign visitors, including advances and reimbursements, may be restricted by the visitor's visa status or other requirements established by the U.S. Citizenship and Immigration Services. Additional documentation must be provided by the visitor for reimbursement. See [IRSO Participating Guest Allowable Reimbursement](#) guide and [Non-Employee Travel: Guests](#) for documentation information.

Interviewees

Travel expenses associated with interviewing prospective employees are reimbursable. Reimbursement is made for actual transportation, lodging and M&IE. At the discretion of the Laboratory Director (or designee), actual travel expenses may be reimbursed for spouses/domestic partners who accompany candidates for senior level positions on final interviews.

Reimbursement Requirements

See [Attachment A](#) for non-employee travel reimbursement requirements.

6.0 Travel Expense Report Settlement

6.1 Reimbursement – General

It is expected that reimbursement claims for travel expenses be submitted via a Travel Expense Report within 30 days after completion of the trip using the Laboratory’s travel expense reimbursement system. For local travel, multiple claims for reimbursement may be submitted on one Travel Expense Report.

The traveler must [certify](#) the expenses, which are then approved by an authorized signer in the [Laboratory’s Signature Authorization System \(SAS\)](#). If the traveler is a Laboratory employee, the certification must be made in the Laboratory’s travel expense reimbursement system. Certification for guests will be made in the system by the Division travel arranger, on behalf of the traveler.

The Travel Office may exercise the option to partially pay a Travel Expense Report when it lacks the required receipts or information.

Travelers are expected to submit itemized original receipts as described in the [Travel Reimbursement Expense Guidelines](#). When original receipts are not available, electronic receipts from the vendor (e.g., emailed or faxed) are acceptable provided that the detail contained is equivalent to the detail contained on the original receipt.

All expense reports are expected to be submitted and processed for payment by the close of the fiscal year to adhere to best practices and ensure all expenses are properly posted.

In the event that Laboratory travel is to be paid by another host organization, and the travel cost is charged to the Laboratory in the interim, it is the responsibility of the traveler to ensure payment is received from the host organization. Include full supporting documentation from the host organization; i.e., invitation letter, invoice, and a copy of the reimbursement check from the host to the traveler or Laboratory), along with a personal check made payable to UC Regents. Acceptable receipts include the following:

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Receipt Requirements	Airline/ Rail	Hotel/ Lodging	Event Registration	Commercial Rental Car	Expenses \$75 and over
Vendor Name	x	x	--	x	x
Traveler Name	x	x	x	x	--
Transaction Date	x	x	x	x	x
Flight/Rail Itinerary	x	--	--	--	--
Total Fare	x	--	--	--	--
Proof of Payment	x	x	x	x	When Applicable
Ticket Number	x	--	--	--	--
Itemized Daily Costs	--	x	When Applicable	x	x
Total Cost	--	x	x	x	x
Event Name	--	--	x	--	--

Lost/Missing Receipts (receipts not available)

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.

6.2 Trip Reports for Foreign Travel

A DOE Foreign Trip Report is not required for travel fully funded by the Office of Science or a non-DOE funded project. Foreign Trip Reports are required for travel sponsored by the following DOE Program Offices:

- Environmental Management (EM)
- Energy Efficiency and Renewable Energy (EE)
- Fossil Energy (FE)
- National Nuclear Security Administration/NNSA (NA)
- Nuclear Energy (NE)
- Office of Electricity Delivery & Energy Reliability (OE)
- Radioactive Waste Management (RW)

See the [Travel Services](#) website for more information on how to create a Trip Report and where to submit it once completed.

Important: When preparing an expense report in TREX, an [abstract](#) of major highlights, benefits and results will be required for all trips regardless of the funding source.

Foreign Currency

- Expense reports must be submitted in U.S. Dollars.
- Expenses paid by credit card are reimbursed at the rate used by the credit card company.
- Expenses paid in foreign currency will be reimbursed using the exchange rate at time of conversion. Therefore, it is expected that currency exchange receipts be saved, used for converting foreign currencies back to U.S. dollars, and submitted with the expense report. Fees charged for conversion are reimbursable.

- In the absence of a receipt showing the rate of conversion, the official bank rate of exchange will be based on the first day of official business travel using the currency converter provided by [OANDA](#).

6.3 Expense Report Certification

Before submitting an Expense Report for approval, the traveler must *certify* the expenses claimed. For Laboratory employees, the certification must be recorded by the traveler in the Laboratory's travel expense reimbursement system. Certification for guests will be recorded in the system by the Division travel arranger, on behalf of the traveler.

6.4 Expense Report Approval

Travel Expense Reports must be approved by an authorized signer in the [Laboratory's Signature Authorization System \(SAS\)](#).

A Travel Expense Report cannot be approved by anyone who has a [direct or indirect](#) reporting relationship to the traveler. Individuals delegated the authority to approve travel shall not approve their own travel. In addition, travelers may not approve the travel of a near relative, e.g., spouse or equivalent, child, parent, etc.

Travel expenses for Associate Laboratory Directors (ALDs), Division Directors, Deputy Director, and the CFO will be approved by the Chief of Staff. Travel expenses for the Laboratory Director will be approved by the Controller.

6.5 Traveler Directly Reimbursed by a Third Party

When a third party reimburses a traveler for travel expenses, or if the traveler owes money to the Laboratory (e.g., advance exceeds reimbursable expenses), the traveler will remit reimbursement made payable to the UC Regents.

6.6 Supplemental Expense Reports

If the traveler did not receive full reimbursement on an expense report due to non-reimbursable or unallowable costs, a Supplemental Expense Report for additional expenses will only be accepted with itemized receipts.

7.0 Records Retention

The Travel Office has institutional responsibility for retention of completed Travel Expense Reports and required receipts. These travel documents are maintained for seven years.

8.0 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.

9.0 Travel Insurance and Accident Reporting

9.1 Insurance

The University of California (UC) maintains a business travel insurance policy for employees, students and any person traveling on behalf of the Laboratory. Coverage can also be provided for a spouse/domestic partner and dependent(s) while traveling with them (see [UC Business Travel Accident Insurance](#)). The policy provides worldwide coverage, 24 hours a day, for a wide variety of accidents and incidents while away from the primary work location at no cost to the traveler for accidental death or dismemberment. The policy also provides travel assistance services (e.g., security extraction, emergency medical evacuation).

The traveler must register at www.uctravel.org for each foreign and domestic trip outside of their home state to ensure coverage. Coverage is automatic for business travel within the state and registration is not required for those trips.

Rental Vehicle Insurance

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.

In the event the traveler is unable to utilize a UC Rental Car Agreement, it is expected that the Corporate Travel Card will be used. In general CDW coverage is provided through the Corporate Travel Card for vehicles rented anywhere in the world (see [Corporate Travel Charge Cards](#)).

Private Vehicle Insurance

Travel by private vehicle to the official business destination requires verification of insurance. The minimum prescribed liability insurance coverage is as follows:

- \$50,000 for personal injury or death of one person
- \$100,000 for injury to, or death, of two or more persons in one accident
- \$50,000 for property damage

Employees who use a privately owned vehicle for Laboratory business must provide, upon request, satisfactory evidence of insurance coverage.

When an employee uses a private vehicle for Laboratory business, the employee's own personal vehicle policy is the primary insurance coverage for damage to the employee's private vehicle, damage to a third party vehicle and injury to a third party. For damage to the employee's private vehicle, the Laboratory may authorize up to \$500 in reimbursement to cover the insurance deductible. If the employee is injured in an accident, the University's Workers' Compensation Program covers injuries in the course and scope of employment.

9.2 Accident Reporting While on Travel

For all vehicle accidents, notify the local police authority and complete the forms required by the insurance or rental car company. Furnish copies of all reports to the Laboratory Counsel Office.

In addition, accidents involving personal injury must be reported to Laboratory Health Services as soon as possible following the occurrence.

9.3 Injury or Illness While on Travel

Illness or injury requiring hospitalization while on official travel status must be reported promptly to Health Services. In addition, all Laboratory employees are provided with Workers' Compensation coverage for work-related injury or illness that occurs during a Laboratory-approved and funded business trip.

10.0 References

- [General Services Administration \(GSA\) Domestic Per Diem Rates](#)
- [Federal Travel Regulation \(FTR\)](#)
- [IRS Publication 15, Circular E, Employer's Tax Guide](#)
- [Travel Reimbursement Expense Guidelines](#)

11.0 Glossary

- **Abstract:** A summary statement provided in the TREX expense report that reflects (1) major highlights, (2) benefits and (3) results of the trip. Each of the three attributes should be included in the abstract statement.
- **American Flag Carrier:** See *U.S. Flag Carrier*.
- **Approval:** The process of granting permission. This is required prior to the purchase of a travel ticket.
- **Authorization:** To formally or officially grant permission. This is required prior to the purchase of any foreign travel ticket.
- **Business-class:** A premium-class of accommodation offered by the airlines that is higher than coach and lower than first class, in both cost and amenities.
- **Certify:** To confirm formally that expenses claimed were incurred on official business on the dates shown and that the expenses identified are in compliance with the Laboratory Travel policy.
- **Coach-class:** The basic class of accommodations offered to travelers regardless of fare paid.
- **Collision Damage Waiver (CDW):** Covers damage to or loss of a rental car.
- **Common Carrier:** An organization that transports people or goods from one place to another for a fee.
- **Continental United States (CONUS):** The territory of the United States that is within North America between Canada and Mexico, and the adjacent territorial waters.
- **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.
- **Employee:** An individual who receives a paycheck from the Laboratory.

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- **Excess Baggage:** Baggage in excess of the carrier's size and weight limit.
- **First-class:** Generally, the highest class of accommodation offered by the airlines in terms of both cost and amenities and termed "first-class" by the airlines and any reservation system.
- **Fly America Act:** Public Law (commonly referred to as the "Fly America Act"). In general, it requires that foreign air travel funded with Federal dollars is performed on U.S. flag air carriers.
- **Foreign Travel:** Travel from the United States to a foreign country (including Canada and Mexico) and return, or travel between foreign countries.
- **General Services Administration (GSA):** An independent agency of the United States government established in 1949 to help manage and support the basic functioning of federal agencies.
- **Guest:** An individual who is not a Laboratory employee.
- **Incidental Expenses:** Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses and others on ships. On foreign travel, laundry and dry cleaning are also considered incidental expenses.
- **Involuntary Denied Boarding:** An airline term for a situation in which a passenger is not allowed to board an aircraft due to overbooking, weight restriction, etc.
- **Itemized Receipt:** Detail of specific expenses charged to the traveler, e.g., a lodging receipt reflecting the room rate, taxes, telephone charges, etc.
- **Local Travel:** Travel within a distance of 150 miles (one way) from the traveler's Primary Work Location or residence that will be completed within one calendar day without 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.
- **M&IE:** Meals and incidental expenses.
- **Meals:** Expenses for breakfast, lunch, dinner, and related tips and taxes. Specifically excluded are alcoholic beverages and entertainment expenses and any expenses incurred for other persons.
- **Non-Employee:** An individual who is not a Laboratory employee (i.e., does not receive a paycheck from the Laboratory). Includes, but not limited to, interviewees, invited guests, participating guests, consultants, and subcontractors.
- **Non-Foreign Overseas:** Business points in Alaska, Hawaii and US possessions.
- **OCONUS:** Travel outside the continental United States (i.e., Alaska, Hawaii and United States possessions).
- **Official Laboratory Travel:** Travel necessary to accomplish official business on behalf of the Laboratory. Official travel is properly authorized, processed, conducted, reported and reimbursed in accordance with this policy.
- **Per Diem:** Combined daily expenses for lodging and meals & incidental expenses (M&IE). Per Diem within the continental United States (CONUS) is set by the General Services Administration (GSA). Per Diem within Alaska, Hawaii and the United States possessions (i.e., non-foreign

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overseas) is set by the Department of Defense. Per Diem within foreign countries is set by the United States Department of State.

- **Primary Work Location:** The place where the major portion of the traveler's work time is spent, or the place to which the traveler returns during working hours upon completion of special assignments.
- **Regular use of private vehicle:** More than four trips per calendar month totaling at least 300 miles.
- **Travel Authorization**— A form in the Laboratory's travel expense reimbursement system that reflects information about a planned trip.
- **Travel Expense Report:** The form used to process requests for reimbursement to the traveler for any amounts due which is accessed through the Laboratory's travel expense reimbursement system.
- **Travel Expenses:** Expenses that are ordinary and necessary to accomplish the official business purpose of a trip.
- **Travel Status:** The period during which a traveler is traveling on official business.
- **Travel Voucher:** See *Travel Expense Report*.
- **Traveler:** An employee or guest who is authorized to travel on official Laboratory business and travels on behalf and at the expense of the Laboratory.
- **Unofficial Travel:** Travel undertaken by an individual without official, fiscal, or other obligations on the part of the Laboratory; i.e., personal travel.
- **U.S. (American) flag carrier:** An air carrier which holds a certificate under the Federal Aviation Act of 1958 authorizing operations between the United States and/or its territories, and one or more foreign countries. Each U.S. airline has a two letter alpha code designating it as a US. Flag air carrier (e.g., UA for United Airlines).
- **U.S. Code Share:** An arrangement where an airline is jointly marketed as a flight for one or more other airlines. The term "code" refers to the identifier used in a flight schedule, generally the 2-character airline designator code and flight number. One airline places its code on the flights of another in order to coordinate services, advertise and sell the other airline's services as its own. Most major airlines have code sharing partnerships with other airlines and code sharing is a key feature of major airline alliances. A code share flight uses the same two-letter carrier code during all legs of the trip.

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Attachment A - Travel Reimbursement Requirements for Non-Laboratory Employees

No.	Type of Traveler	Travel Policy Compliance	Travel Expense Report and Receipts Required to be Submitted to LBNL	Travel Expense Report Reviewed by Travel Disbursements Staff Before Travel Expenses Can be Paid
1	Travel is covered by a subcontractor or consultant agreement <u>and</u> directly reimbursed by the traveler's home institution/organization			
1.a	Institution/organization is a(n): - Educational institution compliant with OMB Circular No. A-21; - FAR-compliant organization; or - DOE laboratory	Policy of the traveler's home institution/ organization and any specific travel terms and conditions in the subcontract or agreement	No	N/A
1.b	The institution/organization is not OMB Circular No. A-21 or FAR-compliant or a DOE laboratory	LBNL policy and any specific travel terms and conditions in the subcontract or agreement	Copies	Yes
2	Travel is covered by a subcontractor or consultant agreement and <u>not</u> directly reimbursed by the traveler's home institution/organization (i.e., LBNL reimburses the traveler directly)	LBNL policy and any specific travel terms and conditions in the subcontract or agreement	Original expense report (using home organization's form) and original or electronic receipts are required	Yes
3	Travel is not covered by a subcontract or consultant agreement (e.g., interviewee, guest)	LBNL policy	Must use LBNL travel expense reimbursement system (input by a division travel arranger); original or electronic receipts required	Yes



Special Financial Terms and Conditions for Work for Others

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	September 1, 2007
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Primary contact:	Manager, Contract Accounting

Summary

The purpose of this policy is to define the guidelines for approval of special financial terms and conditions for Work for Others' agreements to ensure compliance with DOE reimbursable work cash management requirements. Special financial terms and conditions are only considered when specifically requested by a sponsor.

Most special financial 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 sponsors with special financial terms and conditions for [Work for Others' Exceptions](#) previously approved by the Office of the Chief Financial Officer (OCFO). A sponsor is added to the list of special terms once approved.

Policy

The following items are considered LBNL's standard requirements for non-federal WFO agreements.

- 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 (POP) of the contract until such time as the advance paid + invoice payments = contract funding limit and the advance balance is drawn down (see [Advance Payment Required for Non-Federal WFO policy](#)).
- Full advance for agreements that have an estimated cost of \$25,000 or less or that have a completed performance in 90 days or less (see [Advance Payment Required for Non-Federal WFO policy](#)).
- Monthly invoices with payment due upon receipt of the invoice.

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- If a sponsor requests a substantive change to the standard requirements, a [Request for Special Financial Terms for WFO Form](#) should be initiated for the following:
 - Special handling terms, such as
 - Electronic billing including an uploaded invoice or file to the sponsor's payment system
 - Emailed or faxed invoices to multiple locations or recipients, or invoices submitted in duplicate
 - The use of the sponsor's special invoice template or format
 - Special billing or payment periods, such as scheduled billings, manual billing in foreign currency, or payment terms rather than due upon receipt.
 - Monthly or other periodic invoices with additional requirements, such as
 - Invoice certifications, letters of truth and accuracy, or notarized invoices
 - Invoices accompanied by financial reports matching scientific tasks/ milestones to invoice costs
 - Inclusion of spend plans
 - Submission of the final invoice and/or financial report no later than 60 days after the contract end date
 - Budgets or receipts for items purchased
 - Payment withholds (retention) until receipt of final reports or task completion or award close out
 - Advances insufficient to cover the 120-day or 4 months of highest costs
 - Waiver of advance requirement for non-federal awards excluding approved WN funded awards (see [WN Funding Requests policy](#))

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Procedures

Responsible Person	Approval Criteria
Division Resource Analyst	Terms are reasonable and possible to meet. Agrees to provide Sponsor's requested reporting/certification/documentation requirements if applicable.
Division Director (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. 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.
Division Director - if payment is at risk (no designate)	Accepting the terms is in the best interest of LBNL given the potential risk of uncollectible receivables.
Office of Sponsored Projects and Industry Partnerships (OSPIP)	Reviews special financial terms form to include sponsor's justification.
Budget Office Analyst	Reviews that supporting documentation is appropriate. In consultation with Contract Accounting (CA), reviews sponsor's payment history and verifies that sponsor has not defaulted payment resulting in collection by the US Treasury.
Contract Accounting	Terms are reasonable and possible to meet.
Controller (or designate)	Approves deviation of special terms and approves release of bridge funding.

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Roles & Responsibilities (prior to inclusion of special financial terms in a reimbursable work agreement - see [Non Standard Approval Criteria Process Flow Chart](#))

Office of Sponsored Projects and Industry Partnerships (OSPIP)

- Submits the sponsor's proposed terms on the [Request for Special Financial Terms for WFO Form](#) with the agreement language and proposal review to Contract Accounting through the Help Desk (ARHelp@lbl.gov) for review and comment.
- For repeat customers where the terms have not changed since the last approval, the Request for Special Financial Terms for WFO Form is not required. Notifies Contract Accounting through the Help Desk (ARHelp@lbl.gov) and the Budget Office via email of new agreements and amendments.

Contract Accounting

- Reviews and approves special handling terms. The [Request for Special Financial Terms for WFO Form](#) does not need to be forwarded to the Division Analyst, Budget Office Analyst, or Controller for approval.
- 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 two business days from receipt of the form from OSPIP.
- Forwards completed form to the Budget Office Analyst for review.
- Notifies OSPIP, the Division Resource Analyst, and the Budget Office Analyst if there are any issues with the Special Financial Terms for WFO Form.
- Secures approval from the Controller (or designee).
- Sends notification of approval to the Division, OSPIP, and the Budget Office within one business day of receipt of the completed form.

Budget Office

- Reviews the terms and completes the Budget Office Section on the [Request for Special Financial Terms for WFO Form](#).
- Forwards the completed form to the Division Resource Analyst, with copies to Contract Accounting through the Help Desk (ARHelp@lbl.gov), and OSPIP within two business days of receipt of completed form.

Division Resource Analyst

- Reviews the terms and evaluates the bridge funding usage and the administrative effort needed to meet identified accommodations and confirms with the Principal Investigator that the terms are acceptable.
- Completes Division section on the [Request for Special Financial Terms for WFO Form](#) and forwards to Contract Accounting through the Help Desk (ARHelp@lbl.gov), with copies to the Budget Office and OSPIP within two business days of receipt of the completed form.

Roles & Responsibilities (for signed reimbursable agreement with approved special financial terms)

Office of Sponsored Projects and Industry Partnerships (OSPIP)

- Notes that special financial terms have been approved in the Comment section of the Sponsored Projects Award Authorization (SPAA) document.
- In the event the sponsor is late with the payment remittance due to the special financial terms, assists Contract Accounting with payment resolution, if requested.
- Notifies Contract Accounting through the Help Desk (ARHelp@lbl.gov) prior to renegotiating contract terms (e.g. funding increased or reduced or period of performance changed) for those receivables reported delinquent by the Contract Accounting Department.
- 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.
- If the award is terminated prior to contractual expiration date, amends the award end date in RAPID and issues the SPAA.

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](#)).

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- Submits certifications to Contract Accounting through the Help Desk (ARHelp@lbl.gov) by the **10th business day** of the month. If the Division Resource Analyst chooses to send the invoice, notifies or copies Contract Accounting through the Help Desk when the invoice is sent to the sponsor.
- In the event the sponsor is late with the payment remittance due to the special financial terms, assists Contract Accounting with payment resolution.

Principal Investigator

- Ensures the technical reports are submitted to the sponsor in a timely manner.

Contract Accounting

- Notifies the Division Resource Analyst and OSPIP for assistance with payment resolution with the sponsor in the event the sponsor is late with payment remittance per the special financial terms.

Special Invoices:

- Issues special invoices with required backup to the sponsor after receipt of Division prepared reports unless the Division requests they send out the invoices.
- Sets the advance to be drawn down first if the award uses scheduled billing or payment terms with partial advance.
- If the award is terminated prior to the contractual expiration date (SPAA notice), cancels the scheduled billing, reviews the account activities, and/or applies advance balance against open invoices.

Budget Office

- Enters the Bridge Funding Request into the Budget System based on the cost estimate for the life of proposed contract.

Authority

- DOE Accounting Handbook, Chapter 8, Receivables
- DOE Accounting Handbook, Chapter 13, Reimbursable Work, Revenues, and Other Collections

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Contacts

- Manager, Contract Accounting
- Contract Accounting, ARHelp@lbl.gov
- Budget Analyst, Budget Office
- Manager, Office of Sponsored Projects and Industry Partnerships

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 [Contract Accounting](#) website for procedures:
 - [Work for Others' Exceptions](#)
 - [Request for Special Financial Terms for WFO Form](#)
 - [Reprint Invoices](#)
- [WN Funding Requests Policy](#)



Food and Beverage Policy

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	January 15, 2009
Revision date:	July 20, 2010
Revision number:	4
Scheduled review date:	January 15, 2012 (every year)
Primary contact:	Manager, Operations

Summary

The purpose of this policy is to provide guidance for food and beverage service while conducting Laboratory business.

Scope

This policy applies to food and beverage provided either on-site or off-site during a Laboratory-hosted/co-hosted [event](#) (meeting or conference) **regardless of funding source**, and includes [DOE Management and Operating \(M&O\)](#) contractors.

The terms set forth in this policy are consistent with DOE Contract 31 and the [DOE Acquisition Regulation Letter, No. AL-2005-12](#). Food and beverages provided while conducting Laboratory business will be conducted in a reasonable manner, minimizing costs wherever possible.

Policy

All requests for on-site or off-site food and beverages for a Laboratory hosted/co-hosted [event](#) are processed through the Laboratory's [Event Approval Database](#). (See policies on [Laboratory Hosted Meetings](#) and [Conferences](#).)

On-Site Meetings

For the purpose of this policy, **on-site** refers to any Laboratory-owned or leased facility located in the San Francisco Bay Area and the Laboratory facility located at the Washington, D.C. Office. University of California "Campus" building space is **not** considered an on-site facility.

Food and beverages for on-site and local events is allowable if **all** of the following conditions are met:

Financial Policies and Procedures Manual

- Event **exceeds two hours**.
- **External** (non-LBNL employee) participants must be present (at least 20% is required).
- Event is **not routine** (i.e., the conduct of regular business, such as staff meetings, monthly or quarterly reviews, new employee orientation, or employee training).
- The nature and urgency of the event requires work to be performed **during** food and beverage service.
- Event-related work directly **precedes** food and beverage service.
- Food and beverages are **incidental** to the meeting or conference. Attendees are not free to take meals elsewhere without being absent from essential exchange of information.
- An **agenda** (including business topics discussed before and during food and beverage service) and an **attendee list** (with affiliations) are provided.
- Requests for food and beverage must be entered and approved through the Laboratory's [Event Approval Database](#). Approved requests are submitted to Conference Services using the Event Approval Database **at least two (2) business days prior** to the start of a meeting and **at least 45 calendar days prior** to the start of a conference.

Note: Open **conference** requests are closed and locked in the Event Approval Database on the **45th calendar day** prior to the start of the conference.

Off-Site Meetings

For the purpose of this policy, **off-site** refers to any building space not located at any of the Laboratory owned or leased facilities referenced in [On-Site Meetings](#) above. Off-site includes all University of California "Campus" building space.

The decision to conduct an off-site meeting with food and beverage should include the following:

- Cost
- Laboratory benefit
- Attendance
- Transportation
- Logistics (rationale)

All off-site meetings that have any costs are also processed and approved through the Event Approval Database. The off-site meeting request must include:

Financial Policies and Procedures Manual

- **Three off-site comparisons**
- Budget
- Percentage of non-Laboratory attendees (at least 20% is required)
- Agenda
- Attendee list (with affiliations)

When evaluating the three **off-site comparisons**, the site with the **lowest overall cost** will be the primary factor in choosing the meeting location.

For **off-site** events with approved budgets for estimated meal costs that **exceed** the selected off-site vendor cost quote, a full explanation will be provided on the RFIC.

Local Maximum Per Diem Rates

The following are the maximum per diem rates for the **Oakland/Berkeley/Walnut Creek** area. These rates have been adjusted to meet industry standards. Expense totals include tax and tip, but delivery charges do not apply. Breakfast is not reimbursable.

Expense Type (Includes Tax and Tip)	Allowable M&IE Per Diem for Oakland/Berkeley	Allowable M&IE Per Diem for Walnut Creek
Breakfast	n/a	n/a
Lunch	\$20.00	\$20.00
Dinner	\$41.00	\$46.00
Total	\$61.00	\$66.00
Refreshments (a.m. or p.m.)	\$14.75	\$14.75

Alcoholic Beverages

Except as authorized in this policy, the purchase, use, possession, or consumption of alcoholic beverages on any premises owned or controlled by the Laboratory is **prohibited**.

Alcoholic beverages may, however, be served on occasion for functions conducted on **Laboratory premises** with prior written approval from the Division Director and the Laboratory Director or designee (use the [Alcohol Beverage Request](#) form). The request must include the following:

- Nonfederal funding source for the purchase of alcoholic beverages
- Function objective

Financial Policies and Procedures Manual

- Number of anticipated attendees
- Date, time and location
- Function host

Recruitment Meals

Recruitment meal reimbursement is limited to the interviewer and/or interviewee (can be either or both). Recruitment meals are also restricted to lunch or dinner (breakfast and refreshments are not permitted).

For reimbursement, all of the following conditions must be met:

- The open Laboratory position is for a senior level employee
- An interview schedule is provided which includes
 - Title of open position
 - Laboratory hiring department
 - Name of interviewee
 - Date, location and time of the interview
 - Name of and title Laboratory interviewer
- The meal claimed for reimbursement pertains to an individual on **official Laboratory travel status** (see [Glossary](#)), using the Laboratory's TREX ([Travel and Expense System](#)) and claimed as an M&IE per diem travel expense.

Laboratory reimbursement policy for an interviewer or interviewee **not on official Laboratory travel status** complies with the [DOE Acquisition Regulation Letter, No. AL-2005-12](#):

"If either party were **not in travel status**, the cost of that party's meal would be unallowable, unless a **very strong justification** is provided that demonstrates the meal is a necessary part of the recruitment process..."

In this instance, a justification is provided on the [Recruitment Meal Approval Request](#) form, which must be submitted to **Conference Services** for approval at **least two (2) business days** prior to the interview meal.

Reimbursement for actual recruitment meal costs for approved requests are made using a [Request for Issuance of Check](#) form, with the approved [Recruitment Meal Approval Request](#) form attached.

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.

See RPM 2.01 [Hiring Policies and Procedures](#).

Financial Policies and Procedures Manual

Food and Beverages for Guests

The practice of providing food and beverages to guests, customers or associates, where the primary purpose may appear to be social, is **unallowable** and, therefore, not reimbursable.

Authority

- [DOE Acquisition Regulation Letter, No. AL-2005-12](#)
- DOE Contract 31

Contacts

- Manager, Operations
- Financial Policy Office
- Conferences Services

Glossary

- ***Event***: Any formal activity that involves the dissemination or exchange of trade, business, professional or technical information with employees or peers. A Laboratory event is either a meeting or a conference.
- ***Management and Operating (M&O) Contractor***: The third party management of a DOE facility. DOE competitively awards M&O contracts to manage and operate DOE facilities. These M&O contractors are integrated with DOE and operate under strict DOE controls and guidelines.
- ***Official Laboratory Travel***: Travel necessary to accomplish official business on behalf of the Laboratory. Official travel is properly authorized, processed, conducted, reported and reimbursed in accordance with the Laboratory's [Travel](#) policy.



Major Financial Management Roles and Responsibilities Between the Divisions and OCFO Field Operations

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	August 25, 2008
Effective date:	September 2, 2010
Revision number:	5
Scheduled review date:	August 25, 2011 (every year)
Primary contact:	Manager, Field Operations

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 Associate 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 – 520 (leadership of a sponsored project)
 - Chapter 10 – 330 (PI financial management responsibilities)
- **Laboratory Financial Management Policies and Procedures**

Financial Policies and Procedures Manual

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 \$10,000,000 – General Plant Project (GPP)
 - \$10,000,000 or greater – 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:

Financial Policies and Procedures Manual

- 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 Analyst/Managers (OCFO Field Operations)

- Work closely with the Principal Investigator/Program Manager:
 - Prepare and/or coordinate the planning, development and submission of the financial and related administrative 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 in a timely manner 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 problematic 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

Originally issued:	December 15, 2003
Effective date:	December 15, 2009
Revision number:	1
Scheduled review date:	December 15, 2011 (every two years)
Primary contact:	Manager, General Accounting

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 by the last work day of the month in which the bank statement is received.

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 20th 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:

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- 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

- Manager, General Accounting
- Accounts Receivable Office
- Manager, Accounts Payable
- Financial Policy Office

References

- [Account Reconciliation Worksheet](#)
- [Account Reconciliation Summary](#)



Accounting for Excess Stores Inventory

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	November 30, 2005
Effective date:	November 30, 2009
Revision number:	0
Scheduled review date:	November 30, 2011 (every two years)
Primary contact:	Manager, General Accounting

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.

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- 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

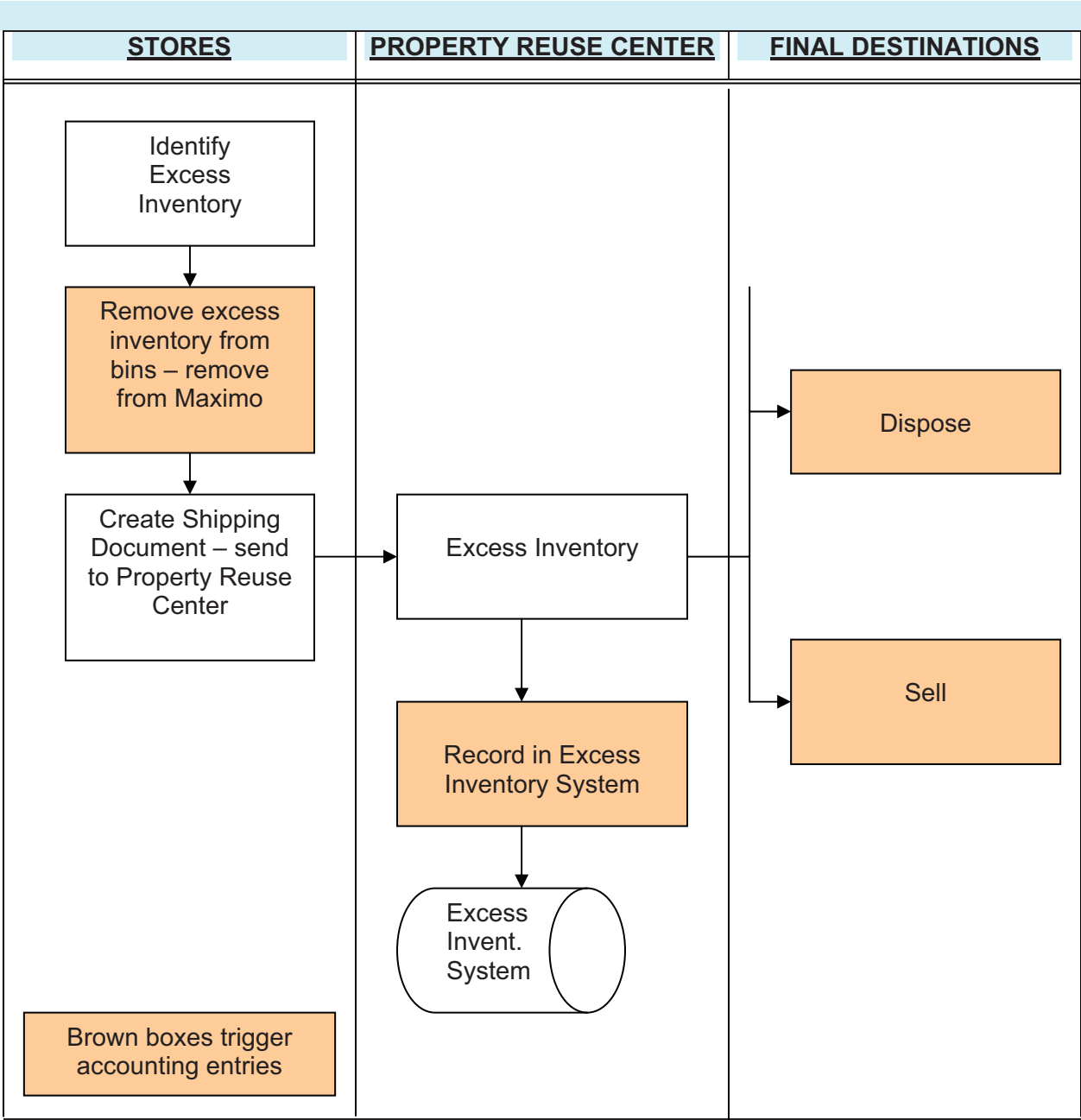
Contacts

- Manager, General Accounting
- Financial Policy Office

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.

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RELATED ACCOUNTING ENTRIES

Remove excess inventory from bins – remove from Maximo

GL Account (DOE)	Account Description	Debit	Credit
151291 – (1691)	Excess Stores	100	
151914 – (1691)	Stores Issues		100

Disposal of Excess (no sale of excess)

GL Account (DOE)	Account Description	Debit	Credit
614010 – (8132)	Excess Operating Allowance for Loss)	100	
151291 – (1691)	Excess Stores		100

Partial Sale of Excess/Disposal of Remainder (different from Disposal of Excess Entry)

GL Account (DOE)	Account Description	Debit	Credit
614010 – (8132)	Excess Operating Allowance for Loss)	50	
211601 – (3151)	Cash	50	
151291 – (1691)	Excess Stores		100



Accrued Liabilities

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	March 31, 2005
Effective date:	December 31, 2009
Revision number:	0
Scheduled review date:	December 31, 2011 (every two years)
Primary contact:	Manager, General Accounting

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.

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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

- Manager, General Accounting
- Manager, Payroll
- Manager, Accounts Payable
- Financial Policy Office

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

Originally issued:	February 21, 2007
Effective date:	February 21, 2011
Revision number:	1
Scheduled review date:	February 21, 2012 (every year)
Primary contact:	Business Services Manager, Travel and Contract Accounting

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: $\text{Advance} = \text{Total cost} / \text{Total number of months} * 4$

- Flat project burn rate

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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 2010 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 2010 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 2010 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 2010 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.

$$((\$1,725,000 - \$125,000 - \$100,000) / 24 * 4) + \$125,000 + \$100,000 = \$475,000$$

Financial Policies and Procedures Manual

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 2010 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

- Manager, Field Operations
- Manager, Office of Sponsored Projects Industry Partnerships (OSPIP)
- 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](#)



American Recovery and Reinvestment Act (ARRA) Project Closeout

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	November 19, 2010
Effective Date:	May 23, 2011
Revision Number:	2
Scheduled review date (frequency):	November 19, 2012 (every year)
Primary contact:	Manager, Direct Budgets

Summary

The purpose of this policy and procedure is to summarize the requirements for reporting an American Recovery and Reinvestment Act (ARRA) project as final to www.FederalReporting.gov.

Note: Reporting a project as “Final” does not replace any other closeout procedures required by LBNL, DOE or the Sponsor.

Background

ARRA was signed into law in 2009 to stimulate the economy and to create and retain jobs. As required by ARRA Section 1512, ARRA recipients must submit quarterly reports on the use of ARRA funding through a nationwide data collection process and have reported estimates on the number of jobs created. The required ARRA data is reported through a central government website (www.FederalReporting.gov). When a project or award is marked as “final” on www.FederalReporting.gov, the recipient is no longer required to report on any subsequent quarters.

Policy

Federal Reporting Requirement

Projects marked as “final”, signify that all work is completed and any subsequent reporting is not required. The reports can only be marked as final by the Divisions when all the following criteria are met:

- The Division has complied with their quarterly reporting requirements since the project was awarded (reported timely)
- The Division has completed the required ARRA funded deliveries or services outlined in the Work Authorization (including Construction)
- The DOE/Program has given notice of complete termination for the entire (or a portion of) the funded ARRA contract or order or the agreement period has expired

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- The contractor has invoiced for all ARRA funded supplies and services (including construction).

When all of the above criteria are met, the final report will indicate a "Y" in the Final Report data field and "Fully Complete" in the Project Status data field in www.FederalReporting.gov.

Work-For-Others (WFO) Grants Requirement

- All ARRA funds associated with the award have been expended at the prime recipient level
- All or nearly all ARRA funds associated with the award have been invoiced and received
- No additional jobs are to be funded
- The project status is complete per agency requirements and/or performance measures
- The project status is marked as "Fully Complete"
- If the reported expenditures are less than the amount of the award, the discrepancy must be explained in the Quarterly Activities/Project Description section of the recipient report

[OMB M-10-14, Updated Guidance on ARRA](#), Section No. 5 sets forth criteria for when a recipient report shall be marked as final for a grant, loan, or other Federal assistance.

Non-ARRA funds associated with the project will have no impact on marking a report as final.

LBNL ARRA Completion Requirements

- All ARRA funded milestones, services, deliveries or construction is complete and no additional jobs will be funded.
- No future funding increments will be added to the project/award.
- All ARRA funded costs have been recorded and transmitted to DOE (fully costed, not just accrued, all Purchase Orders (POs)/liens are closed).
- The responsible LBNL PI and Division Management has documented that the project is complete.
- The funding DOE program, Federal agency or other sponsor has accepted the services, deliveries or construction as complete per agency/sponsor requirements for performance measures (documented in writing).
- All remaining funds have been de-obligated.
- DOE Berkeley Site Office (BSO) concurrence that the project is complete.

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Other instances when a final report must be submitted for a project or award

- Scope of work has been completed and no future work/funding is expected.
- Completion date on BOX 13 of WAS has expired.
- ARRA funding expires; e.g., 9-30-2015.
- The funding agency has given notice of termination of the ARRA funded agreement.

Exception

A project which meets the requirements above cannot be marked as a 'Final' Report on www.FederalReporting.gov, if it is part of a larger effort. LBNL assigns a unique ARRA ID by project for internal reporting; however www.FederalReporting.gov tracks projects by a seven digit program task code (e.g., 2005380 GPP). These projects cannot be marked as complete until all projects with the same program task code are closed. However, they can be closed internally if the specific scope of the project meets the completion criteria listed above.

Additional Requirements

BSO: Projects that require funds to de-obligated

The BSO process for requesting an ARRA project to be closed requires the following information to be provided to the BSO Finance Manager via email:

Subject: **REQUEST TO CLOSE ARRA PROJECT # (LBNL Project ID)**

1. Project Description:
2. LBNL Project ID:
3. DOE Project Code:
4. B&R Code:
5. Amount Funded:
6. Amount Costed:
7. Amount requested to be deobligated:
8. Y__N__ Will closure of this project be the final costs for the DOE project code?
(Some project codes have multiple projects)

After receipt of the email request, the BSO Project manager will be requested to approve. The request will then be forwarded to DOE Chicago for submission and approval by DOE Headquarters.

Once approved by DOE Headquarters, DOE Chicago will notify the BSO that the closure and de-obligation are approved. An Approved Funding Program (AFP) and contract mod will be processed to de-obligate the funds, and the projects can be marked as closed in the SC Quarterly Reports and www.FederalReporting.gov.

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Department Of Energy - Office of Science (DOE-SC) Reporting

- The DOE-SC report should show all milestones as 100% completed.

Other Sponsor Reporting Requirements

- Other sponsors who are prime recipients must expend all ARRA funds.
- Sponsor reporting requirements are defined when the contract is negotiated by the Office of Sponsored Projects and Industrial Partnerships (OSPIP). The Budget Office provides a standard set of reports monthly to other sponsors based on Federal quarterly reporting requirements. These reports should be marked as final when the project is completed.

Roles and Responsibilities

Principal Investigators (PIs)

- Ensure ARRA funded projects/awards are completed on a timely basis.
- Ensure all ARRA funded milestones, services, deliveries or construction is complete; no additional jobs will be funded; and no future funding increments will be added to the project/award.
- Obtain email confirmation/concurrence from the Program/Sponsor that project/award is complete and that no future funding increments will be added to the project/award.
- Approve the [ARRA Project Closeout Checklist Form](#) **LINK**.
- Forward the [ARRA Project Closeout Checklist Form](#) **LINK** and the confirmation/concurrence email from the Program to the Division Resource Analyst/Project Controls Analyst.
- If the final expenditure is less than the award/project amount listed as funded on the report due to an amendment in the original agreement or if the project came in under budget.
 - A description must be provided in the “Quarterly Activities/Project Description for Prime and Sub-recipients” field explaining why the final amount in the “Total Federal Amount of ARRA Expenditure Field” (Cost Incurred) does not equal the amount in the “Award Amount” field (Amount Funded), confirming that no more funds will be expended.
 - In instances where an award is cancelled or the funds rescinded, the funding agency or sponsor should work with the recipient to change the award amount to \$0.00 and mark the report as final.

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Division Management

- Develop and maintain an intra-Division review and process to ensure all ARRA projects/awards are closed on a timely basis and prior to expiration of funds.
- Approve the request for marking project as final in www.FederalReporting.gov on the Request for Closure.

Division Resource Analyst/Project Controls Analyst

- Follow the normal project close-out procedure for the Division; i.e., close projects in LBNL'S Financial Management System (FMS).
 - The Division should not close projects that are on an active "Dispatched" PO that has a lien (PO balance).
- Work with the PI and DOE Headquarters to gather documents on the [ARRA Project Closeout Checklist Form](#) [LINK](#) and appropriate signatures.
- Forward documents to Budget Office for review.
- Flags with project status % complete as 100% and Final Report as "Y."

Note: The Lead Division Resource Analyst is responsible for serving as the principle point of contact to/from Budget Office for all centralized project reporting/closeout.

Procurement

- Close POs when the work is complete and all expected invoices arrive and are paid.
- It is the Division's responsibility to close projects.
- The Division can close a project but that will not affect how the PO works. FMS does not allow invoices to be paid on closed projects.

Budget Office

- Reviews close documents provided by the Division Resource Analyst.
- Checks to see if there are other projects associated with the Program task.
- Uploads the final report to www.FederalReporting.gov.
- Maintains a close projects binder with all supporting documents.

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Other

Construction Projects

LBNL Facilities Division construction projects utilize a Construction Projects Close-out Checklist which identifies items that verify the construction and related activities are complete. When construction activity is deemed to be complete, the financial close-out begins.

Financial close-out includes the following manual processes:

- Verify that total costs are within funding (Iris Cost Browser).
- Check that no accruals are outstanding.
- Verify that no liens are remaining.
- Verify all costs are in; i.e., any remaining costs not yet recorded, such as inspection, surveying, as-built drawings.
- Print out project tree (Iris Reports).
- Verify all work orders are closed.
- Close project ID accounts (PID).
- Complete and submit [Face Lifecycle Form](#) to Property Accounting (where applicable).

Required document to request a project to be reported as Final

- Work Authorization Statement (WAS).
- Signed "Request for ARRA Project/Award Closeout Form" see attached document ([ARRA Project Closeout Checklist Form](#)) [LINK](#).
- Email from DOE funding Program/Sponsor stating their concurrence that the project is complete.
- Email from BSO Program Manager stating their concurrence that the project is complete.
- Confirmation from the Division Analyst that all projects and POs associated with the project is are closed.

Useful Links

- [White House Office of Management and Budget](#)
- [OSPIP Closeout Processes and Forms](#)

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Authority

- American Recovery and Reinvestment Act of 2009, Section 1512 Reporting Requirements
- Department of Energy (DOE) Contract 31
 - Clause H.999 Special Provisions Relating to Work Funded Under American Recovery and Reinvestment Act of 2009 (Feb 2009)
- Federal Acquisition Regulations 52.204-11 American Recovery and Reinvestment Act-Reporting Requirements
- OMB Memoranda M-09-21, June 22, 2009
- OMB Memoranda M-10-08, December 18, 2009
- OMB Memoranda M-10-14, March 22, 2010

Glossary

- See [ARRA Glossary](#) on OCFO website.



Allowance for Loss on Stores Inventory

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	November 30, 2005
Effective date:	November 30, 2009
Revision number:	0
Scheduled review date:	November 30, 2011 (every two years)
Primary contact:	Manager, General Accounting

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).

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- 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
- Financial Policy Office

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

Originally issued:	June 1, 2006
Effective date:	June 1, 2010
Revision number:	4
Scheduled review date:	June 1, 2012 (every two years)
Primary contact:	Manager, Operations

Summary

The purpose of this policy is to define the requirements and responsibilities for reporting, tracking, resolution and closure of all financial 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.

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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 financial 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) enables LBNL employees to identify, record, and manage audit recommendations and associated corrective actions from inception through resolution. The OCFO uses CATS to track and manage financial audit findings and corrective actions through completion.

- **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).

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

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- **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.

Procedures

Roles and Responsibilities

Financial Policy and Assurance Office

The Financial Policy and Assurance Office 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 Financial Policy and Assurance Office:

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- 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 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 and Finance of the Laboratory Management Office.

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.

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Authority

- DOE Contract 31
- DOE Directives, Regulations and Standards, [Order 224.2A](#) and [Order 224.3](#)
- [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

- OCFO Manager, Operations
- OCFO Financial Policy and Assurance Office
- Office of Contract Assurance
- Manager, Internal Audit Services

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.

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- **Corrective Actions:** Measures taken to resolve and close audit findings and recommendations.



Bridge Funding

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	March 31, 2005
Effective date:	December 31, 2010
Revision number:	3
Scheduled review date:	December 31, 2012 (every two years)
Primary contact:	WFO Analyst, Budget Office

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 that 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 pertaining to the final 20% advance withhold. The Office of Sponsored Projects and Industry Partnerships (OSPIP) will specify the future bridge funding need in the initial SPAA. See [UCOP Special Research Programs](#) for more information.

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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 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 OSPIP 60 days prior to the accounting period to which the funding will be needed. If the request is for a signed new or continuing award that is awaiting advance payment, submit the request directly to the Budget Office. Include a copy of the signed contract/amendment and advance invoice with the request.
- 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 OSPIP Manager. Additionally, an incremental monthly spending forecast must be provided by the requestor and accompany the request.

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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.

- 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:

SIGNOR	PURPOSE OF SIGNATURE
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.
OSPIP Contracts Officer	Certifies compliance with bridge funding and OSPIP policies.
OSPIP 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.

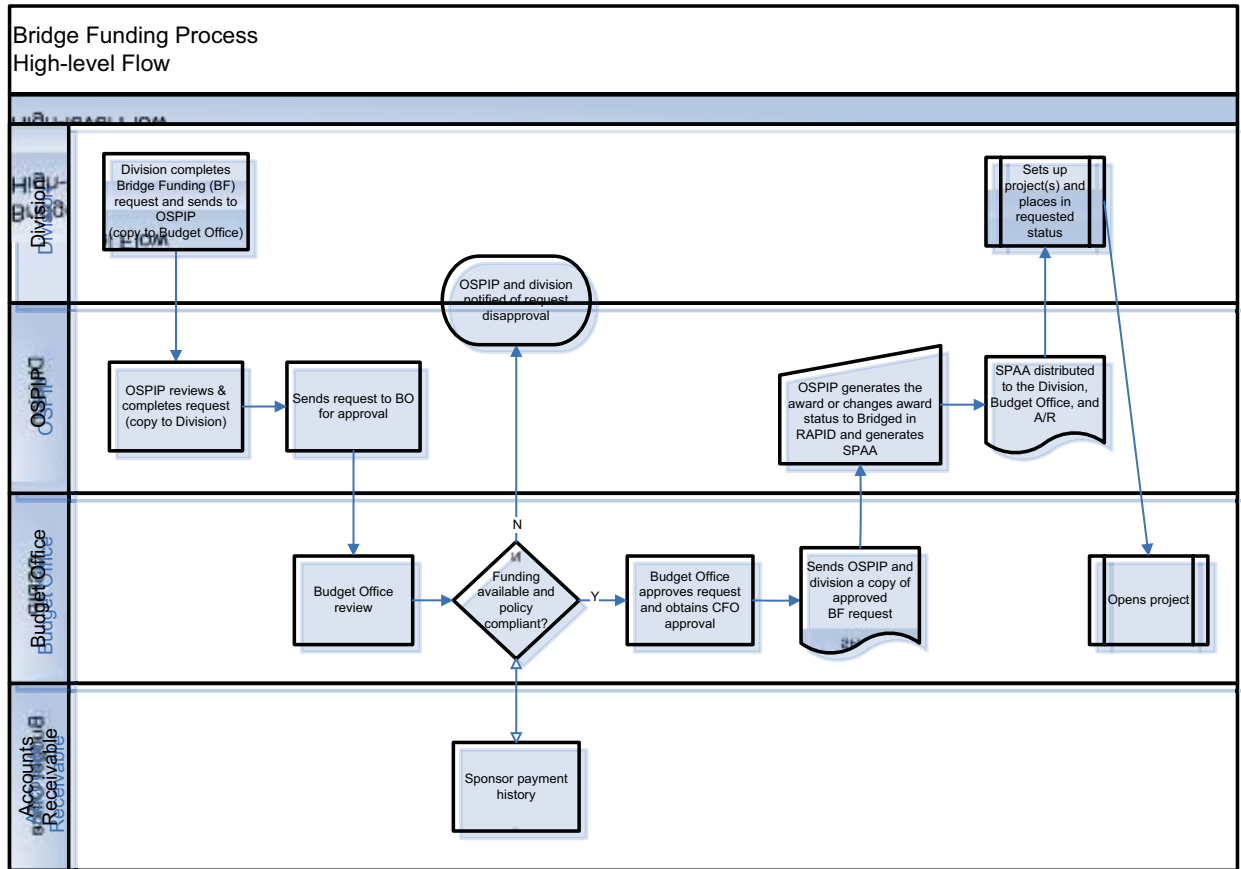
Procedures

- 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 OSPIP Contracts Officer for review with a copy sent to the Budget Office. If the request is for a signed new or continuing award awaiting advance payment, submit the request directly to the Budget Office. Include a copy of the signed contract/amendment and advance invoice with the request. Note the award number in the subject line if sent by e-mail. The request must be received by OSPIP 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 OSPIP by October 1).

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- The OSPIP 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 OSPIP 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 OSPIP no less than one (1) day before Day Zero of the accounting period prior to which funding will be needed.
- Assuming that all other DOE and UC requirements have been met (Human Subjects approval, NEPA/CEQA); OSPIP enters the approved bridge funding information into the Research Administration, Proposal/Project Information Database (RAPID) and issues the Sponsored Project Award Authorization (SPAA).

High-level Process Flow Diagram



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Authority and Contacts

- WFO Analyst, Budget Office
- OSPIP Manager

Glossary

- **CSR:** Contractor Supporting Research.
- **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 OSPIP that authorizes initial award and post award administrative and funding actions.
- **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 (*available in the Budget Office*)



Capital Equipment Fabrications

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	March 1, 2005
Effective Date:	June 3, 2010
Revision Number:	6
Scheduled review date:	May 1, 2012 (every two years)
Primary contact:	Manager, General Accounting

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 by LBNL employees.
- The asset must be permanently placed on DOE'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.
- 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).
- If the fabrication is for a non-federal Work For Others (WFO) project and title will pass to the sponsor, based upon the terms and conditions of the contract, the fabrication is not a DOE asset and costs must be charged to the WFO project.

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Requesting/Opening a Fabrication Project

PACE 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 TVLManagement 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 PACE form is not approved or has not been sent to General Accounting, the Indirect Budget Group will send it to Property Accounting who contacts the Division Resource Analyst to clarify details. Once approved and reviewed by Property Accounting, the Indirect Budget group will change the project status to "Open" in FMS, which will enable the project to begin incurring costs.

Closing a Fabrication Project

Upon completion of the fabrication project, the project will be closed. 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:

Financial Policies and Procedures

- Division requesting closure
- Description of asset
 - 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, if known
 - Total cost of project by fiscal yearExample:

(\$K)			
Total	FY 2004	FY 2003	FY 2002
350	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.

Contacts

- Manager, General Accounting
- Manager, Indirect Budgets

Financial Policies and Procedures

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.

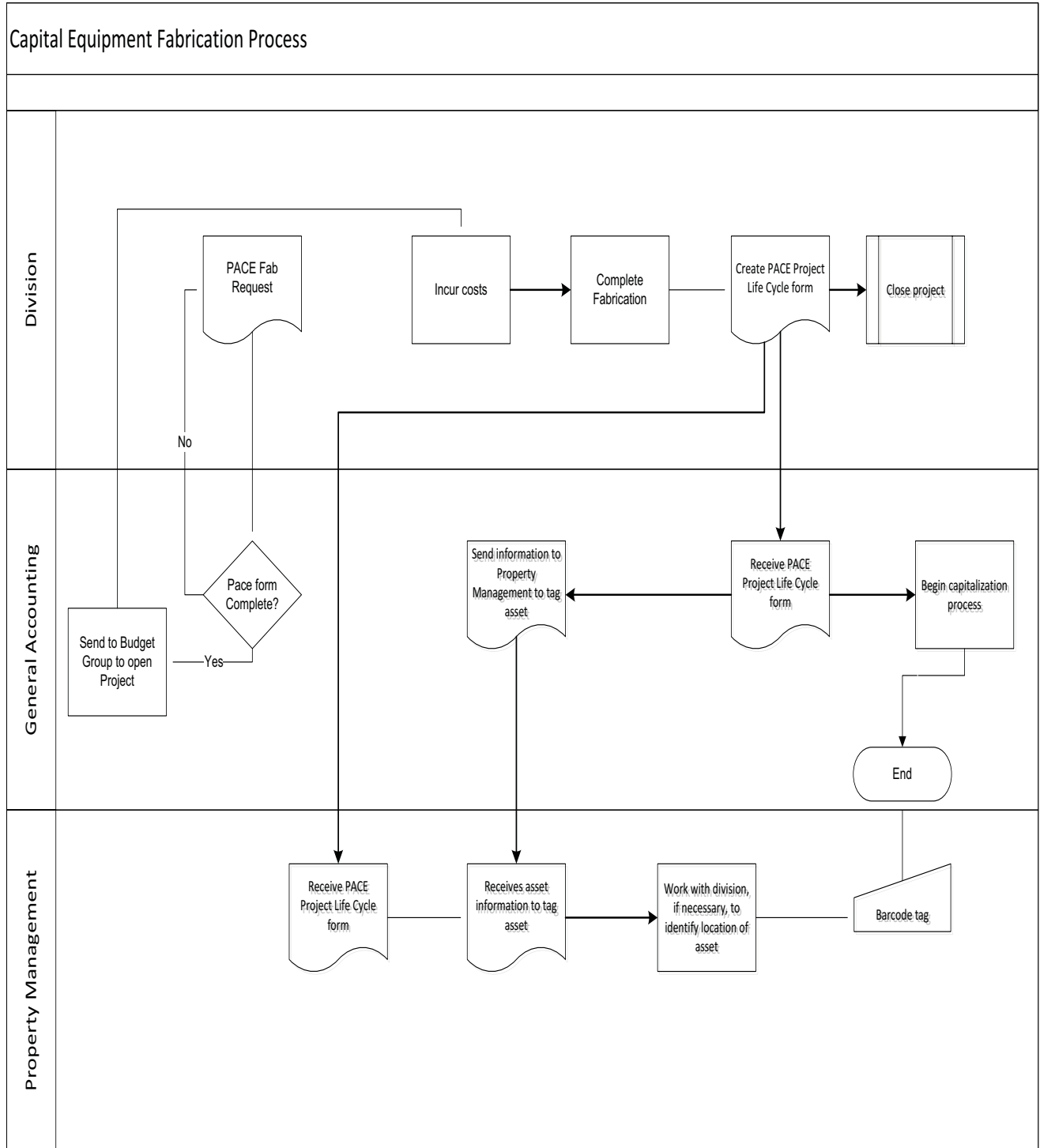
It is one of six funding fields used by the DOE MARS system to identify the DOE program funding source. The other funding fields are: Fund Type, Program Task Number, BRN, and BRN Sub. The combination of these six funding fields is critical as to how projects are set up and costs are applied to funding.

- **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
- **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.

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- ***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).

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Compensation Above Salary Limits For Grants and Cooperative Agreements

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	March 31, 2005
Effective Date:	January 15, 2010
Revision Number:	2
Scheduled review date:	January 15, 2012 (every two years)
Primary contact:	Manager, Contract Accounting

Summary

The purpose of this policy is to provide guidelines for accounting for the cost of compensation above the allowable limits for grants and cooperative agreements.

Policy

Compensation for researchers working on grants and cooperative 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.
- 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.

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- 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.

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

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Authority

- DOE Contract 31

References

- NIH Guide: [Salary Limitation on Grants, Cooperative Agreements, and Contracts](#)

Contacts

- Manager, Contract Accounting
- 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

Originally issued:	August 15, 2005
Effective date:	December 31, 2009
Revision number:	1
Scheduled review date:	December 31, 2011 (every two years)
Primary contact:	Manager, General Accounting

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.

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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

- Verifying PACE form data and submit to Budget Office to open project.
- 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.
- 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.

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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:

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Authority

- [DOE Accounting Handbook, Chapter 10, Plant and Capital Equipment](#)

Contacts

- Manager, General Accounting
- Property Accounting
- Manager, Procurement and Property
- Financial Policy Office

Glossary

- **Abandoned projects:** The cancellation of all or part of a contract or purchase order to procure, manufacture, or assemble an item of Property and Capital Equipment (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 DOE.
- **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 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](#)
- [PACE Life Cycle Form](#)



Cost Allowability

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	September 1, 2005
Effective date:	March 20, 2011
Revision number:	3
Scheduled review date:	March 20, 2012 (every year)
Primary contact:	Manager, General Accounting

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 monetary limit on all employee morale enhancing activities. Such expenditures must be

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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**:

- Losses incurred under the nominal deductible provisions of purchased insurance, in keeping with sound business practice.

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- 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*:

- Services to improperly obtain, distribute, or use information or data protected by law or regulation.

Financial Policies and Procedures Manual

- 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
 - 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

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- 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 Assurance
- General Accounting Manager
- Indirect Budget Manager

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 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.
- **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

Originally issued:	January 31, 2007
Effective date:	January 15, 2011
Revision number:	1
Scheduled review date:	January 31, 2013 (every two years)
Primary contact:	Business Services Manager

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 as a requirement of the sponsor.

Background

The Laboratory is responsible and accountable for administering the terms and conditions of Work for Others awards. Funding sponsors may require financial certification by the “financial official” (e.g., periodic/annual/close-out financial status reports, invoice statements) of costs associated with work being performed at the Laboratory without specifically stating who the appropriate “financial official” is. 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 a WFO 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 the Business Services Manager will serve as the Laboratory’s financial certifier on all periodic/annual/close-out financial status reports for the funding sponsor.

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The Business Services Manager will also certify, when a funding sponsor specifically requires that the Laboratory's financial management system 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 the Business Services Manager at 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 the Business Services Manager at ARHelp@lbl.gov five working days prior to the sponsor's contractual time limit. The email should contain the following:
 - Subject line must state "Division Cost Certification Attached"
 - The cost certification form for the specific report certifies that costs incurred are appropriate, allocable, accurate, and complete
 - The cost certification form is the primary backup documentation for internal control, auditing and financial integrity purposes

Business Services Manager

- 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

Financial Policies and Procedures Manual

- 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), the Business Services Manager will only certify the date and amounts of advance payments, invoice payments, and/or invoice numbers

Authority

- Department of Energy (DOE) Contract 31
- [DOE Order 481.1C](#)

Contacts

- Business Services 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

Originally issued:	September 1, 2006
Effective Date:	September 1, 2009
Revision Number:	1
Scheduled review date:	September 1, 2011 (every two years)
Primary contact:	Manager, General Accounting

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 20th of each month, emails to General Accounting Manager an estimate of that month's particular project expenditures
 - Ensures funds are used consistent within the stated purpose

Financial Policies and Procedures Manual

- 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

- Manager, General Accounting
- Contracting Officer, DOE Berkeley Site Office
- Manager, Office of Sponsored Projects and Industry Partnerships (OSPIP)
- Program Manager, Office of Planning and Development

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

Originally issued:	March 15, 2006
Effective date:	March 15, 2011
Revision number:	3
Scheduled review date:	March 15, 2012 (every year)
Primary contact:	Manager, General Accounting

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 Office of Sponsored Projects and Industry Partnerships (OSPIP) 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 project 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

Office of Sponsored Projects and Industry Partnerships (OSPIP)

- 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

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General Accounting

- General Accounting deposits check in Gift Account and sends a copy of the gift check to OSPIP
- 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 OSPIP, sets up “Customer” in the Laboratory’s PeopleSoft Billing and Accounts Receivable (BAR) system for Donors for the processing of Gifts

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, General Accounting (for financial processing of monetary gifts)
- Manager, OSPIP (for solicitation and acceptance of all 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.



FMS Data Field Changes

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part II

Originally issued:	January 31, 2005
Effective date:	October 1, 2010
Revision number:	3
Scheduled review date:	January 31, 2012 (every two years)
Primary contact:	General Accounting Manager

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 Management Systems to ensure consistency, data integrity and control.

Policy

Whenever a data field needs to be changed, the requestor completes the relevant form (see [FMS Data Field Change](#) forms), obtains the signature of the requesting department, and approval from the General Accounting Manager. Each signature is obtained as a digital signature, which allows for electronic distribution for all forms.

Procedures

It is the responsibility of the requesting and approving managers to thoroughly analyze the impact of the proposed change on functional and business practices, systems and reporting requirements. Upon completion of the impact analysis, complete the appropriate change request form and route for further approvals. The form is to be routed electronically attaching the digital signatures from the appropriate approvers.

Analysts from Business Systems Analysis (BSA) or the General Accounting system administrator may be required to further analyze and document the impacts of the proposed change prior to implementation. Wherever required, the BSA analyst or system administrator also obtains input from Information Technology - Business Systems programmers.

The General Accounting Manager has final approval. Once approved, the General Accounting Manager forwards the completed form electronically to the General Accounting system administrator to complete.

Upon receipt, the system administrator implements the requested change in the PeopleSoft Financial Management System (FMS) and communicates the changes to all appropriate parties.

Financial Policies and Procedures Manual

Contacts

General Accounting Manager

Glossary

Data fields: B & R, Fund Code, GL Account, Management Analysis and Reporting Systems (MARS) code, Resource Type, Resource Category, and Project Type

Related documents

[FMS Data Field Change](#) forms



General & Administrative Expenses

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	June 30, 2005
Effective date:	December 5, 2010
Revision number:	1
Scheduled review date:	December 5, 2012 (every two years)
Primary contact:	Manager, Indirect Budgets

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](#)
- [DOE Order 522.1, Pricing of Departmental Materials and Services](#)

Financial Policies and Procedures Manual

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

Originally issued:	December 31, 2004
Effective date:	December 31, 2009
Revision number:	6
Scheduled review date:	December 31, 2011 (every two years)
Primary contact:	Manager, Payroll

Summary

The purpose of this policy is to define the guidelines for honoraria payments at the Laboratory.

Policy

Overview

Honorarium

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. 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 (e.g., University of California Office of the President), 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.

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 organizations in the previous **six-month** period.

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 Policy](#)).

Withholding Requirements

Payment received for an honorarium is considered income and is taxable by the Internal Revenue Service (IRS) and California Franchise Tax Board (FTB).

IRS

US residents receiving an honorarium will receive an [IRS Form 1099-MISC](#), as required by the IRS. *Nonresident aliens* receiving an honorarium will receive an [IRS Form 1042-S](#), as required by the IRS.

FTB

California nonresidents receiving an honorarium will receive [FTB Form 592B](#). The FTB does not recognize tax treaties.

Individuals should consult with their tax professional to determine their income tax reporting applicability.

Financial Policies and Procedures Manual

Procedures

Required Documentation

The requestor must complete the following documentation (with appropriate approvals) and submit to the [Payroll Office - Attention Stipends/Honoraria Desk](#).

- 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.
- [Form UC W-8BEN](#), (for foreign nationals to determine residency status)
- [IRS Form W-9](#) (for US citizens, resident aliens or lawful permanent residents)
- [Request for Issuance of Check \(RFIC\) for Payment of Honoraria or Stipends form](#) which includes the following:
 - Invitation letter (email is acceptable)
 - Seminar announcement (if applicable)
 - For nonresident aliens
 - Copy of passport
 - Copy of I-94 card (front and back)
 - Copy of visa stamp (if applicable)
 - Copy of visa documentation (i.e., I-20, DS-2019)
- [IRS Form 8233](#) - Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, if a tax treaty is invoked.

If required documentation is not provided or available at the time of the request, the payment(s) received for honoraria will be considered income and taxable by the IRS and FTB.

Approval Guidelines

<u>Approval Authority</u>	<u>Amount of Honoraria (per event)</u>
Division Director (or designee)	\$0 up to and including \$500
Associate Laboratory Director (or designee)	Over \$500 up to and including \$1,500
Laboratory Director	Over \$1,500

Approval limits apply to honoraria only, and **do not** include supplementary travel costs.

Financial Policies and Procedures Manual

Roles and Responsibilities

The *requestor* is responsible to ensure all of the appropriate approvals are obtained *prior* to submitting the documentation to the [Payroll 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 [Payroll Office](#) will review and submit to [Accounts Payable](#) for payment.

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 Policy](#))

Contacts

- [Payroll Office](#)
- [Travel Hotline](#)
- [LBNL Guest Processing](#)
- [Financial Policy Office](#)
- [International Researchers & Scholars Office \(IRSO\)](#)

Financial Policies and Procedures Manual

Glossary

- **California nonresident:** A California nonresident is an individual living outside of California.
- **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.
- **Lawful 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.
- **Nonresident alien:** An individual who is not a citizen, permanent resident or resident alien 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 detailed explanation of these tests, see [IRS Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities.
- **Royalty:** A payment to the holder of a patent, copyright or resource for the right to use such property. These payments are centrally processed by the [Technology Transfer and Individual Property Management](#).
- **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)
- **US Citizen:** An individual born in the US, born abroad with at least one US citizen parent, granted lawful permanent residence, or naturalized.

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Related Documents

- [IRS Form W-9](#)
- [Form UC W-8BEN](#)
- [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](#)
- [FTB Instructions for Form 592, Quarterly Resident and Nonresident Withholding Statement](#)
- [Request for Issuance of Check \(RFIC\) for Payment of Honoraria or Stipends form](#)



Invoice Cancellation

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part 1

Originally issued:	October 23, 2006
Effective date:	October 1, 2010
Revision number:	2
Scheduled review date:	October 23, 2012 (every two years)
Primary contact:	Manager, Contract Accounting

Summary

The purpose of this document is to provide guidelines for the cancellation of any invoice associated with a Work-for-Others (WFO) award, a Multiple Location Appointment (MLA), Interjurisdictional Exchange (IJE), and Intergovernmental Personnel Act (IPA). These guidelines also apply to the cancellation of any other non WFO miscellaneous invoice.

Policy

WFO Invoices

Cancellation for invoices generated by the Contract Accounting (CA) 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 CA 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, CA, and Office of Sponsored Projects and Industry Partnerships Contracts Officer (OSPIP CO). All parties must concur with the cancellation. Concurrence will be implemented by email.

Invoicing is based on costs posted to the projects related to the award. If an invoice must be canceled, the cancellation will create a credit invoice mirroring the original invoice. The original invoice and the new credit invoice will be offset against each other to close them out. The amount from the original invoice plus any adjustments made to the original invoice will be reflected on the next invoice along with any current period costs posted to the project.

Miscellaneous Invoices

For other miscellaneous invoices, CA processes credit memos in lieu of invoice cancellations. The Division or Department should submit a [Request for Preparation of Miscellaneous Invoice Form](#) for the amount of the credit. Based on the request form, CA will process a credit invoice.

Financial Policies and Procedures Manual

Procedures

Roles and Responsibilities

OSPIP CO and/or Resource Analyst

For WFO invoices, submit an invoice cancellation request via email (ARhelp@lbl.gov). Include:

- “Invoice Cancellation Request” and Award number in Subject line
- Sponsor contact information (name, telephone number, email address)
- For other miscellaneous invoices, use the [Request for Preparation of Miscellaneous Invoice Form](#), submit to ARhelp@lbl.gov the amount of the credit invoice to be generated

Contract Accounting Staff

- Reviews requests for appropriateness
- For WFO invoice cancellations (deemed necessary by CA), obtains the sponsor’s concurrence via email
- Upon receipt of WFO sponsor’s concurrence, notifies Division Resource Analyst, WFO Sponsor, and OSPIP CO
- Processes a credit invoice during the monthly billing cycle
- Sends credit invoice to the sponsor/customer

Authority

[DOE Accounting Handbook, Chapter 8, Receivables](#)

Contacts

- Manager, Contract Accounting

Financial Policies and Procedures Manual

Glossary

- **Accounts Receivable:** 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

Originally issued:	April 28, 2006
Revision date:	February 1, 2010
Revision number:	2
Scheduled review date:	April 28, 2011 (every two years)
Primary contact:	Manager, Accounts Payable

Summary

This policy defines Lawrence Berkeley National Laboratory (LBNL) requirements and procedures for certifying vendor invoices. Approval of procurement costs (i.e., commitment of funds) should have already been accomplished during the requisition process.

Policy

It is the policy of LBNL to pay all invoices timely, accurately, and in accordance with the terms and conditions of the applicable subcontract and all other applicable regulations.

Procedures

When a purchase requisition is entered into the Financial Management System (FMS), the requisition preparer works with the Division requester to determine if invoice certification is required and identifies the appropriate invoice certifier. This information is also conveyed to the procurement buyer. After a requisition is reviewed by the procurement buyer and all the necessary criteria are met, the buyer establishes a subcontract purchase order (PO) with the vendor.

Certification may automatically be required for some invoices based upon the item category (e.g., services in excess of \$5,000, or items requiring inspection or testing). In these instances, the system uses the requester's name as the default certifier. If a change in the certifier is necessary, the requester works with the procurement buyer to implement the change.

Note: An invoice certifier is required to certify that goods 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. Uncertified items are accrued at month-end.

Financial Policies and Procedures

When a vendor invoice is received at the LBNL Accounts Payable (AP) Department, it is entered into FMS. If certification is required, a system-generated email is sent to the designated certifier for approval and a copy of the invoice is attached to the online invoice certification screen.

If, for any reason it is determined that a portion of the invoice should not be certified, the certifier notifies Accounts Payable and the procurement buyer for resolution.

Purchase Orders/Subcontracts over \$1M

For purchase orders/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 AND the terms of the subcontract require the Travel Office to review the invoice, it is the responsibility of the **certifier** to ensure those costs were reviewed and certified by the Travel Department **prior** to Division certification (see [LBNL Travel Policy](#)).

American Recovery Reinvestment Act (ARRA)

The certifier verifies the ARRA statistic codes and amounts on the online certification page and revises them as necessary. The Division prepares a journal entry for any adjustments required after the invoice cost has been posted to the cost browser and ledger.

Roles and Responsibilities

Requisition Preparer

- Works with the requester to identify the scope of the procurement.
- Identifies the invoice certifier, as necessary.

Certifier

- Certifies in a timely manner that services have been performed and/or goods have been received using the online certification system.
- Ensures invoices conform to all contractual requirements.
- Ensures the Travel Department has reviewed the invoice prior to certification if required by the subcontract terms.

Financial Policies and Procedures

- Ensures invoices for labor include names, positions, job classifications, hourly rates and the number of hours worked per day with extended amounts.
- Notifies the vendor and buyer of any discrepancies in order to resolve in a timely manner.

Note: The role of the certifier is to validate receipt of goods or services, and ensure vendor invoices adhere to the terms of the contract. Certification does not authorize the commitment of funds.

Accounts Payable

- When the invoice is received, enters the invoice information in FMS to create a voucher.
- Changes P.O. line (project or cost) distribution on the invoice as requested by the invoice certifier.
- Makes adjustments based on vendor credit memos or similar documentation.
- Accrues all invoices not yet certified at month-end and year-end.

Procurement Buyer

- Works with the Division to determine if certification is required on a purchase order and assists Division in identifying a certifier other than the requester if appropriate.
- When required, ensures the invoice conforms to the terms and conditions of the purchase order/ subcontract.

Authority

- [LBNL Procurement Standard Practices Manual](#), SP 32.1, Payments
- [LBNL Procurement Standard Practices Manual](#), SP 31.3, Unallowable Costs
- [LBNL Signature Authority Policy](#)

Contacts

- Accounts Payable Manager
- Travel Manager
- Procurement Buyer
- Property Manager

Financial Policies and Procedures

Glossary

- ***Certifier***: An LBNL employee designated to review and certify invoices, validating receipt of goods or services prior payment. Certification does not authorize the commitment of funds.
- ***Requester***: The person who requests the goods or services.
- ***Requisition preparer***: The person who enters the requisition into FMS and works with the requester to identify the certifier.
- ***Voucher***: An invoice that has been entered into FMS.

Related documents

- [Certification Instructions](#)



Miscellaneous Invoice Requests

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	March 31, 2005
Effective date:	December 1, 2010
Revision number:	4
Scheduled review date:	December 1, 2012 (every two years)
Primary contact:	Manager, Contract Accounting

Summary

The purpose of this policy is to provide guidance and establish requirements for the preparation and submission of miscellaneous (manual) invoice requests.

Policy

Contract Accounting will prepare miscellaneous invoices at the request of the Division in order to seek reimbursement for LBNL services provided but not covered by another contracting method between LBNL and the other party.

- The invoice request must be for an allowable cost.
- The miscellaneous invoice process cannot be used in lieu of established LBNL, DOE, or UC policies or procedures.

Examples

- Billing for costs that are covered by a Memorandum of Understanding (MOU) agreement between the University of California Office of the President (UCOP), the UC campus, or other universities or entities and LBNL.

Procedures

Division

- All requests for miscellaneous invoices must be received in Contract Accounting by the 20th of the month and be accompanied by a completed [Request for Preparation of Miscellaneous Invoice](#) form.
- Email all requests to ARhelp@lbl.gov and indicate "Misc. Invoice Request" in the subject line of the email to ensure timely processing.
- Complete Sections I and II of the form and Section III if requesting a recurring invoice.

Note: Requests received after the 20th of the month will be processed the following month.

Financial Policies and Procedures Manual

Contract Accounting

- Enter, print, and mail all miscellaneous invoices. Invoices are mailed once monthly after the closing process
- If a miscellaneous invoice remains unpaid after 60 days the Division will be contacted for assistance.
- After 120 days, the debt may be transferred to the DOE Chicago Operations Office for submission to the Department of Treasury for collection.

Related Documents

- NIH Guide: [Salary Limitation on Grants, Cooperative Agreements, and Contracts](#)
- DOE Accounting Handbook, Chapter 8, Receivables
- [Request for Preparation of Miscellaneous Invoice](#) form

Contacts

- Contract Accounting Manager
- ARHelp@lbl.gov

Glossary

- **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.
- **Compensation above Salary Limits for Work-for-Others Agreements:** Compensation for researchers working on grants and cooperative 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.
- **Work-for-others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel that utilize DOE facilities and are not directly funded by DOE appropriations. Work must be in accordance with DOE Order 481.1C.



Stipends for Non-Employees

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	June 1, 2006
Effective date:	July 1, 2009
Revision number:	4
Scheduled review date:	June 1, 2011 (every two years)
Primary contact:	Controller

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.

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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.

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), BOrtega@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), BOrtega@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), BOrtega@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.

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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

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- 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)
- Office of Sponsored Projects and Industry Partnerships (OSPIP) 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.
- 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 Accounts Payable 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 Accounts Payable 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 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.

Accounts Payable 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](#).

Financial Policies and Procedures Manual

- 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**.
- Stipends for subsistence reimbursement for scholarships or fellowships for non-resident aliens may be considered reportable taxable income (unless Tax Treaty exempt). If the stipend 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](#)
- [LBNL Travel and Expense Policy](#)
- IRS [Publication 463](#), Travel, Entertainment, Gift, and Car Expenses
- IRS [Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities
- IRS Publication 519 (US Tax Guide for Aliens).

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- 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
- 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](#)
- [Accounts Payable Office](#)
- Controller
- [Procurement Department](#)
- Travel Department Help Desk ([Travel Hotline](#))
- International Researchers & Scholars Office (IRSO) BOrtega@lbl.gov
- [Office of Sponsored Projects and Industry Partnerships \(OSPIP\)](#)
- [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.

Financial Policies and Procedures Manual

- **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.
- **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, and IRS Publication 519 (US Tax Guide for Aliens).

Financial Policies and Procedures Manual

- **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:
 - 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

(Sources: [IRS Publication 515](#), Withholding of Tax on Nonresident Aliens and Foreign Entities)

IRS Publication 519 – US Tax Guide for Aliens

- **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

- [Laboratory Honoraria Policy](#)
- [Request for Issuance of Check for Payment of Honorarium or Stipends form](#)

Financial Policies and Procedures Manual

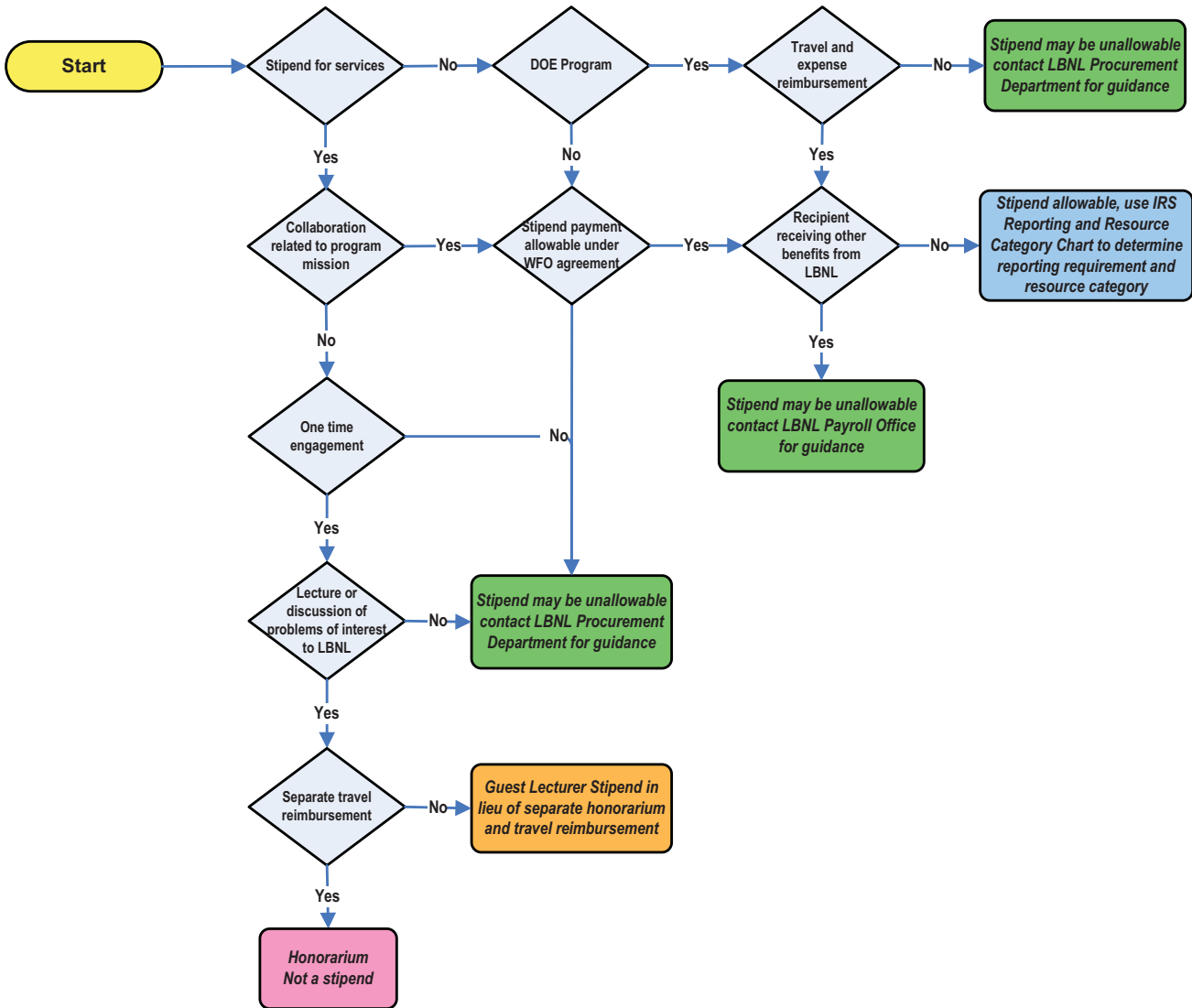
Approval Limits for TOTAL (*not partial*) Stipends

Type of Stipend	Resource Category	Division Designee	Division Director*	Associate Laboratory Director	Laboratory Director (per Contract 31)
<u>Fellowships</u>					
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
<u>Non Fellowships</u>					
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
<u>Guest Lecturers</u>					
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

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NON EMPLOYEE STIPENDS Allowability Determination

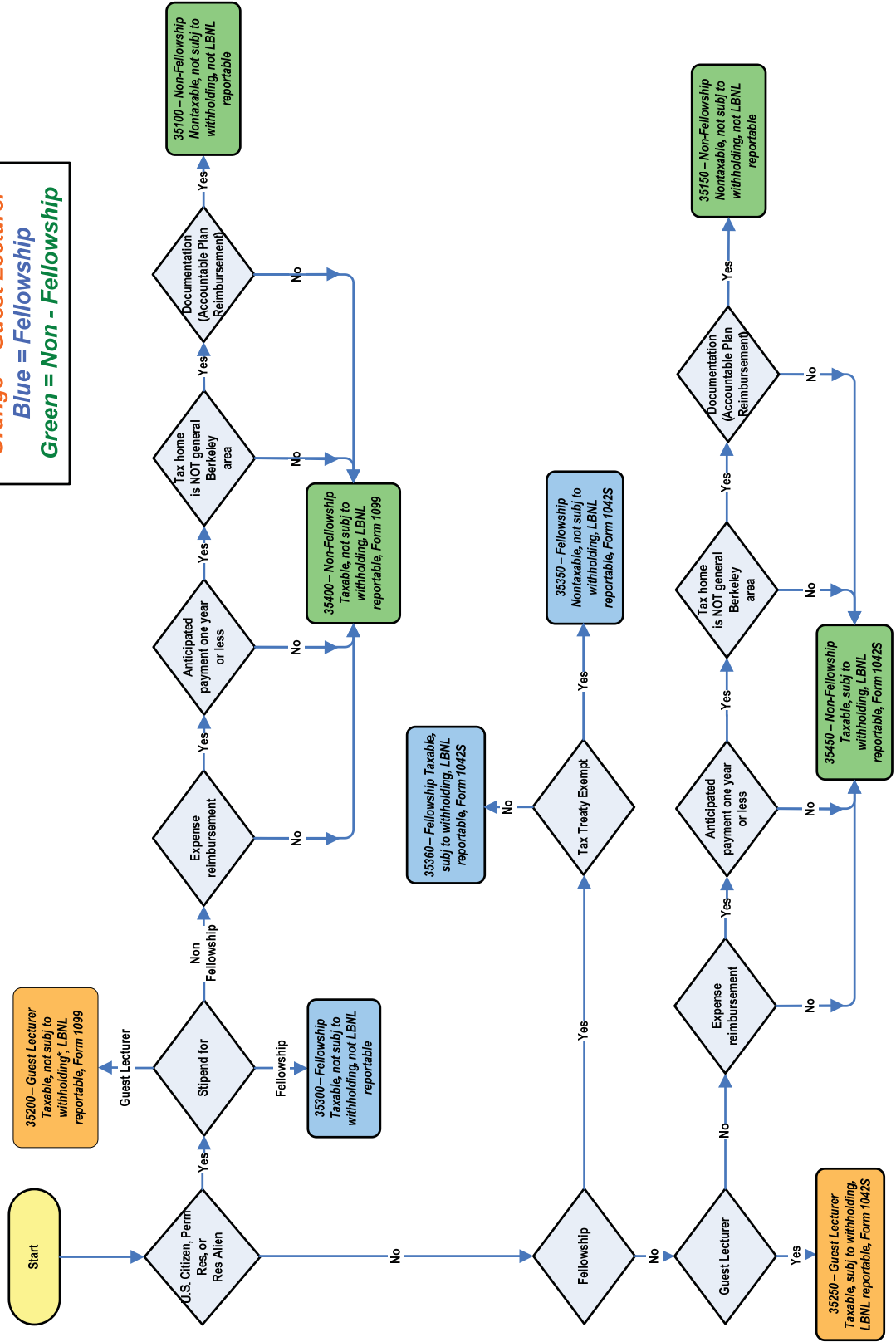


Legend

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

U.S. Citizen, Permanent Resident or Resident Alien						
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) ¹ 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 IS in the general Berkeley area) - or - 2) Accountable Plan Reimbursements ¹ planned (or actually paid) for > one year - or - 3) Insufficient Documentation (Non Accountable Plan Reimbursements) ² - 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.

Nonresident Alien						
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 NOT in the general Berkeley area)	No	No	No	n/a	35150
Non-Fellowship	1) Accountable Plan Reimbursement for ≤ one year (if tax home IS in the general Berkeley area) - or - 2) Accountable Plan Reimbursements ¹ planned (or actually paid) for > one year - or - 3) Insufficient Documentation (Non Accountable Plan Reimbursements) ² - 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

¹Accountable Plan Reimbursement

An expense reimbursement allowance that meets all of the IRS documentation requirements (see right)

²Non-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

Originally issued:	December 1, 2006
Effective date:	December 1, 2010
Revision number:	1
Scheduled review date:	December 1, 2012 (every two years)
Primary contact:	Manager, Indirect Budgets

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:

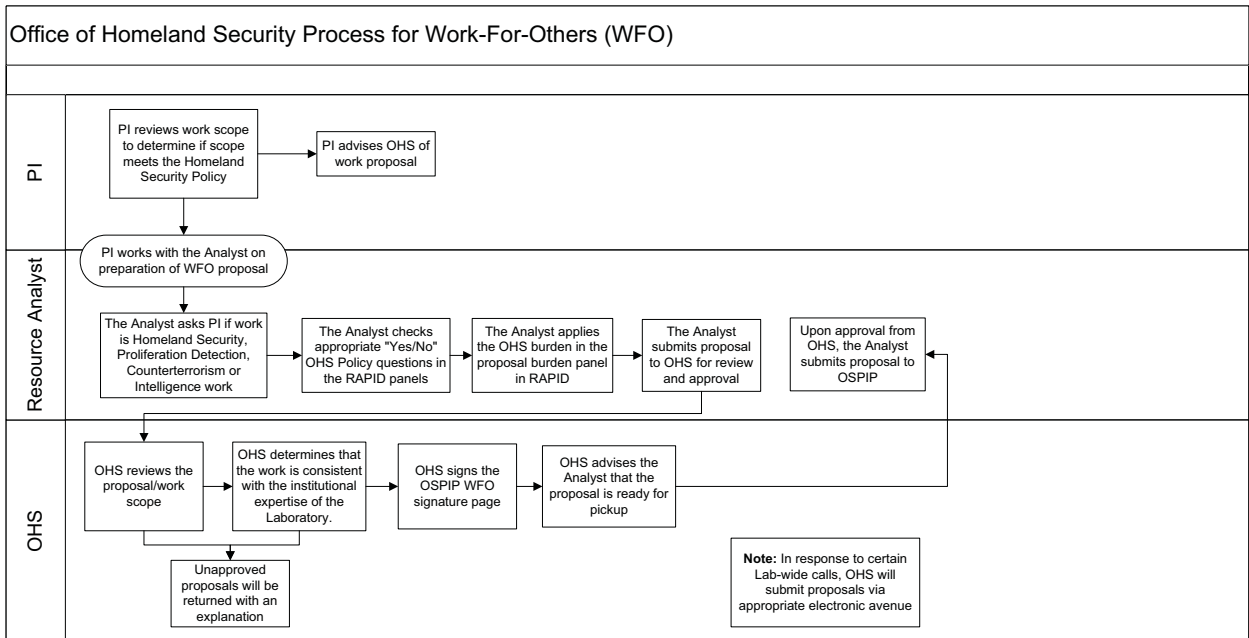
- Appropriately budgeted and accounted for on a consistent basis
- Accumulated in homogeneous indirect cost pools
- Allocated in a practical and equitable manner in reasonable proportion to the beneficial or causal relationship of the costs to cost objectives

Financial Policies and Procedures Manual

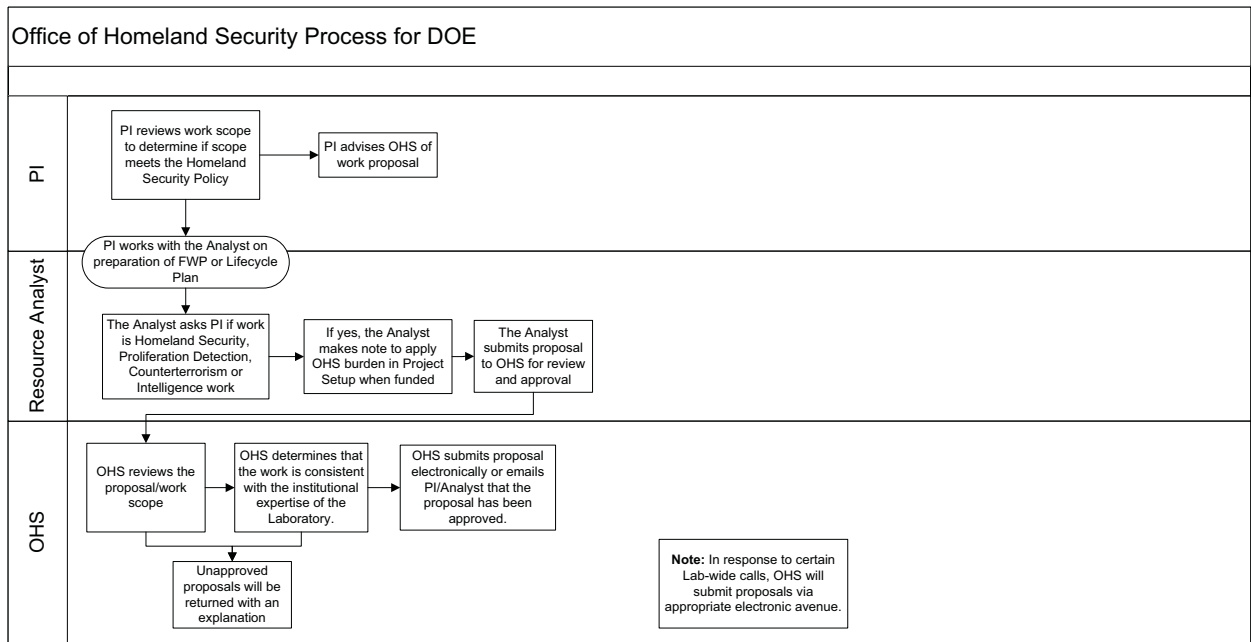
Procedures

- 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.



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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 Accounting Standards Board Disclosure Statement](#)
- [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](#)

Financial Policies and Procedures Manual

- [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 Office of Sponsored Projects and Industry Partnerships (OSPIP) and utilized by OSPIP 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](#).



Organization Burden

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	June 30, 2005
Revision date:	June 30, 2011
Revision number:	3
Scheduled review date:	June 30, 2013 (every two years)
Primary contact:	Manager, Indirect Budgets

Summary

The purpose of this policy and procedure is to provide guidance on the management and administration of Laboratory organization burdens (costs for the general management and administration of the Laboratory's scientific and support divisions or departments).

Policy

Laboratory organization burden costs are:

- Accumulated in standardized indirect cost pools (organization burden projects)
- Allocated in an equitable and reasonable manner to the benefiting cost objectives (projects)

Cost Pool Expense Types - The organization burden cost pool includes the following appropriate cost elements:

Labor Expenses

- **Division/Department Deputy** - Wage expense of Division/Department Deputy and/or Assistant Division Directors.
- **Division/Department Office Staff** - Wage expense of division administrators, division and/or department office management personnel, secretarial and clerical support.
- **Division/Department Support** - Wage expense of staff whose appointment or assignment is of a division-wide nature that clearly and specifically supports the division director's responsibilities, e.g., preparation of annual division research report or review of work task proposals. Assignments which benefit specific projects are excluded.
- **Staff Between Assignments** – Wage expense of employees between assignments.

Other Expenses

- **Division/Department Office Operating Costs** - Includes charges for telephone, printing, copying, travel, vehicles, non-capital equipment purchases, equipment rental/ maintenance, computing, other supplies & expense items, divisional seminars and electricity expenses related to the Division/Department Office. May include other operating costs as appropriate.
- **Building Expenses, Alterations and Moving Expenses** - Costs of building managers and related supplies and equipment, and repair of "general" use equipment; non-capital space alterations and division-initiated moves.
- **Research Project Termination** - Support for project termination expenses is intended to allow reasonable accommodation to unanticipated or sudden minor changes in division research activities due to a specific project termination. It does not provide for termination of a major research program, or subprogram, which should be directly funded by the program.
- **Capital Equipment** - Includes purchase, fabrication, lease and maintenance of capital equipment which broadly supports Division activities, develops new capabilities, and/or assists in attracting scientists in key R&D areas.

The users/beneficiaries of the capital equipment are included in the Division's organization burden distribution base. The capital equipment is used to support Division multi-programmatic and/or interdisciplinary functions where the predominant use is not directly identified with a specific project. In addition, the capital equipment does not apply to institutional-wide users/beneficiaries. This type of capital equipment must be purchased with landlord General Purpose Equipment (GPE) funds.

Capital equipment costs included in organization burden must meet the following requirements:

- [Capital equipment](#) criteria (see Glossary)
- Less than 10% of the overall organization burden budget
- Users/beneficiaries are within the Division's organization burden base
- Users/beneficiaries include multiple sponsors and/or projects within the organization burden base
- Capital equipment meeting these criteria should be charged to organization burden

The Laboratory's [Organization Burden Capital Equipment \(OBCE\) form](#) is submitted to Property Accounting and Budget for concurrence prior to beginning the acquisition or project. See [Attachment 1](#) for the procedure and project set-up criteria.

Financial Policies and Procedures Manual

- **Other Expenses** - Organization Burden cost pools for support divisions may include activities such as production control, rework, scheduling, and related supervision, conference and workshops, and professional research and teaching leave (for scientific divisions).
- **Research and Development** - Research and development costs are not appropriate to include in the organization burden.

Distribution Base

The distribution base for organization burden costs is organizational wage expenses (labor and payroll burden) and contract labor. Exclusions include the following:

- Organization burden labor charged to the cost pool
- Wage expense of employees matrixed from other organizations
- Fellowship and Career Development Work for Others (WFO) projects
- Multiple Location Assignments, Inter-Jurisdictional Employee Exchanges, and Intergovernmental Personnel Appointments

Rate Management

Organization burden costs are allocated using pre-established rates. Each rate must have its own separate cost pool and distribution base. The rates are based on forecasted costs for the applicable cost accounting period(s), usually the Laboratory's fiscal year.

Preliminary organization burden rates are developed on a break-even basis. The objective is to establish a rate that will recover the exact total of costs in the cost pool at fiscal year end. If a material variance exists between cost and recovery at fiscal year end, the rate and/or budget will be revised to appropriately allocate the variance.

Organization burden rate forecasts, establishment and revision of pre-determined rates for the applicable cost accounting period(s) are prepared by the divisions and coordinated and executed through the Budget Office.

Financial Management System (FMS) Project Set-up

The Division enters a project ID in FMS and submits in "R - Requested" status with the following information:

Organization Burden Projects

- Project ID = (Each organization creates a unique Project ID)
- Project Type = OHORG
- IBA Code = OR
- MARS Code = OPEXP
- B&R = YN01

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Organization Burden *Capital Equipment* Projects

- Project ID = (Each piece of capital equipment requires a unique Project ID)
- Project Type = OHORG
- IBA Code = ORCE
- MARS Code = OPEXP
- B&R = YN01

Authority

- Department of Energy (DOE) 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](#)
- [DOE Order Accounting Handbook, Plant and Capital Equipment, Chapter 10](#)

Contacts

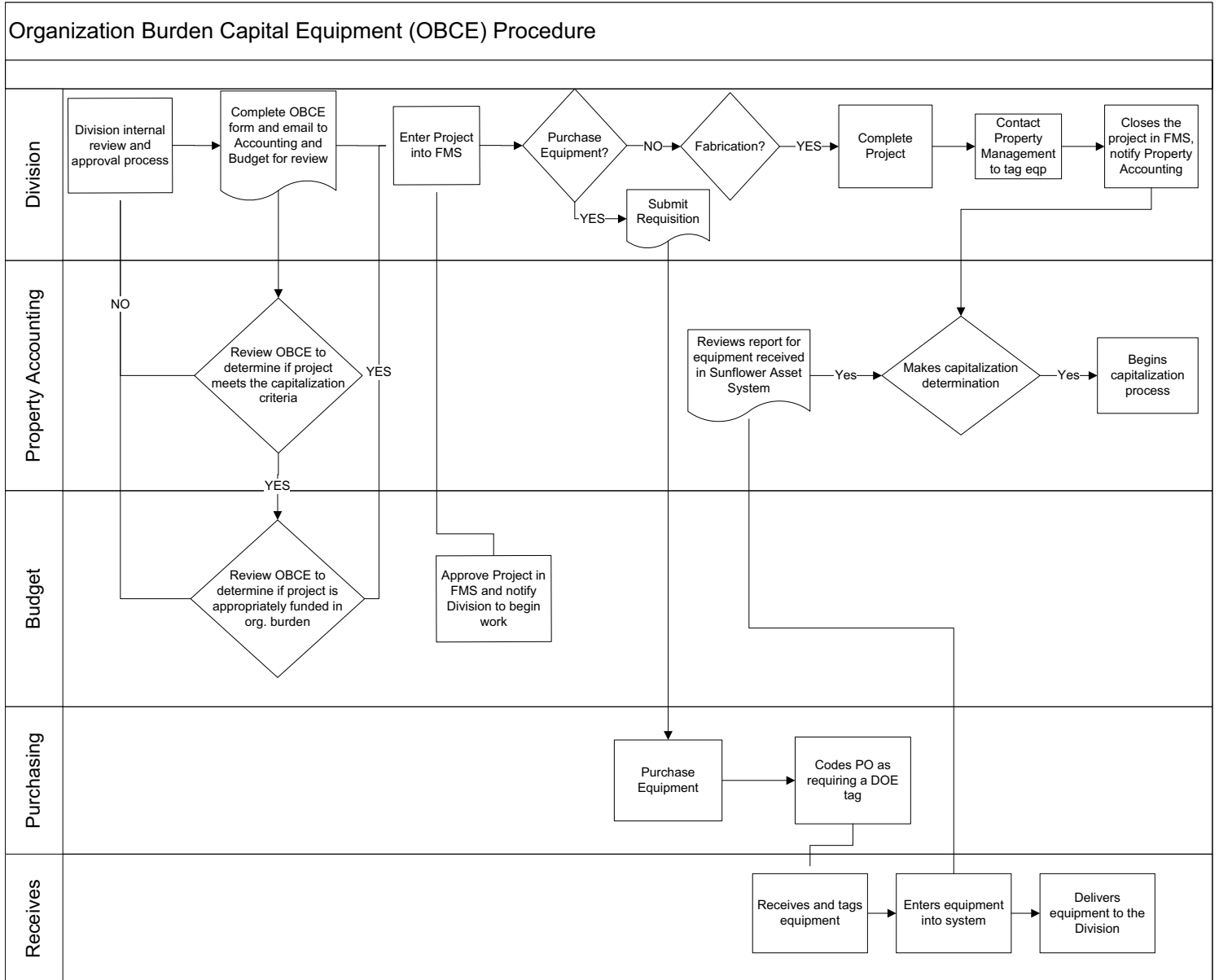
- Manager, Indirect Budgets

Glossary

- ***Allocate***: To assign an item of cost, or a group of items, to one or more cost objectives. This term includes both the direct assignment of cost and the reassignment of a share from an indirect cost pool.
- ***Capital equipment***: Personal property with a minimum service life of two or more years and a value of \$50K or greater. The equipment must be tangible and capable of specific identification and continuous control through tagging and periodic physical inventory. The value includes invoice costs less discounts, plus fabrication costs, freight charges, modifications, installation cost, and applicable taxes.
- ***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.
- ***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)}.

Attachment 1

Organization Burden Capital Equipment (OBCE) Approval Process





Business System Ownership and Management

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part II

Originally issued:	May 1, 2007
Effective date:	December 17, 2010
Revision number:	2
Scheduled review date:	December 17, 2011 (yearly)
Primary contact:	Deputy, Chief Financial Officer

Summary

The purpose of this policy is to establish responsibilities for the ownership and management of the Office of the Chief Financial Officer (OCFO) business and financial computer applications.

Policy

The OCFO will designate a functional manager (see OCFO Business System Owner Assignments) with the overall responsibility for the ownership of each of its business and financial computer applications. In this role the System Owner has the responsibility for ensuring that the application's capabilities meet the Laboratory's business needs. The System Owner is responsible for providing leadership and direction regarding system development, enhancement and ongoing operations which includes ensuring that appropriate controls are in place. This policy acknowledges that the execution of these responsibilities requires resources and support from the OCFO Business Systems Analysis (BSA) Unit, Financial Policy, Training, and the IT Division.

This policy applies to all major OCFO purchased (commercial, off the shelf) and LBNL internally-developed computer applications involved with the creation, updating, processing, outputting, distribution, and other uses of business and financial information.

Procedures

Roles and 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. Directs the day-to-day business usage of the system. When production issues arise, with the support of the BSA Unit and IT, ensures appropriate root cause problem resolution has occurred and that system issues are addressed in a timely manner and communicated accordingly.

System Changes and Enhancements

- Defines, prioritizes and communicates requirements for system enhancements and mandated DOE accounting changes. Considers user input and process re-engineering prior to recommending a system change.
- Coordinates with the BSA Unit to ensure functional specs are complete and an adequate test plan is prepared and executed.
- Provides final approval for implementing changes to the production system. Formally accepts the system as complete and ready for production.
- Participates in planning for application upgrades that will result in changes to the Owner's application(s).

User Access Control

- Establishes criteria for controlling user access to the various features of the system including the prerequisites required to be met prior to granting user access to specific system roles.
- With the support of the BSA Unit, validates that user access and assigned roles and permissions are consistent with business need.
- Controls access to Personal Identity Information (PII).

User Training and Support

- Ensures that those that who need use the system for entering and/or retrieving information have access to user training and system documentation.

Data Integrity

- Ensures the availability, reliability and security of the business data stored in the system. Ensures data input controls are documented, effective, and tested periodically.
- Documents processes using PII and controls the security of PII.

OCFO Business Systems Analysis (BSA) Unit

General

- Monitors system operations; provides end user support; communicates system problems/resolutions; conducts root cause analysis of problems; evaluates options and provides recommended solutions.

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- When production issues arise, contributes to root cause problem resolution, resolves system issues in a timely manner, and helps draft clear, accurate and timely communication.

System Changes and Enhancements

- Develops and coordinates system upgrade and enhancements plans; identifies opportunities for process/system improvements; and assists owners in defining functional requirements for system enhancements.
- When a complex process change (e.g., a DOE mandated change) requires modifications to multiple OCFO business applications, the BSA Unit coordinates the communication with, and involvement of the functional organizations whose participation is necessary for the timely implementation of the change.
- Partners with OCFO and IT to plan, develop and execute system upgrades and enhancements; ensures changes are adequately tested and owner approval is obtained before moving them to production; and coordinates with the System Owner and functional staff in the preparation and execution of system change test plans.

User Access Control

- Establishes and maintains a policy related procedures for controlling user access to OCFO systems including a process for coordinating and conducting regularly scheduled reviews of user access.
- Identifies and makes recommendations for controlling access PII.
- Identifies possible segregation-of-duty access conflicts, and works with the functional manager to develop an appropriate resolution.

IT Business Systems

General

- Provides technical project management leadership and services including development of project proposals and project plans.
- When production issues arise, contributes to root cause problem resolution, resolves system issues in a timely manner, and provides input on clear, accurate and timely communication.
- 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.

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- 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.

Contacts

- Manager, OCFO Business Systems Analysis

Glossary

- **Business System:** A computerized information system or business and financial 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.
- **Business Systems Analysis (BSA) Unit:** Responsible for ensuring that OCFO business systems are responsive to the needs of the Laboratory, and that systems strategies and plans are effectively communicated. The BSA Unit partners with OCFO functional units and IT Division professionals in the planning, design, testing, implementation and maintenance of automated information systems.
- **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 access management is performed by the BSA Unit.
- **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.

Related Documents

- [OCFO Business System Owner Assignments](#)



Write-Off Accounts Receivable

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part II

Originally issued:	May 1, 2007
Effective date:	April 5, 2010
Revision number:	3
Scheduled review date:	May 1, 2013 (every three years)
Primary contact:	Manager, Contract Accounting

Summary

A write-off is an accounting procedure separate and distinct from the legal procedures of termination and suspension of collection efforts. The purpose of this policy is to provide guidelines on write-offs and recording of allowances for Accounts Receivable, including doubtful accounts (see Glossary), uncollected receivables, advance balances, and unbilled costs. In order to limit write-off entries, the Contract Accounting (CA) Department aggressively takes collection actions to resolve all delinquent debt where possible and cost effective.

This policy complies with Generally Accepted Accounting Principles (GAAP), the Department of Energy (DOE) Accounting Handbook, Chapter 8, Receivables, DOE Contract 31, Contract Clauses, Clause I.102, and OMB Circular A-129 Appendix A.

Policy

This policy applies to the following types of non-DOE agreements:

- Federal Work for Others (WFO) awards
- Non-federal WFO awards
- Cooperative Research and Development Agreements (CRADAs)
- User agreements
- Inter-Entity awards
- Inter-Location Appointments

Procedures

All amounts are written off using the criteria below. Entries may also be made into the appropriate allowance account and are supportable by documentation such as University of California Office of the President (UCOP) notification and approvals and /or invoices held on file in the CA Department.

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All amounts are written off using the criteria below. Entries may also be made into the appropriate allowance account and are supportable by documentation such as University of California Office of the President (UCOP) notification and approvals and /or invoices held on file in the CA Department.

Contract Accounting

Immaterial Balances

Based on authorization provided by the DOE Berkeley Site office (BSO), the Controller's Office jointly establishes the materiality threshold for write-off with the BSO Contracting Officer. Amounts deemed immaterial are written off under this approval, as identified as part of the contract closeout process or the regular review of aged receivables.

Non-Federal, Federal, or UC Doubtful Accounts

A provision for accounts deemed doubtful or uncollectible may occur when the CA Department determines that the possibility of collecting the debt is minimal or less than 50%. Such amounts must also be material in nature.

Any Non-federal uncollectible receivable deemed uncollectible is transferred to the Department of Treasury for debt servicing (collection). Federal and UC uncollectible receivables are not transferred to the Department of Treasury. The specific steps are as follows:

- CA reviews the Aged Accounts Receivable Report and identifies balances deemed doubtful or uncollectible
- CA reports amounts to the DOE as required
- CA works with General Accounting (GA) to resolve any doubtful accounts requiring notification to the UCOP
- CA will write-off any unresolved accounts receivable reported to the DOE after a reasonable period, not to exceed two years.

Note: CA adjusts the Allowance for Doubtful Accounts only if the doubtful account is material in nature.

General Accounting (GA)

- Reports quarterly to UCOP amounts to be written off
- Processes any reimbursement from the UCOP for such items

Financial Policies and Procedures Manual

Recovery of Bad Debts Previously Written Off

If a payment is received on accounts booked into the Allowance for Doubtful Accounts, it is recorded as a normal payment in the accounts receivable sub-ledger. The account is then removed from the allowance balance.

If the amount has been written off as a material uncollectible receivable, the payment should be returned to UCOP.

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 Clause I.102-DEAR 970.5232-2 Payments & Advances (12/02)
- Financial Policies and Procedures, Cost Allowability policy

Contacts

- Contract Accounting email (ARHelp@lbl.gov)
- Manager, Contract Accounting

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Glossary

- **Allowance for doubtful accounts:** A valuation account (i.e. a contra asset) subtracted from trade receivables on the balance sheet.
- **Bad debts (DOE Contract 31):** 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.
- **Cooperative Research and Development Agreement (CRADA):** 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.
- **Doubtful account:** An account balance for which collection appears uncertain. Such accounts are termed 'bad debts' and are usually written off as an expense.
- **Over-recovery:** A credit balance created by payments exceeding invoice costs.
- **Refunds:** Unused balances that are returned to the sponsor.
- **Unbilled costs:** Costs incurred beyond the period of performance or in excess of the contract value
- **Under-recovery:** Debit balance created by costs exceeding funds.
- **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.
- **Work for Others (WFO):** Work for non-DOE entities performed by DOE/contractor personnel and/or utilization of DOE facilities not directly funded by DOE appropriations.
- **Write-off:** An accounting procedure that removes receivables from the accounts of record in order to accurately portray their true economic value on the balance sheet.

§11.38

Obtaining Goods and Services

[Responsible Manager](#)

Revised 06/11

A. [General Policy](#)

B. [Overview](#)

1. [Starting the Procurement Process](#)
2. [Procurement Process Flowchart](#)
3. [Purchase Actions Placed by Procurement](#)
4. [Transactions Not Permitted as a Procurement](#)
5. [Special Treatment Items](#)
6. [Precious Metals](#)
7. [Fabrications](#)
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A. GENERAL POLICY

The Procurement and Property Management Department is responsible for the acquisition of goods and services, as well as the management of Laboratory personal property assets, that are necessary for the Laboratory to fulfill its scientific mission. In particular, the Laboratory has a responsibility to ensure that:

- Procurements are competed to the maximum extent possible, consistent with the Laboratory's mission objectives and the nature of the goods and services to be procured.
- All subcontractors are treated fairly and impartially.
- Small-business concerns are provided a maximum practicable opportunity to compete for the Laboratory's procurements.
- All procurement actions comply with applicable laws and regulations and the [DOE/LBNL Prime Contract](#) requirements.
- Costs paid by the Laboratory are fair, reasonable, and appropriate for expenditure of government funds.

The authority to make contractual commitments through procurement transactions has been specifically delegated to individuals primarily assigned to the Office of the Chief Financial Officer (OCFO)/Procurement and Property Management 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 are considered unauthorized, and must undergo a ratification process to determine whether the unauthorized procurement would otherwise have been proper and in the best interests of the Laboratory. Individuals making commitments without delegated authority are subject to disciplinary action and may be responsible for payment of charges incurred.

Certain expenditures or commitments, such as petty cash transactions, employee travel, and library purchases, are governed by established procedures issued by other Laboratory departments.

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 funds.

The information in this section is intended to provide general rules governing the procurement process; it is not intended to be an exhaustive guide to procurement requirements. Laboratory employees should refer to information available on the [Procurement and Property Management Web site](#) and direct specific questions to the appropriate Procurement personnel.

B. OVERVIEW

1. Starting the Procurement Process

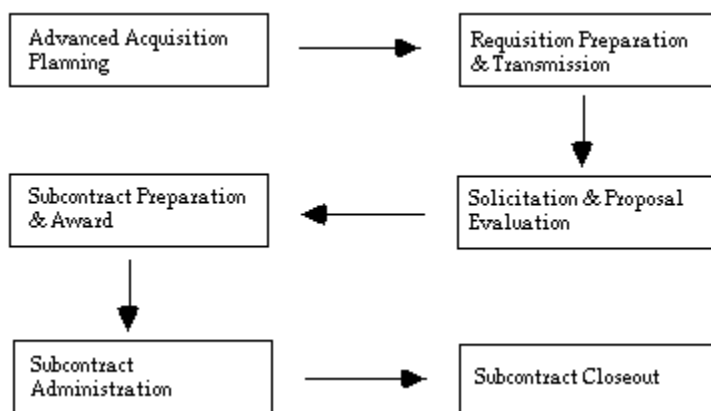
Generally, procurements at the Laboratory can be initiated using the following methods.

- Checking the Laboratory's Excess Property for the item or material required
- Online ordering through eBuy, the electronic commerce ordering system for low-value catalog items available to all Laboratory personnel with an LDAP account
- Online or fax ordering through B2B Systems Contracts with designated suppliers
- Requesting a Division PCard Cardholder to purchase low-value, nonrestricted supplies
- Submitting an electronic eProcurement (ePro) requisition through the Peoplesoft/Oracle Financial Management System (FMS) for one-time purchases of unique items not available from eBuy or B2B
- Placing a release against a pre-established blanket subcontract, if authorized

Refer to the [Step-by-Step Buying Guide](#) on the Procurement Web site for detailed information on these procurement methods.

2. Procurement Process Flowchart

The following is a flowchart of the Laboratory's overall procurement process:



3. Purchase Actions Placed by Procurement

The following are some of the types of purchase actions placed by Procurement:

- Architect and engineer (A&E) services
- Aviation services (special purchases)
- Blanket subcontracts for goods and/or services
- Books, periodicals, and other publications procured by the Information Technology Division library under blanket subcontracts established by Procurement
- Chemicals (special purchases)
- Computer or Automatic Data Processing (ADP) equipment (special purchases)
- Construction work
- Consultant agreements
- Contract labor (special purchases)
- Cost-type subcontracts (primarily for research and development)
- Environmental subcontracts
- Exchange/trade-in/upgrade of equipment or personal property
- Fabrications
- Firm-fixed-price or firm-fixed-price level of effort (LOE) subcontracts
- Industrial gases, e.g., helium (special purchases)
- Intra-University Transactions (IUTs) for work at University of California campuses
- Isotopes (special purchases)
- Leases and rentals of equipment and other personal property (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)
- Subcontracts with other DOE laboratories, facilities, or contractors; these subcontracts are sometimes called DOE Contractor Orders
- Subcontracts with government agencies or organizations for special materials not commercially available—DOE approval is required (special purchases)
- Telecommunications (special purchases)
- Utility services (special purchases)

4. Transactions Not Permitted as a Procurement (prohibited or restricted by the [DOE/LBNL Prime Contract](#))

- Advertising (except for specific or unique procurement actions like construction, and Laboratory employment notices)
- Aircraft purchases
- Alcoholic beverages
- Business cards
- Contingent fees

- Contributions or donations
- Entertainment expenses
- Fines or penalties
- Lobbying costs
- Memberships in social, dining, or country clubs
- Motor vehicles
- Narcotics (illegal)
- Ornamental items (e.g., pictures, plants)
- Parking spaces on an individual basis
- Promotional items, memorabilia, models, gifts, and souvenirs

Borrowing. Arrangements to borrow equipment or material from other government organizations are processed by Property Management. Employees must submit a Borrow Summary form to Property Management for authorization prior to delivery of any borrowed equipment or material on site.

Arranging for property to be borrowed from a commercial vendor for testing in anticipation of acquiring the property is the sole responsibility of the division. The division is responsible for documenting the borrow arrangement in writing, adequately addressing the Laboratory's liability, and managing and controlling the asset until it is either returned to the vendor or formally acquired. All property coming on site, regardless of purpose, must be cleared by an Environment, Health, & Safety (EH&S) safety officer. Borrowers should contact their Division Safety Liaison to facilitate clearance.

5. Special Treatment Items

Special-treatment items, including hazardous, controlled, and special materials, require special internal approvals or safety measures. These items may only be purchased when the specified requirements are met. Certain items in this category may not be purchased using a PCard or a B2B Systems Contract, and must be requested with an ePro requisition. Special-treatment items allowed to be purchased through the eBuy application are automatically routed to the designated organizations for approval or review. EBuy users must still comply with safety and other requirements associated with purchases of special-treatment items. Refer to the Special Treatment Items on the [Restricted Items List](#).

6. Precious Metals

Eight DOE-identified precious metals—gold, silver, platinum, rhodium, palladium, iridium, osmium, and ruthenium—are restricted-issue items. Purchases of precious metals must be requested by ePro requisitions authorized by career Laboratory employees, and must be made through Procurement's designated precious-metals procurement specialist.

7. Fabrications

Equipment or materials unavailable from commercial sources may be fabricated at the Laboratory by job order or outside the Laboratory by a subcontract. The OCFO/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.

8. Construction and Architect-Engineer (A&E) Subcontracts

Subcontracts for architect-engineer services will be performed in accordance with the requirements of the [LBNL Procurement Standard Practices Manual](#). Selection of subcontractors will be based primarily on the offeror's professional qualifications, specific experience and competence, and past performance. Cost, price, or other factors may also be considered in the selection of A&E subcontractors. With the exception of design-and-build subcontracts, no subcontract for construction work will be awarded to the subcontractor who prepared the design, or its subsidiaries or affiliates, unless approved by DOE.

Subcontracts for construction will be performed in accordance with the requirements of the Procurement Standard Practices Manual and applicable laws and regulations. In the event of a conflict between state of California and federal requirements, federal requirements will be given precedence. Subcontracts for construction, alteration, or repair of Laboratory facilities are subject to the federal Davis-Bacon Act, which requires that laborers and mechanics receive no less than prevailing wages established by the Department of Labor.

9. Blanket Subcontracts

Blanket subcontracts are a type of subcontract used when a recurring need for goods or services is anticipated. They enable quantity discounts to be obtained and Laboratory stocks to be maintained at minimum levels, and help avoid the administrative cost of issuing multiple subcontracts.

Product analysis, market analysis, and/or prior purchasing history are used to determine whether a blanket subcontract is advantageous to the Laboratory. Consideration is also given to socioeconomic subcontracting goals. Blanket subcontracts are often placed by Procurement for Laboratory-wide requirements. Any product or service requested by an authorized technical coordinator under a blanket subcontract is called an "order." Most blanket subcontracts have a listing of Laboratory personnel authorized to place orders and their level of authority.

10. Acquisition of Excess Property

The Laboratory is authorized to obtain used equipment or materials from government excess-material lists. The EH&S Division must be consulted when such an acquisition involves a potential hazard. Requirements for equipment or sensitive property must be coordinated with the OCFO/Property Management Group after or concurrent with these consultations. Requests for procurement of excess property are processed by Procurement.

11. Emergency Circumstances

In the event of emergency circumstances outside of normal working hours, when normal procurement methods are not available, employees are permitted to purchase low-value items by using a Laboratory

travel charge card, when on travel status, or a personal credit card or cash when in the local area.

An emergency circumstance is any circumstance requiring that a procurement be made in order to avoid, eliminate, or reduce imminently hazardous or destructive situations involving persons or property, including the potential loss of important experimental data or hardware.

Travel Charge Card. When on travel status, employees are allowed to use their Laboratory travel charge card for the purchase of low-value items needed in the course of their work during the travel. The limit on miscellaneous business expenses while on travel is determined by the traveler's division/department based on business need. Reimbursement requires submittal 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 Laboratory travel policies contained in [RPM §11.08 \(Travel and Expense Policy\)](#).

Personal Credit Card or Cash. Purchases made under emergency circumstances using a personal credit card or cash are reimbursable by filling out a Request for Issuance of Check (RFIC) form, which must be approved by an authorized signer on the Laboratory's Signature Authorization System. The RFIC 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 supervisor or a higher-level official. Original receipts are required.

Request for Issuance of Check. The RFIC process is used by on-site Laboratory locations when other means of procurement are not possible. Requests for reimbursement to Laboratory employees or third parties for allowable goods and services are processed using the RFIC form. The request is submitted to the OCFO/Accounts Payable for approval and processing. See [Financial Policies and Procedures-RFIC](#).

To receive reimbursement, the purchase must satisfy the following conditions.

- The item or service is not available through one of the methods in the Step-by-Step Buying Guide.
- The item or service is not on the [Restricted Items List](#), except for properly authorized employee safety shoes.
- The vendor is not on Procurement's [Employee-Vendor List](#) (potential conflict of interest) or the [GSA Excluded Parties List System](#) (EPLS) database.
- The purchase is supported by a cash receipt or other appropriate proof of payment.

When the purchase is made in California, the vendor must be advised that the Laboratory holds California state sales permit SR CH 21-835970 (also known as a [Resale Certificate](#)) and California state sales tax does not apply.

12. Lead Times

For the procurement process to work most efficiently, the following procurement lead times should 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 Procurement)

- The lead time that Procurement needs to obtain and evaluate offers, conduct negotiations as necessary, and award a subcontract for the requirement. Refer to the [Procurement Award Lead Time Chart](#) for typical processing times.
- The subcontractor's performance lead time necessary to deliver the required goods or services

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 substantially increase.

Additionally, requesters must notify Procurement of planned acquisitions of \$500,000 or more as far in advance as is reasonably possible, but at least 30 days prior to submitting a requisition. See [Section \(C\)\(1\)](#), below.

The Procurement Award Lead Time Chart does not include all approvals and other determinations that may be required before a particular subcontract may be awarded. When any other factors exist, they should be addressed in the requisition, with the appropriate checkboxes marked, comments added in designated sections, and the necessary attachments or documentation included, to ensure more efficient 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. See the [Procurement Liaisons List](#).

13. Subcontractor Safety

The Laboratory is required to ensure that subcontractor personnel who perform work at Laboratory facilities do so in a safe manner in compliance with applicable regulations ([PUB-3000, Chapter 31, Nonconstruction Safety Assurance for Subcontractors, Vendors, and Guests at LBNL Facilities](#)). Before subcontractors can perform "hands-on work" (see [PUB-3000, Section 31.5.3](#)) at Laboratory facilities, a Subcontractor Job Hazards Analysis and Work Authorization for Non-Construction Activities (SJHAWA) form must be completed and reviewed by EH&S. Typically, the requester obtains and fills in the first part of the SJHAWA form. This is then sent to Procurement as part of the eProcurement requisition. Upon award of the subcontract, Procurement provides a Web link for the SJHAWA to the subcontractor for completion. The subcontractor identifies safety risks involved for the work on the SJHAWA. Further information about subcontractor safety requirements is available on the EH&S [Non-Construction Safety Assurance for Subcontractors, Vendors and Guests at LBNL Facilities Web site](#).

C. PROCUREMENT PROCESS

1. Procurement Planning

The procurement process starts with advance planning. The level of procurement planning is dependent

on the dollar value and complexity of the proposed subcontract.

Procurement planning is an essential tool for both requisitioning organizations and 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 the work and workload requirements
- Identifying opportunities for awards to small-business concerns
- Identifying opportunities for competition
- Consolidating similar requirements on an institution-wide basis
- Notifying DOE of actions that may require DOE approval

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 requires at least 30 days' advance notice of planned acquisitions of \$500,000 or more. The [Advance Acquisition Alert \(AAA\)](#) form may be used by requesters to provide this notification to the Small Business Office (SBO) of the Small Business Supplier and Strategic Sourcing Management Group. A procurement specialist will be assigned to consult with the requester to plan for the acquisition and appropriately document the acquisition planning decisions. The SBO and the procurement specialist will work with the requester to develop source lists and ensure small-business concerns are provided the maximum practical opportunity to participate in the procurement.

2. Requisition Submittal

Requisitions must be created electronically in eProcurement (ePro), the PeopleSoft/Oracle Purchasing System. Requisition preparers should ensure that requisitions are filled out correctly and items are appropriately categorized and not on the Restricted Items List

3. Defining the Requirement

Purchase requisitions should (1) describe the supplies or services in a manner designed to promote competition; (2) state the Laboratory's minimum requirements; and (3) to the fullest extent practicable, not favor one brand or trade-name article, manufacturer, or supplier over others.

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, which identifies deliverables and acceptance or testing criteria.

Items should be identified by a generic noun (e.g., "personal computer"), defining adjective, and any other useful description. Items specified by a brand name (such as a model number and manufacturer) will be processed as "brand name 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.

The Laboratory is committed to sustainable environmental stewardship. "Green" Environmentally Preferable Products (EPPs) should be specified when purchasing items for the Laboratory. An EPP can often meet the requirement at a lower cost. When ordering items on eBuy, look for green alternatives by following the "recycled" links or searching for "remanufactured" products. EPPs are available in a variety of categories, including office supplies, construction materials, and computer equipment. Links to EPP resources are on the "Green Resources" section of the Procurement [Helpful Links](#) Web page.

4. Requisition Changes

Any changes modifying the quantity, funding, project number, terms, or specifications of a requisition already submitted may require either resubmission of the requisition or, minimally, a supporting memo or e-mail explaining the change.

Changes to existing or expiring subcontracts may also be initiated by an ePro requisition.

When submitting a change/modification to a requisition:

- Indicate "CHANGE" or "MODIFICATION" on the requisition.
- Refer to the original requisition number, subcontract number, and/or procurement specialist'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 Project ID.
- In the "Unit price" field of the requisition, write the amount of the change only. In the "Comments" field, indicate the original requisition amount before the change, the increase or decrease of the proposed change, and the new total.
- The authorized signer must have authority for the dollar amount of the change.

5. Requisition Approvals

➤ Beyond Laboratory procurement, the purchase of many commodities and services may also require approval by various organizations (e.g., OCFO/Budget, EH&S). EPro automatically routes these requisitions to the appropriate approval organization based on the value of the requisition and the selected category code. If an incorrect category code is chosen, the requisition may be returned to the requestor for rerouting. ➤

6. 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 the estimate. The estimate can range from a simple budgetary estimate to a complex estimate based on the requester's assessment of the labor, materials, and other quantitative elements of performance. A detailed, independent cost estimate must be prepared for all

construction work to be subcontracted.

7. Quality Assurance

The requester must identify any specific quality requirements for the subcontract on the purchase requisition specification or Statement of Work. The need for, type of, and extent of quality requirements 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.

In identifying quality requirements, 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, see [RPM §8.01 \(Quality Assurance\)](#).

8. 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 and government-furnished supplies. Subcontractor-acquired property (SAP) is property that a subcontractor acquires under a subcontract and furnishes to the Laboratory as a reimbursable direct item of cost.

If GFP/SAP 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 for managing all government property in its possession, procurement actions involving GFP/SAP must be coordinated with the Property Management Group throughout the process, from requisition to subcontract closeout.

9. Organizational Conflict of Interest

An organizational conflict of interest (OCI) means that a relationship or situation exists in which an offeror 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 offeror's capacity to give impartial, technically sound, and/or objective assistance or advice
- Result in the offeror's being given an unfair competitive advantage

Requisitions and Statements of Work will be reviewed by Procurement to determine whether the work falls within the definition of "advisory and assistance services." If the answer is "yes," the requester may be required to fill out an OCI Pre-Procurement Fact Sheet, which can be obtained from the Procurement Web site under the [Forms for Users](#) link, to aid in evaluating the potential for an OCI, and the solicitation must include an OCI clause and require the offerors to disclose their various interests related to the procurement.

Procurement will review and evaluate all relevant facts to determine if an actual or significant potential for an OCI with respect to a particular offer exists. If so, steps must be taken to avoid, neutralize, or mitigate it. If appropriate actions are taken to satisfactorily avoid or neutralize an OCI, the subcontract can be awarded. If an actual or potential OCI can only be mitigated, a mitigation plan must be prepared. Approval of the mitigation plan by the Procurement Manager, Laboratory Counsel, and DOE, or to make an award notwithstanding the OCI, is required.

10. Solicitations

a. General. Procurement conducts most of its competitive solicitations for required goods and services through a process known as "negotiation," involving the issuance of a solicitation to potential sources determined by the procurement specialist, and the receipt and evaluation of proposals. This process permits discussions and negotiations with suppliers regarding all the terms and conditions of the subcontract and, in some cases, allows an offeror the opportunity to revise its offer before a decision is made regarding subcontract award. Elements to be negotiated may be limited to price, but often extend to other factors, including delivery period, payment schedule, specifications or statement of work, and patent and technical data rights.

In some cases, notably in construction, the Laboratory may instead utilize a "sealed" bidding process, in which the lowest-priced, responsive, and responsible offer is selected without discussions or negotiations. The "sealed" bidding process could also include a public bid opening.

Only Procurement personnel and other individuals with delegated procurement authority can solicit offers/proposals from suppliers that may result in the negotiation and award of subcontracts.

b. Supplier Information Obtained by Others. Any information obtained by other Laboratory personnel from a supplier 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 communicate directly with potential suppliers to ensure that all the Laboratory's requirements are considered in awarding a subcontract.

c. Best Value Source Selection (BVSS) Solicitations. When a subcontractor will be selected based on other factors (e.g., technical excellence, methodology, proposed personnel) and cost/price is not the

predominant factor, it is considered a Best Value Source Selection (BVSS). For BVSS solicitations, Procurement will establish a buying team consisting of the requester and other subject matter experts (see [Section \(C\)\(11\)\(c\)](#), below). The buying team will develop the performance features and supplier attributes that the Laboratory believes are desirable in meeting its objectives for the procurement. They will serve as the basis for the preparation and the evaluation of the offers.

Performance features and supplier attributes should be aimed at ascertaining the distinctions among the offerors on significant aspects of the work to be performed, rather than identifying the relatively unimportant differences to be expected when multiple offers are received. A statement will be included in the solicitation to explain to potential offerors that the Laboratory intends to select the offeror whose proposal satisfies the minimum requirements (if any) and contains the combination of price (or probable cost), performance features, and supplier attributes offering the best overall value to the Laboratory. After the closing date for receipt of offers, the buying team will evaluate the proposals in accordance with the criteria set forth in the solicitation and will make a selection that represents the best value to the Laboratory.

11. Evaluation and Award

a. General. Evaluation of offers/proposals may be as simple as determining the low price on a commercial item or may involve a very detailed analysis of significant technical, management, and cost/price criteria.

Although the procurement specialist is responsible for conducting the evaluation, the requester has an important role in evaluating technical proposals, analyzing quantitative 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 a technical review or a technical analysis of the elements of offers/proposals other than cost/price, as required.

Technical Review. Technical reviews are performed by the requester or technical coordinator to evaluate a technical offer/proposal in order to determine whether it meets the requirements of the solicitation.

Technical Analysis. Technical analyses are performed by the requester or technical coordinator for offers/proposals that are more complex or require a cost analysis and involve a more in-depth analysis of the quantitative and qualitative elements of a technical offer/proposal. This in-depth analysis is required in order to determine the need for and reasonableness of the resources proposed in an offer/proposal, assuming reasonable economy and efficiency.

b. 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 if it is reasonable as proposed, or whether further negotiations are warranted.

c. Buying Team. For many procurements, the offers/proposals are evaluated by the procurement specialist and the requester or technical coordinator. For more complex procurements competed using

the BVSS process, a buying team chaired by a procurement specialist may be established. A BVSS buying team is composed of qualified technical and administrative personnel, is small (normally not exceeding five voting members), and usually has an odd number of voting members, including the procurement specialist chairperson, to provide a tie-breaker. The procurement specialist discusses the issue of conflicts of interest with the committee members and reviews the list of offerors for possible conflicts of interest. Buying team members are requested to sign a Confidentiality and Conflict of Interest Acknowledgement (for UC employees) or a Confidentiality and Conflict of Interest Certificate (for non-UC employees) when appropriate (e.g., selections that are sensitive, may be contentious, or involve proprietary information).

After receipt of the offerors' proposals, the buying team performs the evaluation and the procurement specialist prepares a selection statement, summarizing the buying team's determinations, and negotiates any remaining issues with the selected offeror.

d. Conducting Negotiations. The procurement specialist is responsible for conducting all negotiations with offerors. The requester's support may be required to analyze new information or responses provided by the offeror during the course of the negotiations. Working as a team, the procurement specialist and requester attempt to obtain the required goods and services at reasonable prices and under reasonable terms.

Discussions with offerors are particularly sensitive during solicitation, evaluation of offers, and negotiation. Technical coordinators or requesters should not have separate discussions or negotiations with offerors.

12. Protests

The Laboratory is required to treat all potential subcontractors fairly and equitably. When an offeror or subcontractor believes that he or she has not been so treated, they have the option of filing a protest directly with Procurement, the University, or DOE. A protest is a very powerful action. It can suspend work on a subcontract that has already been awarded, or it can delay any further action on a subcontract that is under negotiation but has not yet been awarded.

The following are examples of situations that could result in a protest:

- A specification or Statement of Work that unnecessarily restricts competition
- Program/technical divisions negotiating on their own with an offeror or promising to purchase something from an offeror (a potential unauthorized procurement)
- Information provided to one potential subcontractor that is not available to competing offerors/subcontractors
- Proposal information disclosed to a competing offeror/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 procurement process, contact the procurement specialist for advice.

13. Noncompetitive Actions

A procurement is noncompetitive when an offer/proposal is solicited from and a procurement award is made to only one source/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
- Standardization of parts and/or compatibility with existing equipment
- Follow-on work for continued development or enhancement of a specialized system or equipment or services necessary to avoid substantial duplication of costs that would not be recoverable, and/or significant, unacceptable delays in fulfilling program needs
- An unusual or compelling urgency that would cause an adverse or programmatic impact of such nature and magnitude that a sole-source justification is merited
- To establish or maintain a source for industrial mobilization or engineering, development, or research capability
- Source is acknowledged and demonstrated to be the leader in its field of expertise (normally only appropriate for R&D work)
- Authorized or required by statute or international agreement
- National security or public interest reasons
- Unique bonding, insurance, or indemnification requirements (appropriate only if subcontractor is a large business)
- Services of an expert or neutral person for any current or anticipated litigation or dispute

A formal justification must be provided for noncompetitive (sole-source) procurements of a foreign-made product with an individual item cost over \$100,000 or other sole-source procurements over \$150,000, and for all Intra-University Transactions (IUTs) over \$25,000. The Justification for Sole Source Procurement Form, which can be obtained from the Procurement Web site under the [Forms for Users](#) link, must be used for providing these justifications.

The Laboratory must ensure that its procurements make use of effective competitive techniques, 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.

D. OTHER IMPORTANT REQUIREMENTS OF LABORATORY SUBCONTRACTS

1. Environment, Safety, and Health

Subcontractors performing work at a Laboratory site are subject to the DOE Worker Safety and Health Program regulation of Title 10, Part 851 of the U.S. Code of Federal Regulations (10 CFR 851), and are required to take all reasonable precautions at Laboratory sites to protect the environment, safety, and health (ES&H) of all persons involved, and to comply with all applicable ES&H regulations and

requirements of the Laboratory and DOE. The Laboratory may stop the particular work anytime a subcontractor fails to comply. Also see [Section \(B\)\(13\)\(Subcontractor Safety\)](#), above.

2. Insurance and Indemnification

The Laboratory may require subcontractors to maintain liability insurance when:

- The work is performed on Laboratory, government, or third-party premises; or
- Government-furnished property is provided to a subcontractor; and
- The nature of the work poses a significant potential risk to the University and the government

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 Prime Contract](#), the Laboratory is required to protect the government's interests in inventions and technical data by including the appropriate, related clauses in its subcontracts. These clauses 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 fulfill these obligations, the requester or technical coordinator, if aware, is expected to notify Procurement immediately so that appropriate and 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 occurs. "Foreign travel" means any travel outside the United States and its territories and possessions.

5. Sales Tax

The Laboratory generally does not pay California sales tax because most of its purchases are considered to be "for resale" to the government, and therefore the Laboratory has been granted California State Resale Permit No. SR CHA 21-835970, also known as a Resale Certificate. This resale permit does not apply to leases/rentals, materials, and fixtures used to make improvements to real property, or property that will not be owned by DOE.

6. Buy American Act

Under the federal Buy American Act and similar laws, most materials and products that the Laboratory

procures must be manufactured, mined, or produced in the United States, unless a specific exception applies.

7. Davis-Bacon Act and Service Contract Act

The Davis-Bacon Act requires that construction laborers and mechanics employed directly at the work site be paid not less than the prevailing wage rates as determined by the Department of Labor (DOL) in a Wage Determination. The Act's requirements and the applicable Wage Determinations must be included in the Laboratory's construction subcontracts.

The Service Contract Act requires that service employees (as defined) under a service subcontract be paid not less than the minimum wages and fringe benefits determined by DOL in a Wage Determination. The Act's requirements and the applicable Wage Determination must be included in the Laboratory's service subcontracts.

8. Employment Eligibility Verification

Federal contractors and subcontractors are required to enroll in the government's employment eligibility verification program (E-Verify) and to use it to verify the employment eligibility of their employees assigned to the contract or subcontract and of all new hires working in the United States. The Laboratory includes this requirement in its service subcontracts as applicable, and verifies the subcontractors' enrollment in the E-Verify program.

9. 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 Management and Safety) or its successor order.

E. SUBCONTRACT ADMINISTRATION

1. Administration

Subcontract administration encompasses all activities and relationships between the Laboratory and the subcontractor that arise out of subcontract performance. Subcontract administration covers all dealings between the parties from the time the subcontract is awarded until the work has been completed, received, and accepted; payment has been made; disputes, if any, have been resolved; and the subcontract is closed.

Monitoring performance is a common responsibility of the procurement specialist and the requester. Performance must be monitored for delays, schedule slippages, quality deficiencies, financial status, etc. The program/technical divisions must advise the assigned procurement specialist of any indication that performance is not what the Laboratory expected.

The Laboratory should develop a complete record of all actions taken by the Laboratory or the

subcontractor. Documentation can assist in the resolution of problems 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 may modify the terms of a subcontract or take any action to enter into a change order or other contractual commitment on the part of the Laboratory, except as may be authorized by Procurement. Although under some subcontracts it is normal for the requester to have ongoing technical interaction with the subcontractor during performance, no alteration of subcontract or statement of work requirements may be authorized during these discussions.

3. Invoice Certification

A certifier is a Laboratory employee designated to verify that goods and/or services are rendered as required by the subcontract before a subcontractor's invoice can be processed for payment by Accounts Payable. The certification must be performed in a timely manner using the online certification system to ensure that the subcontractor is paid within the payment terms of the subcontract. Failure to provide timely certification may result in a late payment, which could affect the Laboratory's ability to comply with the terms of the subcontract and/or DOE requirements.

4. Subcontract Closeout

In many instances, subcontracts can be closed when the procurement specialist receives evidence of the receipt of goods or services and evidence of final payment.

When subcontract performance is physically complete, the requester may be contacted to verify that all work and/or deliverables are satisfactory. Written documentation to substantiate acceptance of subcontract performance is required from the requester for the following:

- Subcontracts other than fixed price (e.g. fixed rate, time and materials, labor hour, A&E, etc.)
- Fixed-price subcontracts containing performance-acceptance criteria
- Subcontracts that require scientific or technical reports, involve research or nonstandard design work, or have known unresolved issues or claims
- Subcontracts that involve GFP/SAP, unless the property is equipment or sensitive property sent out for repair, calibration, etc., or part of the deliverable and will not be tracked by Property Management

F. REFERENCES

This section briefly highlights Laboratory policies and procedures pertinent to obtaining goods and services. The [Laboratory Procurement Standard Practices Manual](#) defines these policies and procedures in detail. Copies of the manual are available on the [Procurement and Property Management](#) Web site.

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§11.39

Personal Property Management

Responsible Manager

Rev. 07/11

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A. **General**

1. **Title**

Title to Lawrence Berkeley National Laboratory (Berkeley Lab) property rests with the United States government. Laboratory policies and procedures governing the effective and efficient stewardship of government property and supplies are summarized below. The Laboratory [Personal Property Policy Manual \(PPPM\) \(PUB-3032\)](#) provides procedural detail and guidance for employees. It is available for reference on the [Property Management Web site](#).

2. **Charter**

The Property Management Charter is twofold:

a. Oversight and Control

Oversight and control of the Laboratory's government property are in accordance with the policies and procedures described in the PPPM.

b. Support and Guidance

Support and guidance are provided for Laboratory personnel in the life-cycle management of their property activities, from creation of the asset record to final asset retirement from the database.

B. Employee Responsibilities

1. Official Use

The facilities, tools, supplies, materials, and equipment at the Laboratory are U.S. government property and are for official use only by division-authorized employees. Use for any purpose other than official Laboratory business, regardless of the location, constitutes a conflict of interest, and is illegal and prohibited. Employees who use government property for personal business or who remove property from Laboratory jurisdiction without proper authorization are subject to disciplinary action as well as prosecution under federal law ([Title 18, U.S. Code](#)). The Laboratory may impose penalties commensurate with the gravity of an improper, dishonest, or illegal offense. Consequences range from a warning or official reprimand to salary reduction, suspension without pay, demotion, or dismissal. Prosecution at the discretion of the U.S. Attorney may result in a fine, imprisonment, or both.

2. Responsible Use

Berkeley Lab policy mandates responsible use of all property in the custody of its employees. Property must be used in a safe manner, and adequate care must be taken to protect it from loss or damage. Each Laboratory division is responsible for establishing requirements that ensure the effective stewardship of its resources, including hierarchical responsibility for reporting losses and misuse of property.

c. Property Classifications

1. Equipment

Property acquired at or above \$5,000 is classified as equipment

a. Capital Equipment

Property acquired or valued above a \$50,000 threshold is classified as Capital Equipment.

2. Sensitive

Property that is highly portable, easily converted to personal use, and susceptible to theft is classified as Sensitive.

3. High Risk

Property that is associated with nuclear proliferation and/or national security, public health, safety, and the environment is classified as High Risk.

4. Precious Metals

Eight DOE-designated metals with special accountability requirements are classified as Precious Metals.

5. Controlled Substances

Illegal drugs allowed for use in strictly regulated research activities are classified as Controlled Substances.

6. Stores

Miscellaneous low-value utility items are classified as Stores.

7. Property of Others

Property borrowed from external organizations for short-term use by Laboratory employees is classified as Property of Others.

D. Inventory Requirements — General Inventory Guidance

Divisions are responsible for the property under their stewardship and must account for it during inventories and/or upon demand by internal or external government auditors. Property Management plans and issues the campaigns, and supports divisions' efforts in conducting their inventories.

There are two main types of inventory:

1. Statistical Sampling

Randomly selected sample representing a percentage of the total assets

2. Wall to Wall (100%)

All the active assets in the [Sunflower Asset Management System](#) must be accounted for.

The following categories of property are subject to 100% verification of every inventory:

- a. Capital Equipment
- b. Sensitive Items
- c. High-Risk Property

- d. Precious Metals
- e. Controlled Substances

Inventory guidance, schedules, and forms are available [on the Property Management Web site](#).

E. Off-Site Use of Property

Divisions allow off-site use of equipment under their stewardship and issue a [Property Pass](#) to document the change of location. See Section [K\(3\)\(a\)\(ii\) \(Division Property Pass\)](#) below.

F. Loaning Property

Laboratory property that is temporarily idle may be loaned to external organizations. Loans are arranged by Property Management and are governed by very specific U.S. Department of Energy criteria and Berkeley Lab procedures (see [the Property Management procedure, Loans](#)).

G. Borrowing Property

Employees may be allowed to borrow property from external organizations for short periods of time when it is practical and economical. Property may be borrowed from another government or educational organization for use in research or from a vendor for test and evaluation. The purpose of the borrowing arrangement determines the protocol that must be followed.

1. Use in Research

Borrowing property for use in research requires prior authorization through the Berkeley Lab Property Management Group. Information about this organizational agreement can be found in the Property Management procedure, [Borrowing Personal Property for Use](#).

2. Testing and Evaluation

Borrowing equipment for testing and evaluation is managed by divisions on behalf of their employees. See the Property Management procedure, [Borrowing Personal Property for Testing](#).

In all cases where borrowed equipment may be considered hazardous, an [EH&S Division Safety Coordinator](#) must be notified to review and clear it for use.

H. Property Loss or Damage

1. Reporting Losses

Reporting losses of Berkeley Lab property and/or damage beyond normal wear and tear must be reported to Property Management upon discovery. If theft, vandalism, sabotage, or willful destruction of any Laboratory property is suspected, the incident must also be reported to

[Berkeley Lab Site Access & Security](#). Property losses occurring off site must immediately be reported to police in the jurisdiction where the loss occurred.

2. Reimbursement/Liability

a. Property Received or Shipped

Employees will not be reimbursed for insurance of property that is received at or transported from Berkeley Lab to off-site locations.

b. Property Loaned or Borrowed for Use

Agreements for property that is loaned or borrowed for use in research are coordinated by Property Management. Reimbursement against loss or damage is governed by the terms of each individual agreement.

c. Property Borrowed for Testing

Responsibility for property borrowed from a vendor for testing and evaluation rests with the borrower and the employee's division. Berkeley Lab's limited liability for borrowed property must be acknowledged in writing by the loaning entity prior to its being shipped. (See the Property Management procedure, [Borrowing Personal Property for Testing](#).)

I. Excess Property

Equipment, office furnishings, and other material (including software) identified as excess property are handled according to national disposition objectives, which may include redeployment within Berkeley Lab. Equipment for which there is no current or projected need should be forwarded to the [Facilities Division Excess Program](#) after review and clearance by an [EH&S Division Liaison](#). Note: Employees are not allowed to remove government-owned property for personal use.

Excess equipment that is not redeployed within the Berkeley Lab complex may be transferred to government organizations or academic institutions with active DOE grants. DOE approval is required.

Guidance for determining the suitability of transferring excess Laboratory equipment and the process for gaining approvals can be found on the [Property Management Web site](#).

J. Storage of Property

Warehouse storage of Laboratory equipment is provided by [Facilities Division Material Services/Warehouse Storage](#) and must satisfy requirements for retention.

K. Property Movement Records

1. General

Movement of property must be well documented so that changes in location can be verified. Documentation requirements are specific to movement within and away from the Laboratory.

2. Relocation of Property Within the Laboratory Complex

Relocation of property within the Laboratory complex is documented by a triplicate form — the Equipment Movement Tag — initiated and retained by the custodian of record.

3. Property Removed From the Laboratory Site

Except as noted below in Section [K\(4\) \(Exceptions\)](#), government property shipped or carried away from the Laboratory requires prior authorization and appropriate documentation.

a. Shipping Approvals

i. Common-Carrier Shipping

Division approval is required in all situations in which property is shipped from the Laboratory via a “common carrier.” Property that is identified by a DOE/LBNL bar-code tag is subject to additional approval by the Property Management Group. Information about shipping property off site is available from the [Facilities Division Shipping Department](#).

ii. Division Property Pass

Divisions may issue a Property Pass to their employees for off-site use of government property, such as:

- Arrangements with suppliers performing Laboratory work if the material will remain in the custody of Laboratory personnel
- Short-term or intermittent use to perform Laboratory work at home or at a Bay Area work location (e.g., Lawrence Livermore National Laboratory, SLAC National Accelerator Laboratory, Richmond Field Station)
- Incidental use in connection with authorized attendance at a meeting, seminar, exhibit, or lecture

4. Exceptions

Property-removal approvals are not required when employees:

- Carry their Laboratory-issued cell phones for use away from the Laboratory
- Temporarily remove printed matter for reading and reference
- Take away their personal items

Contracted scrap and salvage dealers and refuse services are preapproved to remove equipment, materials, and garbage from the Laboratory.

L. Property Retirement

The status of a Property Record may change from active to retired in the database if criteria are met in the following categories:

- Abandonment
- Asset Creation Error
- Cannibalization
- Destruction
- Foreign Donation
- Incorporated Into a Larger System
- Inventory Loss
- Lost
- No Longer Controlled
- Related Real Property
- Return to Vendor
- Return Property of Others
- Stolen
- Trade-in
- Transfer

Each of these categories is defined in the [Retirement Instructions and Form](#) section of the Property Management Web site. The [Request to Retire Personal Property form](#) must be completed and submitted to Property Management for approval.

M. Property Acquired as a Gift

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 Section 1.18 \(Solicitation and Acceptance of Gifts\)](#). Gifts are accepted in the name of, and title is vested in, the Regents of the University of California. The [Office of Sponsored Projects and Industry Partnerships](#) notifies Property Management when a gift has been accepted so that an inventory record can be established.

N. Employee-Owned Property

Employee-owned property may not be installed in, affixed to, or made a part of any government-owned property. This restriction does not apply to small decorative items or memorabilia displayed in an employee's work area. In all cases, the Laboratory cannot be held responsible for loss of or damage to any employee-owned item.

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Recharges

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	June 30, 2005
Effective date:	June 1, 2011
Revision number:	1
Scheduled review date:	June 1, 2012 (every two years)
Primary contact:	Manager, Indirect Budgets

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)

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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 prior year cost/recovery variance. Any rate that has consistently over or under

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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

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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

Originally issued:	December 31, 2004
Effective date:	December 31, 2010
Revision number:	6
Scheduled review date:	December 31, 2012 (every two years)
Primary contact:	Manager, General Accounting

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 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**. Labor adjustments must be made in the Labor Distribution System (LDRS) and not in the Financial Management System (FMS). The only exception to this requirement is the National Institute of Health labor adjustment over the cap. Labor adjustments are subject to the same requirements set forth in this 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.

Policy

A resource adjustment must meet the following criteria:

- Necessary
- Appropriate
- Timely
- Fully documented and justified

Criteria Definitions

Necessary: A resource adjustment is necessary when any of the following circumstances apply to the original charge:

- Charged to an intermediate cost objective and need to be re-allocated to a final cost objective (e.g., distribution of recharges).

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- Coded improperly, thereby charging an incorrect project, suspense/dropout project, or an incorrect or inappropriate resource category.
- A justifiable, documented and appropriate decision was made to change the project for which a resource was to be allocated because the resource has a more appropriate causal or beneficial relationship to another project(s).

Appropriate: A resource adjustment is appropriate when effort and/or 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, sponsor agreements, the Federal Acquisition Regulation (FAR) and the Department of Energy Acquisition Regulation (DEAR).

Timely: Resource adjustments made in either the Financial Management System (FMS) or the Labor Distribution System (LDRS) should be completed within three (3) months of the original entry. Supporting documentation for resource adjustments that exceed three months to complete must explicitly include the reason(s) for exceeding this time period.

Documentation and Justification: Appropriate justification and documentation is required for each resource adjustment. A specific explanation and rationale for the purpose of the resource adjustment must be included.

A *single* resource adjustment journal or LDRS key number is not to be used for *multiple* purposes. For example, one resource adjustment should not encompass several entries on several journal lines for different reason or rationale. A separate resource adjustment with a separate GL journal ID or LDRS key number should be entered for each distinct reason.

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

- Provide support for computations on each entry (amount) listed on the resource adjustment
- Display all of the project ID numbers involved
- Adequately explain why an adjustment is necessary and/or appropriate; to include why the original entry was incorrect and no longer appropriate and why the adjustment is more appropriate

And, as applicable:

- Show that both employees (excluding GSRAs and contract labor) and supervisors have concurred or not objected to changes and corrections to their time and effort
- Display all necessary division and cross-divisional approvals (see Approval Criteria below)

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Employees, supervisors and/or designated work leads must concur to changes and corrections to their certified time, whether accomplished through LETS or labor resource adjustments. Corrected timesheets or communication (e.g. e-mail notification) for labor resource adjustments and clearance of labor charges from dropout projects must be sent to the employee and their supervisor for concurrence. In the event the appropriateness of a corrected timesheet is questioned either by the employee or their supervisor, the Controller's Office is available to assist in the determination.

Examples of (2) appropriate justifications for resource adjustments and (2) specific types of documentation that might be used to support resource adjustments are included in Attachment A.

Journal Entry Input

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.

Record Retention

All documentation is subject to audit and must be retained for **six 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

Resource adjustments of **\$5,000** or more (including labor adjustments processed in HRIS) **require approval** from a designated approver. The approver of a resource adjustment exceeding the approval threshold cannot also be the preparer. Threshold limits are located in the [Signature Authority System \(SAS\)](#).

The value of a resource adjustment is equal to the **total** of all its debits **or** credits for the unburdened value of the costs **being transferred** from one project ID to one or more projects.

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 HRIS or FMS 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.

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Resource adjustments for amounts under the approval threshold must adhere to the same documentation and justification standards; however, supervisory approval is not required.

Approver Criteria

Division Directors are responsible for designation of authorized persons to review and approve adjustments in the Divisions.

The designated approver must have signature authority appropriate for the total amount of the resource adjustment.

The designated approver is responsible for ensuring that the resource adjustment meets the criteria as stated in this policy (i.e., necessary, appropriate, timely), including adequacy of the documentation).

Where practical, an original approval signature will be obtained for any resource adjustment 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.

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 (Budget Office). Once approved, subsequent approvals for resource adjustments made in the current year are not required.

Contacts

- Manager, General Accounting
- 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 project identification number used to accumulate, manage and report costs associated with individually funded activities at the Laboratory.
- ***Resource Adjustment***: An online process in which to transfer costs or labor effort from one LBNL project or account to another.
- ***LDRS Key Number***: A number that is generated by the LDRS system that equates to a specific labor distribution transaction. It is used as an identifier to make a labor adjustment.

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Attachment A

Examples of Justifications for Resource Adjustments

Necessary and Appropriate	Inappropriate
<ul style="list-style-type: none">• Clearing charges to dropout projects to the benefiting project.• Changes in the use of goods/services.• Recharges or other periodic redistribution of shared costs.• Re-distributing shared costs to benefiting projects using a more appropriate allocation base.• Accommodating a sponsor-initiated change in funding specifications such as a B&R recast or a new WFO contract number or desire by a sponsor for a more detailed breakout of expenditures among sub-projects.• DOE-mandated adjustments.	<ul style="list-style-type: none">• Transferring costs to a non-benefiting project.• An adjustment that misclassifies costs in the receiving project. Example: Charges to an inappropriate resource category.• Transferring costs from an overcosted project to another unrelated project/funding source, which received no benefit from the effort or costs.

Examples of Documentation to Support Resource Adjustments

Labor Adjustments

- Employees, supervisors and/or designated work leads must concur to changes and corrections to their certified time, whether accomplished through LETS or labor resource adjustments. Corrected timesheets or communication (e.g. e-mail notification) for labor resource adjustments and clearance of labor charges from dropout projects must be sent to the employee and their supervisor for concurrence. In the event the appropriateness of a corrected timesheet is questioned either by the employee or their supervisor, the Controller's Office is available to assist in the determination.
- 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

- Documentation of advance authorization from Office of the CFO (Budget Office) for the methodology used to regularly allocate or re-distribute shared costs.
- Computations showing the basis for each allocation distribution of cost using an equitable allocation base (usually that approved by the Budget Office) representing a beneficial relationship (e.g., hours of service provided, number of employees benefiting, square feet of space occupied, etc.).

Financial Policies and Procedures Manual

Non-Labor Resource Adjustments (generally changes in the use or benefits of purchased goods/services)

- Obtain documentation of original entry.
- Indicate the service or materials/equipment to which the cost is related.
- Documentation that supports the specific reason as to why the original entry was incorrect or no longer appropriate and why the adjustment is more appropriate..

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.



Signature Authority for Financial Transactions

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	September 1, 2005
Revision date:	October 20, 2009
Revision number:	4
Scheduled review date:	October 20, 2011 (every two years)
Primary contact:	Manager, General Accounting

Summary

The purpose of this policy and procedure is to define the roles and responsibilities of Laboratory and/or UC employees who have been designated as 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 and/or UC 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 individuals with signature authority and submit an updated list to the Controller.

Individuals 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 and/or UC employees** with signature authority by personally signing the required document or personally endorsing their approval online (if appropriate). Additionally, individuals with signature authority may only approve financial transactions within their authorized dollar limit.

Individuals 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 individual or the University of California.

Signature Authority Limits

Signature authority and corresponding approval limits is to be granted by the individual's Division and must have formal approval by the appropriate Division management via the [Delegation of Signature Authority form](#).

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 individual with signature authority.

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.

Financial Policies and Procedures

Department Transfers or Changes in Responsibilities

If an employee transfers to another Department or Division, an updated [Delegation of Signature Authority form](#) must be submitted to the Controller's Office by the **new (receiving) Department or Division**, indicating any change in signature authority limits if warranted. A copy of the completed form should also be kept on file by the new Department/Division delegating the signature authority.

Training Requirement

In addition to submitting the [Delegation of Signature Authority form](#) to the Office of the CFO, **new signatories** must complete an online training course prior to obtaining signature authority in the SAS (see [Laboratory Signature Responsibility Training](#)).

Authority

- [UC Delegation of Authority \(DA\) 2100](#)

Contacts

- Manager, General Accounting
- General Accounting SAS Administrator

References

- [Delegation of Signature Authority form](#)
- [Signature Authority Guidelines](#)
- [Laboratory Signature Responsibility Training](#)

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 and any UC employee who has been granted signature authority at 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.

Financial Policies and Procedures

- ***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.



OCFO
LAWRENCE BERKELEY NATIONAL LABORATORY
Office of the Chief Financial Officer

OFFICE OF
SPONSORED PROJECTS & INDUSTRY PARTNERSHIPS

FREQUENTLY NEEDED INFORMATION | GRANTS.GOV | CALENDAR | OMBUDS

OSPIP Google Search:

Welcome to OSPIP

The Office of Sponsored Projects and Industry Partnerships (OSPIP) is the institutional organization responsible for submitting proposals and accepting awards from non-DOE sponsors. All proposals and awards for sponsored research must be processed through OSPIP. The Department's Contract Officers have been delegated authority from the Lab Director to submit proposals and negotiate and accept awards in accordance with [UC policy](#).

The OSPIP web site offers our customers information and forms for the Work for Others (WFO), Cooperative Research and Development Agreement (CRADA) and User Agreements Programs at LBNL. In addition, proposal forms required for Gift acceptance and working with other DOE Laboratories can be found in this site.

The Internal Resources section is password protected and is intended only for internal use by the Office of Sponsored Research and Industry Partnerships staff.

NEW DATE!

The Next OSPIP Process Meeting
Has been changed to
July 28, 2011

Effective Immediately

9-Digit Zip Codes REQUIRED by Grants.gov

Grants.gov forms will only accept full zip codes (five+ four). LBNL has 128 separate +4-digit zips based on buildings and mailstops. For example Mail Stop 46RO125's full zipcode is 947208202.

[Go here for more information.](#)



The diagram illustrates the 'Sponsored Research Proposal Life Cycle' as a circular process. It consists of six stages connected by arrows in a clockwise direction: Search for Funding, Proposal Preparation, Proposal Submission, Award, Post Award/Closeout, and back to Search for Funding.

- About Us
- Doing Business with LBNL
- Funding Opportunities
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- Proposal Preparation
- Proposal Submission
- Award Negotiations
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Page Last Updated 6/28/11

[Privacy & Security Notice](#) | [LBNL Home](#) | [LBNL A-Z Index](#) | [LBNL Phone Book](#) | [LBNL Search](#) | OSPIP: 1 Cyclotron Rd., MS: 971-SP, Berkeley, CA 94720-8047



Stop Work Process For Funds Control Compliance

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	January 1, 2007
Effective date:	December 31, 2009
Revision number:	1
Scheduled review date:	December 31, 2011 (every two years)
Primary contact:	Budget Officer

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.

Procedures

- ***Initial Notification***

A potential funds control violation may be identified by a Division Resource Analyst, Business Manager, Accounts Receivable Manager, Office of Sponsored Projects and Industry Partnerships (OSPIP) 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:

Financial Policies and Procedures

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
OSPIP 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 complete 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 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.

Financial Policies and Procedures

- ***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">• Notifies appropriate parties of potential funds control violation situation as outlined in policy procedures.• Participates on fact finding team.
Division Resource Analyst	<ul style="list-style-type: none">• Participates on fact finding team.• Completes Stop Work Initiation form with Field Operations Manager.
Field Operations Manager	<ul style="list-style-type: none">• Establishes and facilitates fact finding team.• Completes Stop Work Initiation form with Division Resource Analyst.• Distributes completed form as outlined in policy procedures.
Budget Office Analyst	<ul style="list-style-type: none">• Participates on fact finding team.• Reviews completed Stop Work Initiation form.
Accounts Receivable Manager (if applicable)	<ul style="list-style-type: none">• Participates on fact finding team.
SPO Contracts Officer (if applicable)	<ul style="list-style-type: none">• Participates on fact finding team• Notifies WFO sponsor of Stop Work implementation, if applicable.
Business Manager	<ul style="list-style-type: none">• Participates on fact finding team.• Reviews Stop Work recommendation with Division Director, if applicable.
CFO Budget Officer	<ul style="list-style-type: none">• Reviews Stop Work recommendation with Chief Financial Officer, if applicable.
Chief Financial Officer	<ul style="list-style-type: none">• Reviews Stop Work recommendation with Division Director, if applicable.• Notifies team of Stop Work concurrence, if applicable
Division Director or designate	<ul style="list-style-type: none">• Implements Stop Work, if applicable.

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

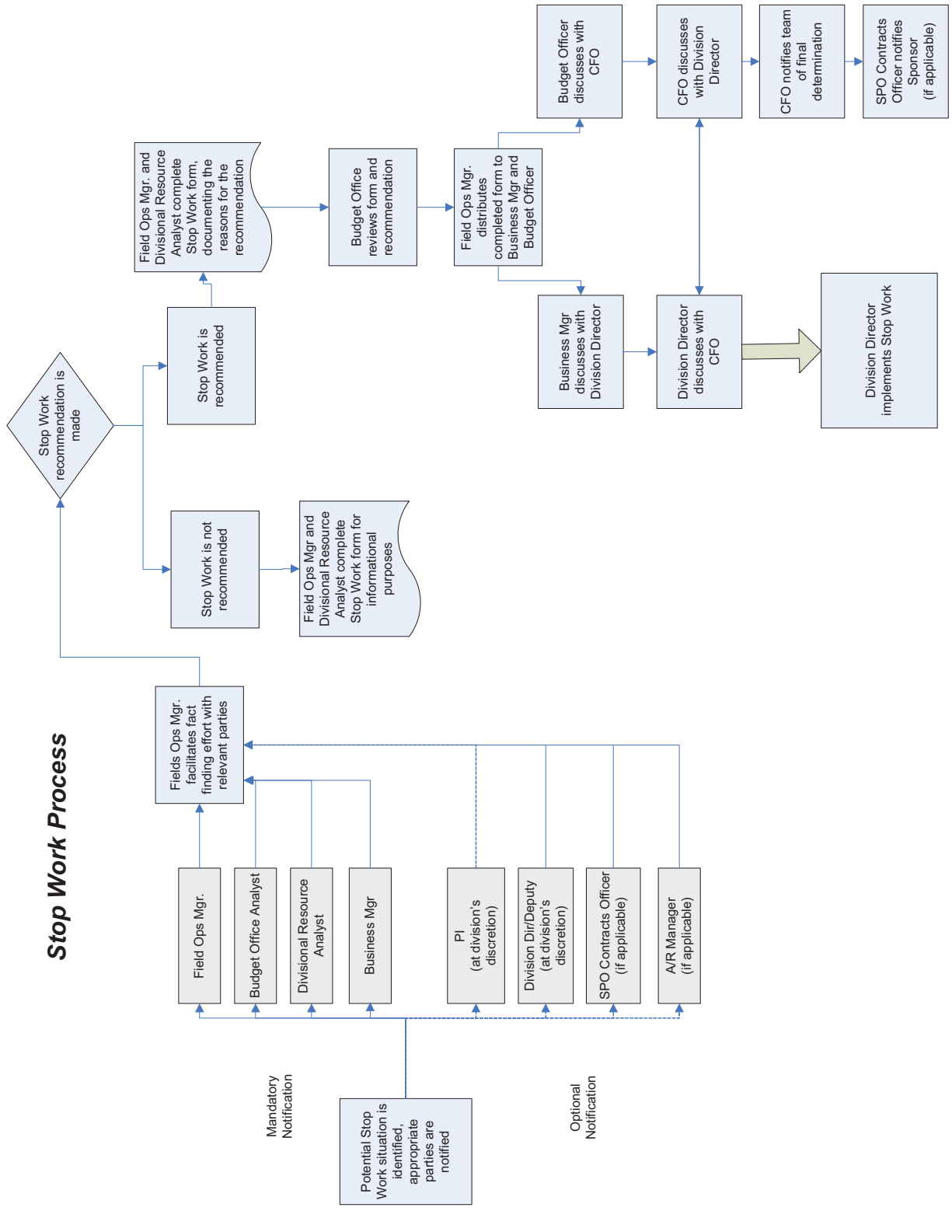
- Field Operations Manager
- Budget Officer

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

Stop Work Decision Tree Flow Chart



Financial Management of Technology Transfer Courses

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	December 15, 2005
Revision date:	December 15, 2009
Revision number:	2
Scheduled review date:	December 15, 2011 (every two years)
Primary contact:	Manager, Contract Accounting

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 via a transfer of funds by General Accounting.

Allowable Costs

- Laboratory scientific and support staff labor required to develop, administer, and present the course.

Financial Policies and Procedures Manual

- Recharges associated with holding the event on-site (e.g., space rental, conference services, facilities support, computer support, and others).
- 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.

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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.

Procedures

Division

- Ensures 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, charges costs of conducting the course to the project.
- Tracks the course's income and expense, and strives to assure that costs equal revenue.
- When all conference revenues and expenses are recorded, notifies Conference Services that the conference is ready for close-out.
- Prepares 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.
- Sets up a Project ID beginning with "18493C" in FMS. Notify Conference Services of the new project.
- Determines whether it is the Division or the Institution that will receive the major benefit from the course. The project is assigned the appropriate Department ID based on this determination.
- Ensures the Budget Office opens the project.

Financial Policies and Procedures Manual

Conference Services

- Works with the Divisions to formulate budget for the course.
- Reviews and approves the [Course Request & Authorization form](#)
- Once a Project ID is opened by the Budget Office, prepares the registration website and forwards the website URL to the Division.
- Accepts and processes registration fees.
- Works with the Divisions and General Accounting to close-out the course project.

Technology Transfer

- Provides oversight of event activities to ensure the event is important to Laboratory programs and consistent with the Laboratory's mission in technology transfer.
- Reviews the [Course Request & Authorization form](#) and provides approval notification to Conference Services and the Division via e-mail.

General Accounting

- Receives and processes registration fees from attendees in FMS through the RegOnline web based service utilized by the Laboratory.
- After the course is completed and all related invoices are paid, determines in conjunction with Conference Services 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.
- Closes the project after the final resource adjustment is made.

Authority

- Department of Energy (DOE) Contract 31

Financial Policies and Procedures Manual

Contacts

- Manager, Contract Accounting
- Licensing Manager, Technology Transfer Department
- Manager, Indirect Budgets
- Financial Policy Office

Related documents

- [Cost Allowability Policy](#)
- [DEAR 970.5227-3 –Technology Transfer Mission](#)



WN Funding Requests

**Lawrence Berkeley
National Laboratory**

Financial Policies and Procedures

Part I

Originally issued: January 31, 2005
Revision date: December 31, 2010
Revision number: 2
Scheduled review date: December 31, 2012 (every two years)
Primary contact: Manager, Direct Budgets

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 in advance. This policy allows the Budget Office and the Deputy Director 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 advance payment, which are typically State and Local Governments. All requests will be reviewed and approved by the Budget Office on a case by case basis.
- Non-Federal entities other than a State or Local Government will need to be reviewed and approved by BSO/DOE.

Approval Process and Criteria

Requests for WN that are included in the DOE Field Budget submission process which is done two years prior to being 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.

- If a request is received after the current year's ceiling has been expended it may be funded by using carryover funding. Provided that there is carryover funds available the request will be approved based on funds availability and institutional needs.

Requests for WN that are not included in the DOE Field Budget Submission process will be approved based on funds availability and institutional needs.

- The Deputy Director has authorized the Budget Office to approve individual requests based on the availability of funds.

Financial Policies and Procedures Manual

- Requests for WN can be approved prior to having a signed contract in place but the approval is only valid for six months. If it takes longer than six months to get the contract signed 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:

Signor	Authorization/Description
Principal Investigator	Formal requestor
Business Manager	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. Dependent on the amount of funds available the Deputy Director may be required to review and approve.
Deputy Director for Operations (or designate)*	Allocation of WN Funds Authority is appropriate.

* The Budget Office will review each request and forward to the Deputy Director for approval as necessary.

Procedures

Roles and Responsibilities

Resource Analyst

- Prepares and completes the WN Funding Request Form. Works with the Budget Office if there is any question on whether or not the sponsor meets the criteria.
- Coordinates and obtains the required signatures, the form must be signed by the Principal Investigator and Business Manager.
- Upon project completion, the Division Resource Analyst will notify the Budget Office of any unexpended funds.

Financial Policies and Procedures Manual

Office of Sponsored Projects and Industry Partnerships (OSPIP) Contracts Officer

- Reviews and signs the request form.
- The request form is forwarded to the Budget Office for review and approval with a copy of the state statute, which states that the sponsor is prohibited from paying in advance.

Budget Office

- The request form is reviewed.
- Coordinates approvals (if applicable) from BSO* and the Deputy Director.
- Informs the Resource Analyst and the OSPIP Contracts Officer whether the request has been approved by the Budget Office or sent to the BSO* or the Deputy Director for approval. The OSPIP Contracts Officer will be informed by e-mail upon final approval.
- Any unexpended funds are to be released to the Budget Office and will be utilized based on institutional needs.

* BSO only approves appropriateness of sponsor, not the allocation of WN Funding Authority.

Authority and Contacts

- BSO (DOE Berkeley Site Office)

Glossary

- **B&R:** Budget and reporting code.
- **BARC:** Budget and reporting classification.
- **BSO:** DOE Berkeley Site Office.
- **Field Budget Submission:** 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.

Financial Policies and Procedures Manual

- **Non Federal entity:** An entity that is not part of the Federal Government.
- **WN:** Cost of the Work for Others program under the Office of Management, Budget and Evaluation Assistant Secretary.
- **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

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

Originally issued:	December 31, 2004
Effective date:	November 22, 2010
Revision number:	3
Scheduled review date:	December 31, 2012 (every two years)
Primary contact:	Budget Office, Indirect Budget Manager

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. The annual funding of this program is 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. The actuarial study does not account for claims incurred but not reported (IBNR) because of DOE's prohibition against recognizing contingencies. The practice of not accounting for IBNR claims can contribute to under-funding the workers' compensation plan and result in deficits.

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 Laboratory's recent history of actuarially determined deficits and surpluses.

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, retraining, and medical care to an employee who is injured or contracts a disease within the course and scope of employment.



Business and Financial Systems User Access Control

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	December 17, 2007
Effective Date:	November 19, 2010
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Scheduled review date:	December 17, 2011 (every year)
Primary contact:	Deputy, Chief Financial Officer

Summary

The objective of this policy is to define the policy and procedures for managing OCFO business and financial system user access controls.

Policy

The Office of the Chief Financial Officer (OCFO) is responsible for managing the secure stewardship and control of its business and financial systems. This includes maintaining clearly defined roles and permissions, setting up and managing user accounts, and ensuring that users' access privileges and assigned roles are approved and consistent with business need.

The OCFO employs this policy and a variety of security enforcement mechanisms for controlling system user access. Consistent with LBNL Regulations and Procedures Manual ([RPM](#)) §9.01, [Paragraph E, Information and Computer Security Responsibilities](#), these controls are established to ensure that data resident in systems are sufficiently protected from unauthorized use, alteration, and manipulation, and that users, data owners and system owners take appropriate precautions to secure business and financial systems and the data contained therein.

Division Managers and Supervisors are responsible for communicating changes in employee job responsibility and/or employment status to the OCFO System Module Owner, Business Systems Manager or designee. For some OCFO systems, such as the PeopleSoft Financial Management System, the Laboratory's Termination Notification System (TNS) automatically locks the user's account preventing further system access when an employee is terminated.

The OCFO employs a risk-based approach to conducting regular reviews and validations of users' system access.

Procedures

Roles & Responsibilities

Business Systems Analysis Manager or Designee

- Manages the OCFO business and financial system user access program consistent with this policy.
- Ensures that changes to a user's access and privileges are authorized by the user's manager or supervisor.
- Supports system module owners in defining and documenting requirements for basic and enhanced user access and privileges. Where changes are required, communicates functional requirements to the IT Business Systems unit.
- Conducts and/or coordinates regular reviews of user access and privileges as defined in the attached Risk Based User Access Program.
- Establishes the time limit for automatic application time-outs and communicates these parameters to IT.
- Manages the use of [anonymous accounts](#).

OCFO System Module Owner or Designee

- Working with the Manager of Business Systems Analysis or designee, defines requirements for user access and privileges related to a specific module. For user roles that provide enhanced user access, the system module owner establishes access criteria such as completion of specific skills training, appropriate job titles or other criteria consistent with business need.
- Identifies roles which are incompatible due to potential conflict of interest requiring separation of functional duties/responsibilities. Working with the Manager of Business Systems Analysis or designee, ensures that no user has access to multiple roles which, when assigned to the same user, create a potential for conflicts of interest.
- Reviews and approves requests for enhanced user access. 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 applicable, manages user access to Division specific (i.e., row-level) information.

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- Periodically reviews and, as necessary, requests changes to basic and enhanced system access and privileges consistent with business requirements.
- Participates in regular user access reviews to help confirm user access and privileges.

Supervisors of System Users (including employees and/or guests)

- Requests enhanced user access via email from the System Module Owner (or designee), consistent with business need. Ensures that access pre-conditions and criteria (such as completion of specific skills training) are completed by the new user.
- If a user's assigned job responsibility, organization or other condition changes, assesses whether a change to the user's systems access or privilege level is required. If so, requests this change via email from the System Module Owner (or designee).

ITBS (IT Division Business 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 regular access reviews and confirms access and privileges assigned to ITBS staff.
- Maintains the time limit for automatic application time-outs based on input from Business Systems Analysis Manager.

Authority

- LBNL [RPM Section §9.01, Computing and Communications](#)
- OCFO [Business System Ownership](#) policy

Related Documents

- [Risk Based Review - Categories, Criteria and Review Cycle](#)

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Contacts

- Manager, OCFO Business Systems Analysis

Glossary

- **Anonymous accounts: System accounts** established to run background processes and/or to test and maintain system capabilities.
- **Enhanced user access:** Additional access to system capabilities which provide read/write permissions and/or read access to sensitive information.
- **System module owner:** Functional manager with assigned responsibility for a system component consistent with the OCFO [Business System Ownership](#) policy.
- **User:** Individual employee, guest or system process authorized to access an information system.



Requests for Issuance of Check (RFIC)

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	March 1, 2009
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Scheduled review date:	March 1, 2013 (every two years)
Primary contact:	Manager, Accounts Payable

Summary

This policy provides guidelines for payments to Laboratory employees and/or third parties for allowable goods and services using the Request for Issuance of Check (RFIC) process.

This policy is applicable to all Laboratory staff seeking payment through the RFIC process. The RFIC process may not be appropriate in all circumstances.

Policy

This policy applies to requests for payments of allowable goods and services that meet the requirements of the Federal Acquisition Regulations (FAR), Subpart 31.201-2, *Determining Allowability (FAR 31.201-2)*, as supplemented by specific clauses in DOE Contract 31DEAR Subpart 970.31, *Contract Cost Principles and Procedures (DEAR 970.31)*.

Prior to making any purchase, refer to the Procurement Department's [Step-By-Step Buying Guide](#) which outlines the Laboratory mechanism for procuring goods and services, including:

- eBuy
- B2B
- Division PCard
- ePro

If an item is available through any of these mechanisms, the purchase should be made using that method. In addition, the following lists provide further information on the Laboratory Procurement process:

- [Employee-Vendor Conflict of Interest](#)
- [Restricted Items](#)
- [Sensitive Items](#)

RFIC purchases that could have been made using one of the methods in the [Step-By-Step Buying Guide](#) may be considered an unauthorized commitment (see Procurement Standard Practices policy 1.3 [Ratification of Unauthorized Commitments](#)).

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If the following conditions are met, the use of an [RFIC](#) form to request payment for goods and services is appropriate and reimbursable.

- Goods or services not directly billable to the Laboratory on a Purchase Order, or obtainable through eBuy, B2B, or the Division PCard programs.
- Purchase is consistent with the [Cost Allowability](#) Financial Policy requirements outlined in §11.23 of the OCFO Policies; which requires that costs incurred be both reasonable and allocable.

The following provides examples of purchases where the use of the RFIC form is generally appropriate; it is not intended to be a comprehensive list.

- Annuitant/workers' compensation payments to UC (via CFO Office)
- Books/journals/subscriptions
- Food service (Lab-hosted meetings or conferences)
- Legal/attorney fees (via Laboratory Counsel Office)
- Local lodging (direct bill) for guests-include Travel approval
- Meetings or conferences - Registration fees (include trip no.)
- Memberships/dues/licenses
- Passport and visa fees (backup documentation maintained via the Laboratory IRSO Office)
- Phone charges, internet service
- Publishing charges
- Supplies

Procedures

Completion of the RFIC Request

1. Use the most current version of the [Request for Issuance of Check](#) form
2. Do not place Personally Identifiable Information (PII) on the form. PII includes:
 - a. Social Security numbers
 - b. Financial account numbers
 - c. Driver's license numbers
3. Sufficient documentation must be submitted to support the request. Documentation is considered sufficient when it includes vendor name, item description, price, quantity, sales tax (if applicable), payment method and delivery address.

For event-related costs (e.g., food service, transportation services, or room rentals), an event ID must also be provided. Incomplete RFICs or the use of an outdated form will result in the RFIC being returned to the Requestor.

Approvals

An RFIC must include the appropriate approval from the issuing Division/Department. The RFIC approver must be included in the Laboratory's [Signature Authorization System \(SAS\)](#) and cannot be the same individual as the payee.

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Payments related to joint arrangements/multi-participant projects which exceed \$25,000, require the Purchasing Manager and the Controller's approval.

Required IRS and State Forms

Prior to issuing RFIC payments, the Accounts Payable Department must have up-to-date tax reporting information on file. The following forms are required and can delay the payment process until received:

- LBNL W-8 Substitute - Foreign Vendor Registration **or** LBNL W-9 Substitute - Domestic Vendor Registration
- California State Withholding Exemption Certificate - Form 590 (CA Resident) **or** Form 587 (CA Nonresident)

Contact the Accounts Payable vendor desk (vendordesk@lbl.gov) to determine if the required forms from the IRS and State are already on file for a specific vendor.

Roles and Responsibilities

Division Staff

- Reviews the RFIC policy to determine if the item qualifies for payment using an RFIC form.
- Completes the RFIC form, including the appropriate approvals. The approver must be granted an appropriate level of signature authority in the Laboratory's [Signature Authorization System \(SAS\)](#).
- Submits the RFIC form, with appropriate documentation for payment; i.e., original itemized receipts or itemized invoices that include vendor name, item description, price, quantity, sales tax (if applicable), payment method and delivery address. Summarized receipts or invoices are not acceptable.

Accounts Payable

- Reviews the RFIC form and supporting documentation
- Obtains vendor payee tax information from the payee, if warranted
- Obtains CFO approvals, as appropriate
- Prepares payment

Related Documents

- [Conflict of Interest Policy](#)
- [Cost Allowability Policy](#)
- [Employee-Vendor Conflict of Interest List](#)
- [Food and Beverage Policy](#)

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- [Meetings \(Lab-Hosted\) Policy](#)
- [Offsite Training Request Form](#)
- [Restricted Items List](#)
- [Request for Issuance of Check Form](#)
- [Sensitive Items List](#)

Contacts

- Manager, Accounts Payable

Glossary

- **eBuy:** LBNL's electronic commerce ordering system for purchasing low-value pre established catalog items without going through the Procurement Department.
- **B2B:** Business to business electronic commerce that allows direct purchasing via a catalog through a designated web site, filling in an on-line order form or by sending the supplier a standard fax form without going through the Procurement Department.
- **Conflict of Interest:** Contract 31, Clause I.66, Organizational Conflicts of Interest, ensures 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 under the Contract.
- **ePro (eProcurement):** An online ordering source which is part of PeopleSoft/Oracle Financial Management System (FMS) and is used for processing the Laboratory's purchases via the Procurement Department.
- **Division Pcard:** LBNL issued credit card used to Division Representatives for the purpose of purchasing low-value purchases as allowed by Procurement policy.
- **Restricted Item:** An item that has been prohibited for purchase per contract with DOE. These items require additional justification and are only authorized through procurement.
- **Sensitive Item:** Items that require special control and accountability, regardless of value, due to susceptibility of unusual rates of loss, theft, misuse, national security and export control considerations. These items include, but are not limited to, weapons, ammunition, explosives, classified property, laptops, computers, personal digital assistants, other information technology equipment and removable components with memory capability.



Financial Management of Interlocation Appointments (ILAs) for LBNL Employees

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part 1

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Primary contact: ILA Analyst/Budget Officer

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Summary

The purpose of this policy is to provide financial guidance for Interlocation Appointments. An Interlocation Appointment is a non-Lawrence Berkeley National Laboratory (LBNL) appointment of LBNL personnel to perform work at other organizations such as the federal government, state or local governments, institutions of higher learning, Native American tribal governments, and other eligible non-federal "other organizations," including federally funded research and development centers.

Interlocation Appointments include Multi-Location Appointments (MLAs), Intergovernmental Personnel Act assignments (IPAs) and Interjurisdictional Employee Exchanges (IJE).

This policy excludes Work for Others (WFO) projects ([see Glossary](#)) and, in some cases, when the appointment is covered by a UC collective bargaining agreement (e.g., lecturer).

Policy

Appointment Types

This policy applies to the appointment types reflected on the following table:

Appointment Type	Project Type	Host Institution	Length of Appointment	Eligibility Criteria	Host Reimbursement
Multi-Location Appointment	MLA	University of California (UC) institution other than LBNL Used throughout the UC system to facilitate the ability of employees at one institution to perform work at another institution	May be either short or long term duration	Non-Faculty employee classification	Salary (direct effort) and payroll burden only
Intergovernmental Personnel Assignment	IPA	U.S. federal government agencies	Up to 2 years, but may be extended for an additional 2 years	Employed at least 90 days in a Career employee classification	Salary (direct effort), payroll burden, & travel per diem or relocation as negotiated with agency
Interjurisdictional Employee Exchange	IJE	State of California agencies	Not to exceed 4 years		Salary (direct effort), payroll burden, & travel per diem or relocation as negotiated with agency

Nature of the Appointment

An interlocation appointment is an arrangement under which an employee is assigned or loaned to another institution to perform work at a specified percentage of effort (which may range from 1% to 100%), for a specified duration, at a specified cost. (See [Glossary](#) for information on the intent of each appointment type.)

The purpose of an ILA is to maintain continuity of an LBNL employee's UC employment history and benefits coverage, when the individual performs work at more than one eligible institution, with no break in service. An ILA cannot be used to circumvent the Work for Others (WFO) program or to reduce costs for the host institution.

While performing ILA work, the LBNL employee works under the auspices of the host institution, takes direction from the host institution supervisor, uses the host institution's resources and facilities to perform the work, and is considered a contract worker for the host institution. As defined in Contract 31, Clause I.115 (h), "Government property shall be used only for the performance of this contract." Therefore, LBNL facilities, property or resources cannot be used in the execution of a non-LBNL appointment.

The agreement between LBNL and the host institution is limited to provision of the employee's effort on the interlocation appointment only. LBNL is not responsible for meeting work goals, deliverables, and/or managing the employee's performance on the appointment. Attribution of work performed by an LBNL employee on an interlocation appointment is to the host institution.

LBNL approval of the appointment is contingent upon the needs of the employee's LBNL work unit and may include a revision of the employee's LBNL duties and responsibilities for the duration of the ILA assignment. During the term of the appointment, the work for the host institution should not interfere with the employee's LBNL work assignment.

Financial Considerations

As the appointment represents work in support of another institution, at no time may DOE funds be used for costs associated with the appointment. There should only be one appointment per authorized assignment agreement and only one LBNL project per appointment.

- No work may begin prior to receipt of an authorized assignment agreement (see [Appendix A](#)).
- An authorized assignment agreement can take up to 30 days or more to finalize; therefore, all new or renewal ILA requests must be submitted to the LBNL ILA Office, thirty (30) days in advance of the appointment's anticipated start date.
- An authorized assignment agreement is effective upon the receipt of appropriate, complete documentation from the host institution and appropriate LBNL approvals.

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- Monthly invoices will be generated by LBNL and submitted to the host institution for payment.
- LBNL will notify the host institution if cost changes associated with the ILA occur (i.e., changes to employee's salary rate and/or changes to LBNL's payroll burden rate).
- At the end of the appointment term, once the project costs are finalized, a final invoice will be sent to the host institution. The project will be closed in LBNL's Financial Management System (FMS).
- Indirect costs are assessed on any MLA/IJE/IPA in accordance with the current [Non-WFO Burden Matrix](#).
- Travel expenses related to an IJE or IPA will be handled as negotiated in the authorized assignment agreement.
- Coordination of travel or reimbursement for travel expenses associated with an MLA is to be handled directly between the employee and the UC institution (see [Intercampus Travel Expenses](#)).

Roles and Responsibilities

LBNL Employee

- Obtains LBNL supervisor and LBNL Division Director or designee concurrence that the ILA assignment is not a WFO activity (see [Appendix A](#)) and does not conflict with the employee's other LBNL work assignments.
 - For MLAs only - review MLA Decision Trees (see [Appendices B and C](#)) to determine if appointment meets specified criteria.
 - If the appointment is for scientific staff and does not match criteria outlined in 2nd or 3rd tiers of the Scientific Staff – MLA Decision Tree (see [Appendix B](#)), decide if institutional benefit exists (Appendix B, 4th Tier). If institutional benefit can be proven, provide written justification to the LBNL ILA Office for the LBNL Deputy Director's consideration.
- Identifies off-site work location, and confirms that LBNL facilities, property or resources will not be used in the execution of the appointment.
- Completes and signs the LBNL [Interlocation Appointment Request Form](#). Submits the form to the LBNL Division Resource Analyst.
- Ensures work does not begin on the ILA assignment until notified by the LBNL ILA Office that the authorized assignment agreement has been received and approved.

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- At the direction of the LBNL ILA Office, confers with LBNL's Third Party Tax Consultant for possible income tax implications prior to accepting an IPA assignment.
- Charges wage expense via the Laboratory Electronic Time Entry System (LETS) and other budgeted costs to a specified, appropriate project over the term of the appointment.
- Submits to the LBNL Travel Office IJE/IPA related travel reimbursement requests (for per diem, relocation costs, and/or meeting expenses), as negotiated in the authorized assignment agreement.
- Performs the assignment in accordance with the terms of the authorized assignment agreement. Informs the LBNL Resource Analyst if any contract term requires revision.
- Provides the LBNL supervisor, LBNL Division Director or designee and LBNL Division Resource Analyst with advance notice if a request to extend the appointment term is likely.
- Notifies the LBNL Payroll Office if the ILA assignment requires work to be performed outside of California for 40 hours/5 days (or greater) per month.

LBNL Division Resource Analyst (RA)

- Notifies the LBNL ILA Office and LBNL Human Resources Center of a possible new ILA assignment, as soon as knowledge is available.
- Reviews the [LBNL ILA Request Form](#) and determines the appropriate contract value and sixty (60) day [bridge funding](#) estimate for the ILA assignment. Signs the [LBNL ILA Request Form](#) after conferring with the Division Director or designee to determine that the cost estimates are reasonable.
- Coordinates the home institutional approvals and submits the [LBNL ILA Request Form](#) to the LBNL ILA Office for processing.
- After receipt of notification from the LBNL ILA Office that the ILA project has been established in the LBNL Financial Management System (FMS), initiates the following:
 - Reviews the project setup panels for accuracy
 - Changes the project status to "request"
 - Informs the supervisor and the employee of the project identification number in which to charge effort and expenses
- Ensures the employee's LBNL Timekeeper is aware of the appointment so that the employee can appropriately report ILA efforts in LETS.
- Reviews the monthly ILA Status Report to ensure the activity identified meets the terms of the PO (i.e., period of performance and contract value).

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- Works with the LBNL Accounts Receivable (AR) Office and the LBNL ILA Office to ensure outstanding receivables plus the bridge funding estimate remains a positive balance.
- Notifies the LBNL ILA Office of changes to employee's salary rate, percent of effort or contractual terms.
- Provides financial details or reports to the host institution, when requested.
- Assists the LBNL AR Office with delinquent payment issues, as requested.
- Notifies the LBNL AR Office and LBNL ILA Office of the award close out.

LBNL Supervisor

- Reviews the terms of the ILA assignment and discusses with the host institution, as necessary.
- Confirms in consultation with LBNL Division Director or designee that the assignment does not conflict with any of the employee's LBNL assignments and is not a WFO activity (see Appendix A).
- Ensures the assignment does not begin prior to receipt of confirmation from the LBNL ILA Office that authorized assignment agreement has been received and approved.
- Ensures the employee reports their effort in LETS in a timely manner.
- Ensures the employee evaluation is completed by the merit deadline, receiving input from the supervisor at the host institution.
- Approves the [LBNL ILA Request Form](#) for submission to the LBNL Division Director or designee.

LBNL Division Director or Designee (limited to Deputy Director or Business Manager)

- Confirms, in consultation with the supervisor and the employee, that the proposed ILA assignment does not conflict with any of employee's LBNL assignments and is not a WFO activity (see Appendix A).
- Confirms, in consultation with the LBNL Resource Analyst, that the contract value and bridge funding estimates are reasonable.
- Approves the [LBNL ILA Request Form](#) for submission to the LBNL ILA Office.

LBL ILA Office

- Manages and negotiates all LBNL ILA agreements.
- Functions as a subject matter expert for LBNL HR and financial issues related to ILA assignments.
- Discusses the proposed ILA with the LBNL Resource Analyst/Business Manager or the employee to determine appropriateness and or allowability.
- Assists the employee with negotiating the terms of ILA assignment (i.e., scope of work, period of performance, percent of effort, and contract value).
- Functions as a liaison between the third party tax consultant and the LBNL Division, LBNL Payroll Department, and the employee for possible tax implications related to IJE or IPA assignments.
- Reviews the [LBL ILA Request Form](#) to ensure the following:
 - The proposed ILA assignment is not a WFO activity.
 - An LBNL/Campus union representation issue does not exist.
 - The estimated contract value is consistent with the employee's salary and payroll burden rate, based on percentage of effort and performance period of ILA assignment.
 - The bridge funding estimate is reasonable.
 - The term of the ILA assignment is within the employee's LBNL appointment performance period.
 - Authorized signatures are included.
 - For MLAs only, if the appointment does not match the criteria outlined in the 2nd or 3rd tiers of Scientific Staff – MLA Decision Tree ([Appendix B](#)), consults with the employee regarding the institutional benefit ([Appendix B](#), 4th Tier).
- Coordinates the submission of the [LBL ILA Request Form](#) and the employee's written justification of institutional benefit to the LBNL Deputy Director for a decision (for MLA requests that apply to the 4th tier of Scientific Staff MLA Decision Tree – see [Appendix B](#)).
- Informs the LBNL Division RA or LBNL Business Manager of other forms necessary for submission of the ILA request to the host institution (applies to IJE or IPA assignments only). Prepares and submits formal ILA request to the host institution.
- Consults with LBNL Budget Office and Legal Department on ILA requests that may pose potential conflict of interest risks.

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- Communicates with the host institution to obtain approvals and documentation for authorized assignment agreement.
- Enters the appointment information into the Research Administration Proposal Information Database (RAPID) and generates the award within 24 hours of receipt and approval of the authorized assignment agreement. Notifies the LBNL Division RA when the project has been established.
- Notifies the Budget Office of the bridge funding amount.
- Notifies the appropriate LBNL parties (i.e., employee, supervisor, Division Director or designee, Division RA, or HR Center) of receipt and approval of the authorized assignment agreement.
- Notifies the LBNL HR Center when an employee's work location requires change in the Human Resources Information System (HRIS).
- Notifies the LBNL Travel Department of travel or relocation provisions approved in the authorized assignment agreement (applicable to IJE and IPA assignments only).
- Advises the employee of his/her responsibility to contact Payroll Office when ILA assignment will require work outside of California for 40 hours/5 days (or greater) per month.
- Manages the initial and subsequent changes to terms from the initial agreement (i.e., change orders, RAPID updates, and bridge funding estimates).
- Ensures the employee is kept "whole" in terms of service credit, health and welfare benefits and applicable accruals and leaves (i.e., vacation, sick, and LBNL paid holidays).
- Develops and cultivates business contacts with the host institutions.
- Reviews the monthly ILA Appointment Status Report.
- Assists the LBNL Division and LBNL AR Department with troubleshooting payment issues.

LBNL Human Resources Center (HR)

- Notifies the LBNL Division RA and the LBNL ILA Analyst of any personnel issues (i.e., appointment, salary changes, etc.).
- Prepares a Personnel Action Form (PAF), when appropriate.
- Files a copy of the authorized assignment agreement in employee's personnel file.
- Ensures the employee's performance evaluation is completed by the supervisor, including input from the host supervisor during the temporary assignment. Ensures the employee is eligible for a scheduled merit increase.

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LBNL Budget Office

- Reviews the project for appropriate burden treatment and opens the project in the LBNL Financial Management System (FMS).
- Reviews the bridge funding estimates for reasonableness.
- Enters the authorized bridge funding amount into the Budget System.
- Develops and distributes the monthly ILA Appointment Status Report.

LBNL Payroll Office (IPAs and IJEs)

- Processes the PAF, when appropriate.
- Processes the journal entry at the end of each month to debit the project identification listed on the PAF, when appropriate.
- Processes the relocation and per diem payments for IJE and IPA appointees, in accordance with the terms negotiated in authorized assignment agreement.
- Processes and reports the LBNL employee's payroll earnings in accordance with appropriate tax regulations.

LBNL Travel Office (for IJE and IPA assignments only)

Travel costs supported by the host institution (as negotiated in the authorized assignment agreement)

- Adheres to appropriate state or federal travel guidelines.
- For appointments greater than one year, reviews travel relocation, dislocation and per diem reimbursement forms and forwards them to the Payroll Office.
- Processes travel expense vouchers for appointees through the Travel and Expense Reimbursement System (TRES) for costs related to collaborative and scientific meetings and conferences.

Travel costs supported by LBNL (as negotiated in the authorized assignment agreement)

- Adheres to appropriate state or federal travel relocation/reimbursement guidelines.

LBNL Accounts Receivable Office

- Notifies the Budget Office on the receipt of any advance payments.
- Invoices the host institution for appointee costs.
- Applies payments to invoices.
- Performs tracking and collections activities.
- Requests collection assistance from the Division Resource Analyst and the ILA Office for delinquent payments.
- Performs the award closeout.

LBNL Deputy Director (for MLA requests that apply to the 4th tier category, as outlined in [Appendix B](#))

- Makes final determination on approval of MLA request, after reviewing employee's justification of institutional benefit.

Host Institution

- Works directly with the employee and the ILA Office.
- Creates or approves the authorized assignment agreement, which specifies the scope, term, and cost of the appointment.
- Returns the approved authorized assignment agreement to the ILA Office.
- Directs the work of the LBNL employee, completes the employee evaluation, notifies the employee of termination or a renewal of contract.

Authority

- [CA Codes Government Codes Section 19050.8 Interjurisdictional Exchange](#)
- [DOE Contract 31](#)
- [DOE Directive M321.1-1 Intergovernmental Personnel Act Assignments](#)
- [LBNL Financial Policy - Bridge Funding](#)
- [LBNL Human Resources](#)
- [LBNL RPM - Relocation §4.02](#)
- [LBNL RPM - Shipment of Household Goods §4.03](#)

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- [LBNL RPM - Travel §4.01](#)
- [LBNL Travel Office - Procedures](#)
- [Office of Personnel Management Provisions of the IPA Mobility Program](#)
- [State of CA - Dept. of General Services Personnel Operations Manual](#)
- [UCOP Accounting Manual](#)
- [US General Services Administration Federal Travel Regulation Chapter 302 Relocation Allowance](#)

LBNL Contacts

- Accounts Receivable
- Human Resources
- Interlocation Appointment Office
- Manager, Direct Budget Office
- Manager, Payroll Office
- Manager, Travel Office

Related Documents

- [LBNL Interlocation Appointment Request Form](#)

Glossary

- **Contract 31:** The official UC-DOE Prime Contract for the management & operation of Lawrence Berkeley National Laboratory (LBNL).
- **Home Institution:** The institution or organization that hires the employee and that manages the employee's payroll/benefits.
- **Host Institution:** The institution or organization for which the employee performs the other appointment.
- **Intergovernmental Personnel Act (IPA) Assignment:** A temporary transfer of skilled personnel between the federal government and state or local governments, institutions of higher education, Native American tribal governments, and eligible non-federal "other organizations," including federally funded research and development centers.

The assignment is effected for purposes of mutual concern to the federal government and to the participating non-federal entity and should also serve a sound public purpose. IPA assignments can be used to:

- 1) Strengthen the management capabilities of federal agencies; of state, local, and Native American tribal governments; and of other eligible organizations
 - 2) Assist in the transfer and use of new technologies and approaches to solving governmental problems
 - 3) Involve State and local officials in the development and implementation of federal policies and programs
 - 4) Provide program and developmental experience that will enhance a DOE employee's performance in his or her regular job.
- **Interjurisdictional Exchange (IJE):** The temporary assignment or loan of employees within an agency or between agencies, not to exceed two years or between jurisdictions not to exceed four years. Conditions of the IJE are:
 - 1) Enables a loaned/exchanged employee to receive training and valuable experience
 - 2) Enables an employing agency to obtain expertise that is needed to meet a compelling program or management need
 - 3) Enables an employing agency to obtain temporary expertise that is lacking in their organization
 - 4) Enables an employing agency to obtain the expertise of an individual employee
 - 5) Prohibits the displacement and layoff of civil service employees

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- 6) Guarantees a right of return to the loaned employee back to his/her former position at the end of the assignment
 - 7) Enables the loaned employee or participating agencies the right to terminate the assignment at any time
 - 8) Enables the borrowing or loan of on or more employees between government (local, state, federal) and/or public entities (i.e., colleges or universities)
- **Multiple Location Appointment (MLA):** Multiple location appointments occur when an employee performs work at two or more UC managed institutions simultaneously. Multiple location appointments may be of either short or long duration.
 - **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. Work for Others agreements are a mechanism through which industry can utilize the unique expertise and facilities at the Berkeley Lab. In this type of arrangement, the industrial sponsor pays 100% of the cost of the work to be performed by the Berkeley Lab.

Under many conditions, a company may take title to inventions created by the Berkeley Lab under the WFO program. Some key points in such arrangements include product, general and IP indemnification, advance payment requirements, and the fact that the Berkeley Lab may not compete with the private sector for such work. The Berkeley Lab does not perform proprietary work and all results can be published by Berkeley Lab researchers.

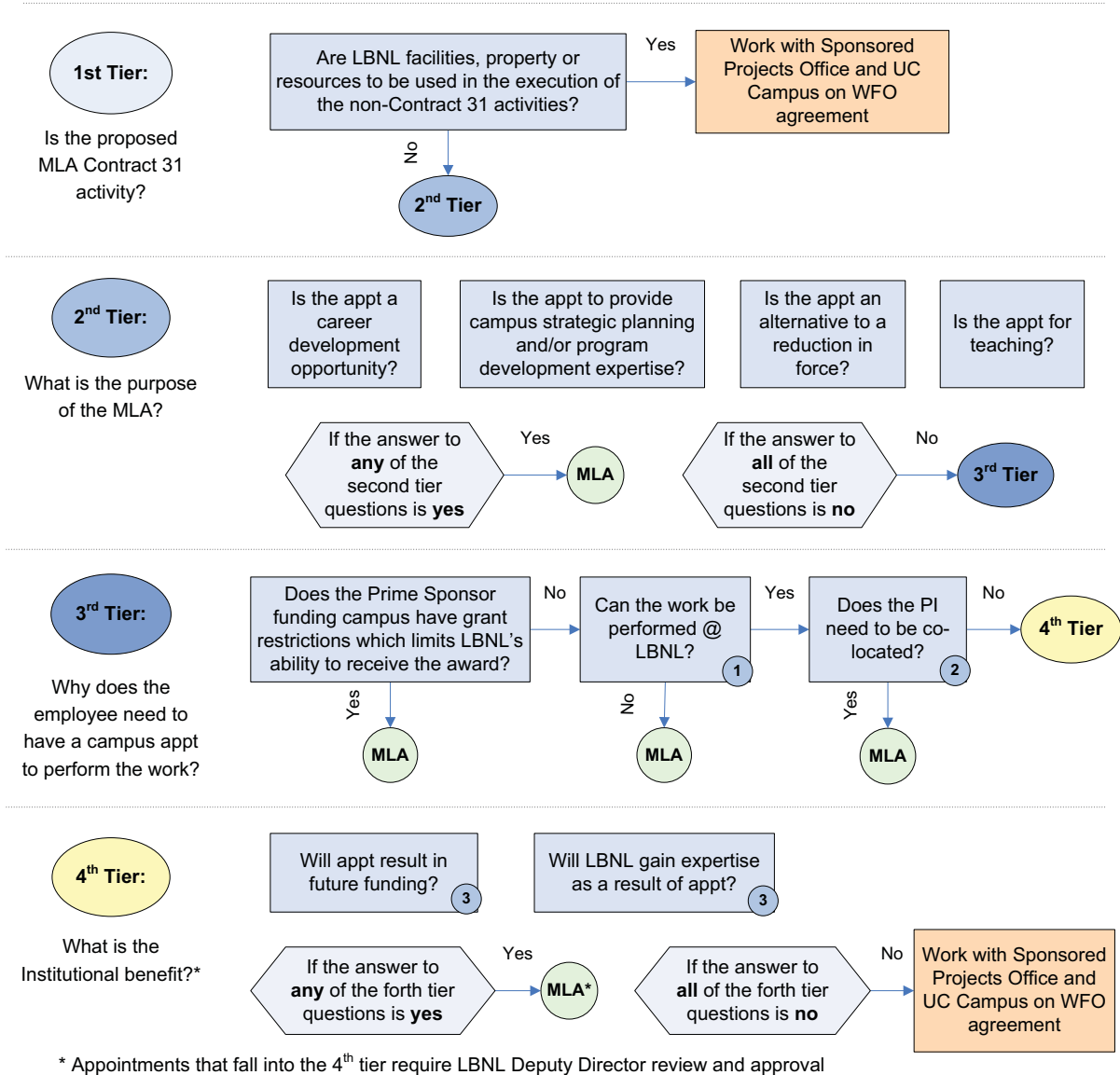
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Appendix A - Interlocation Appointment vs. Work for Others Criteria

	Interlocation Appointment (ILA)	Work for Others (WFO)
Definition	<p>Interlocation appointments are used to provide eligible LBNL employees with the ability to perform work for and at another UC-managed institution, state or federal agencies.</p> <p>The process ensures that the employee is kept "whole" in terms of UC service credit, vacation and sick leave accruals, and health and welfare benefits.</p> <p>An ILA is not intended to be used to circumvent the WFO program or to reduce costs for the host institution.</p>	<p>Work for non-DOE entities performed by DOE/contractor personnel and/or utilize DOE facilities or resources, and are not directly funded by DOE appropriations. Work is in accordance with DOE Order 481.1C.</p>
Work Location and Resources	<p>Assignment is conducted away from any LBNL premises and does not utilize LBNL support services or resources.</p>	<p>Work is performed with the utilization of LBNL's unique facility, equipment, and personnel.</p>
Work Scope and Direction	<p>Host institution is responsible for appointee's work scope. Appointee takes work direction from the host institution supervisor.</p>	<p>LBNL supervisor responsible for employee work scope, job duties, performance review, career planning, training, development and safety.</p>
Authorized Assignment Agreement	<p><u>MLA</u> LBNL Confirmation Memo, Multilocation Appointment Form (UPAY 560-T), LBNL ILA Request Form, Host Institution-Issued Purchase Order</p> <p><u>IJE</u> LBNL Confirmation Memo, LBNL ILA Request Form, Interjurisdictional Agreement</p> <p><u>IPA</u> LBNL Confirmation Memo, LBNL ILA Request Form, IPA Assignment Agreement (Form OF69)</p>	<p>DOE / LBNL Office of Sponsored Projects and Industry Partnerships approved contract, award, memorandum purchase order, Cooperative Research & Development Agreement, or user agreement with federal and non- federal sponsors.</p>

For further information, contact the LBNL ILA Office

**Appendix B - ILA Policy and Procedure
MLA Decision Tree – Scientific Staff**



Examples of responses to 3rd tier questions that meet MLA criteria:

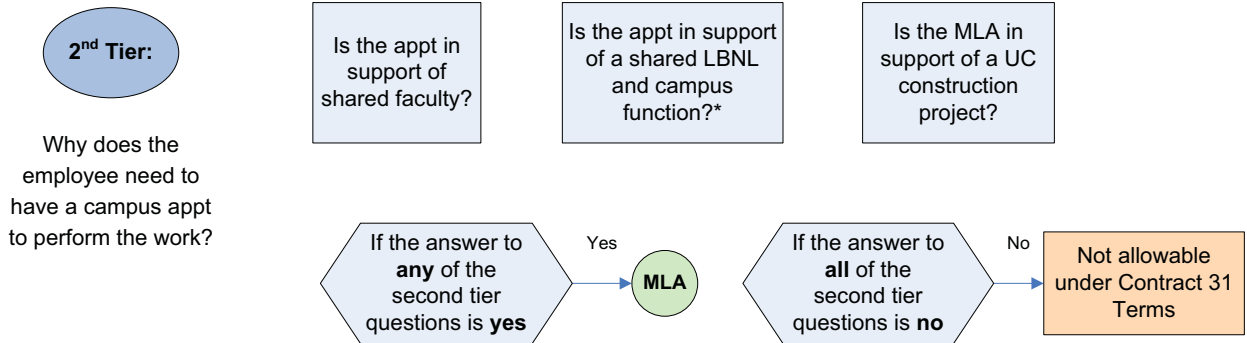
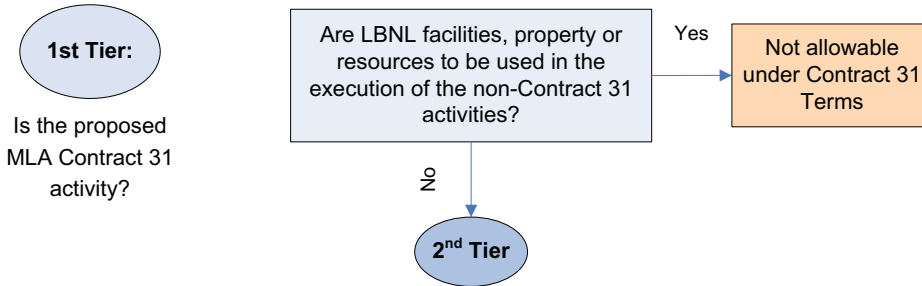
- ① Work can not be performed at LBNL and requires campus appointment due to access to:
 - Human trials
 - Necessary equipment
 - Computing information
 - Proprietary information / IP
- ② PI needs to be co-located due to:
 - Use of Research Center Facilities
 - Project management / supervisory responsibilities

Questions to consider when responding to 4th tier questions:

- ③ What is the Institutional benefit?
 - What type of research?
 - What is the size and age of the program on campus?
 - Why is the sponsor awarding campus rather than LBNL?

Rev. 6/24/09

**Appendix C - ILA Policy and Procedure
MLA Decision Tree – Nonscientific Staff**



* Example of a shared function: UCOP funded Institutional Computational Cluster

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**Appendix D - Lawrence Berkeley National Laboratory
Interlocation Appointment (ILA) Request Form**

The following is a snapshot of page one of the form. See [LBNL Interlocation Appointment Request Form](#) to access the form in its entirety.

**Lawrence Berkeley National Laboratory
Interlocation Appointment (ILA) Request Form**

- Please print or type information and complete all applicable sections.
- Request forms should be submitted to the ILA Office, 30 days prior to the anticipated start date of an interlocation appointment.
- Request forms may be submitted by interoffice mail (ILA Office, MS: 90R2121), fax (510/495-2882), or email ILA@lbl.gov.

TYPE OF APPOINTMENT:	<input type="checkbox"/> Multi-Location Appointment (MLA)
	<input type="checkbox"/> Inter-Jurisdictional Employee Exchange (IJE)
	<input type="checkbox"/> Inter-Governmental Personnel Act Assignment (IPA)
ACTION:	<input type="checkbox"/> New <input type="checkbox"/> Extension <input type="checkbox"/> Modification
I -EMPLOYEE SECTION	
LBNL INFORMATION (To be completed by employee)	
Employee Name: _____	Employee ID: _____

LBNL Home Job Title: _____	
LBNL Home Division: _____	LBNL Home Department: _____

LBNL Work Location: _____	LBNL Work Phone: _____

LBNL Supervisor Name: _____	LBNL Work Phone: _____

HOST INSTITUTION (To be completed by employee)	
Host Institution Name: _____	Host Institution Dept: _____

Host Appointment Title: _____	Host Supervisor: _____
Host Work Location: _____	Can ILA assignment be performed at LBNL? *Yes <input type="checkbox"/> No <input type="checkbox"/>
*If yes, please briefly explain why work assignment is not being requested through Work For Others mechanism. (i.e.: work requires campus appt due to access to human trials, necessary equipment, computing information, proprietary information, etc.)	

Anticipated ILA Appointment Dates: From: _____	To: _____
<i>(Please note: No ILA work is to begin prior to receipt of authorized assignment agreement.)</i>	
% of Effort/Hours per week: _____	
Estimated Relocation/Travel/ Meeting Expenses: <i>(Applicable to IJE or IPA assignments)</i>	
Dates: _____	
Purpose of Travel: _____	

12/02/09



Bridge Funding for ARRA Funded Work for Others Agreements

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	December 15, 2009
Effective date:	December 31, 2010
Revision number:	1
Scheduled review date:	December 31, 2011 (every year)
Primary contact:	WFO Analyst, Budget Office

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) where the prime sponsor's source of funds is the American Reinvestment and Recovery Act (ARRA).

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 ARRA funded WFO costs 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 work.
- A non-federal sponsor has not yet provided an amendment for a continuing award and there is assurance from the sponsor that additional funding is forthcoming and the sponsor has requested work continue while the amendment is in process.
- For Federal entities and DOE integrated contractors, use of bridge funding will be determined on a case-by-case basis.

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 that 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.

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The use of the University of California's funds does not relieve LBNL of its responsibility to comply with all other DOE and ARRA 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 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

- Federal entities and DOE integrated contractors: Use of bridge funding will be determined on a case-by-case basis.
- Non-federal entities; i.e., state and local governments and public or private entities.

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 must 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 Office of Sponsored Projects and Industrial Partnerships (OSPIP) 60 days prior to the accounting period to which the funding will be needed. If the request is for a signed new or continuing award that is awaiting advance payment, submit the request directly to the Budget Office. Include a copy of the signed contract/amendment and advance invoice with the request.
- 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 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 Office of Sponsored Projects and Industrial Partnerships (OSPIP) 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.

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- Bridge funding expires 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:

SIGNOR	PURPOSE OF SIGNATURE
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.
OSPIP Contracts Officer	Certifies compliance with bridge funding and OSPIP policies.
OSPIP 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.

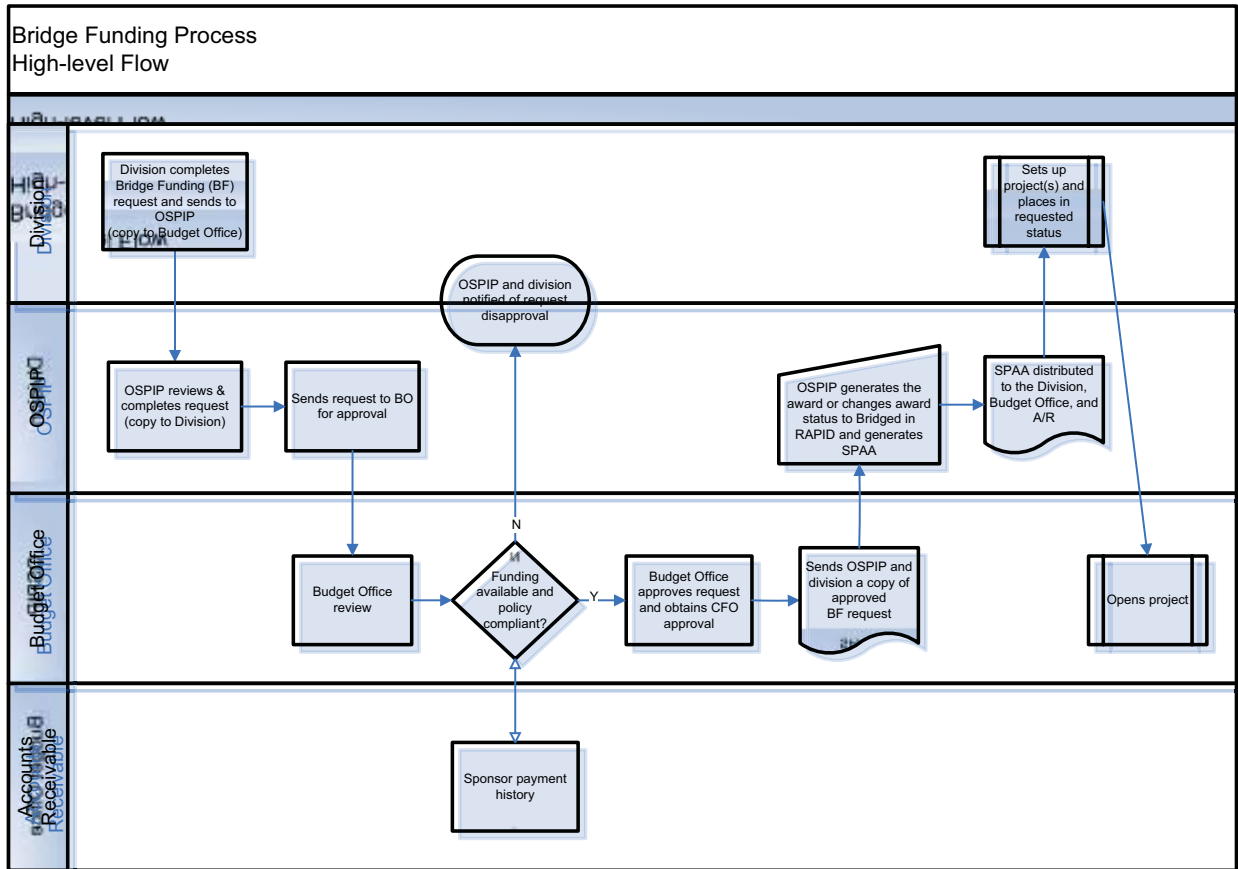
Procedures

- Requestors (Division) complete an ARRA [Bridge Funding Request Form](#). The form must be signed by the Principal Investigator and Division Director and submitted to the Division's respective OSPIP Contracts Officer for review with a copy sent to the Budget Office. If the request is for a signed new or continuing award awaiting advance payment, submit the request directly to the Budget Office. Include a copy of the signed contract/amendment and advance invoice with the request. Note the award number in the subject line if sent by e-mail. The request must be received by OSPIP 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 OSPIP by October 1).

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- The OSPIP 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 OSPIP 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 OSPIP no less than one (1) day before Day Zero of the accounting period prior to which funding will be needed.
- Assuming that all other DOE and UC requirements have been met (Human Subjects approval, NEPA/CEQA); OSPIP enters the approved bridge funding information into the Research Administration, Proposal/Project Information Database (RAPID) and issues the Sponsored Project Award Authorization (SPAA).

High-level Process Flow Diagram



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Authority and Contacts

- WFO Analyst, Budget Office
- Office of Sponsored Projects and Industrial Partnerships (OSPIP) Manager

Glossary

- **CSR:** Contractor Supporting Research.
- **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.
- **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.

Related Documents

- ARRA Website
- [Bridge Funding Request Form](#)
- [DOE Order 481.1 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*)



Special Financial Reporting Terms for ARRA Funded Sub Recipient Work for Others Agreements

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	December 15, 2009
Effective date:	December 15, 2010
Revision number:	0
Scheduled review date:	December 15, 2011 (every year)
Primary contact:	Manager, Direct Budget Office

Summary

The purpose of this policy is to define standard financial reporting terms for Work for Others' agreements where Lawrence Berkeley National Laboratory (LBNL) is the Sub Recipient of an [American Reinvestment and Recovery Act \(ARRA\)](#) award, as well as outline the procedure to follow for instances where the Sponsor requests special financial reporting beyond the defined standard.

Policy

Reporting terms are considered special if they do not meet the standard reporting terms as follows:

Prime Recipient Award Type

Contract

- LBNL *is* delegated to report to FederalReporting.gov
 - Submission of the *LBNL as Sub Recipient ARRA Contract Report* to FederalReporting.gov (per the FederalReporting.gov quarterly reporting schedule).
- LBNL *is not* delegated to report to FederalReporting.gov
 - Submission of the *LBNL as Sub Recipient ARRA Contract Report* to the sponsor quarterly no earlier than the third business day of the month after the end of the fiscal reporting quarter per the FederalReporting.gov quarterly reporting schedule.
- Work for DOE Management and Operating (M&O) Contractors only - LBNL *is not* delegated to report to FederalReporting.gov

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- Submission of the *LBNL as Sub Recipient ARRA Contract Report* to the sponsor quarterly no earlier than the third business day of the month after the end of the fiscal reporting quarter per the FederalReporting.gov quarterly reporting schedule.
- Submission of the *LBNL ARRA M&O Job Report* to the sponsor monthly no earlier than the third business day of the month after the end of the fiscal reporting month.

Grant

- LBNL *is* delegated to report to FederalReporting.gov
 - Submission of the *LBNL as Sub Recipient ARRA Grant Report* to FederalReporting.gov per the FederalReporting.gov quarterly reporting schedule.
 - Submission of the *LBNL ARRA Job Report* to the sponsor quarterly no earlier than the third business day of the month after the end of the fiscal reporting quarter per the FederalReporting.gov quarterly reporting schedule.
- LBNL *is not* delegated to report to FederalReporting.gov
 - Submission of the *LBNL as Sub Recipient ARRA Grant Report* and *LBNL ARRA Job Report* to the sponsor quarterly no earlier than the third business day of the month after the end of the fiscal reporting quarter per the FederalReporting.gov quarterly reporting schedule.

Procedures

SIGNOR	PURPOSE OF SIGNATURE
Division Resource Analyst	Agrees to provide Sponsor’s requested special financial reporting requirements.
Division Director (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 requirements. Approves division’s administrative effort to accommodate terms.
Office of Sponsored Projects and Industrial Partnerships	Completes Request for Special Financial Terms for WFO form and includes Sponsor’s justification.
Budget Office ARRA Analyst	Identifies whether terms are possible to meet utilizing standard ARRA reports or ARRA reporting tables.

Roles & Responsibilities

Prior to inclusion of special financial reporting terms in a reimbursable work agreement

Office of Sponsored Projects and Industrial Partnerships (OSPIP)

- Submits the Sponsor's proposed terms on the [Request for Special Financial Terms for ARRA WFO Agreements Form](#) with the agreement language/report templates to the Budget Office ARRA Help, ARRAHelp@lbl.gov, for review and comment.

Budget Office ARRA Help Analyst

- Reviews the financial reporting terms, identifies whether terms are possible to meet utilizing standard ARRA reports or ARRA reporting tables within **two business days** from receipt of form from OSPIP.
- Notifies OSPIP and the Division Resource Analyst if there are any issues with the Special Financial Terms Request Form.
- Forwards completed form to the Division Resource Analyst for review and approval with copy to OSPIP.

Division Resource Analyst

- Reviews terms and evaluates administrative effort needed to meet identified accommodations; confirms with the Principal Investigator that the terms are acceptable.
- Secures Division Director or designee's approval.
- Sends notification of approval to OSPIP and the Budget Office ARRA Help Analyst within **two business days** of receipt of completed form.

Signed Reimbursable Agreements with Approved Special Financial Reporting Terms

Office of Sponsored Projects and Industrial Partnerships (OSPIP)

- Includes all agreed to special criteria in the contract and attaches to the SPAA.
- In the event the sponsor is late with payment remittance due to the special financial reporting terms, assists Contract Accounting with payment resolution.

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Budget Office ARRA Help Analyst

- Forwards standard *ARRA Sub Recipient Reports* to the Division Resource Analyst by the third business day of the month.

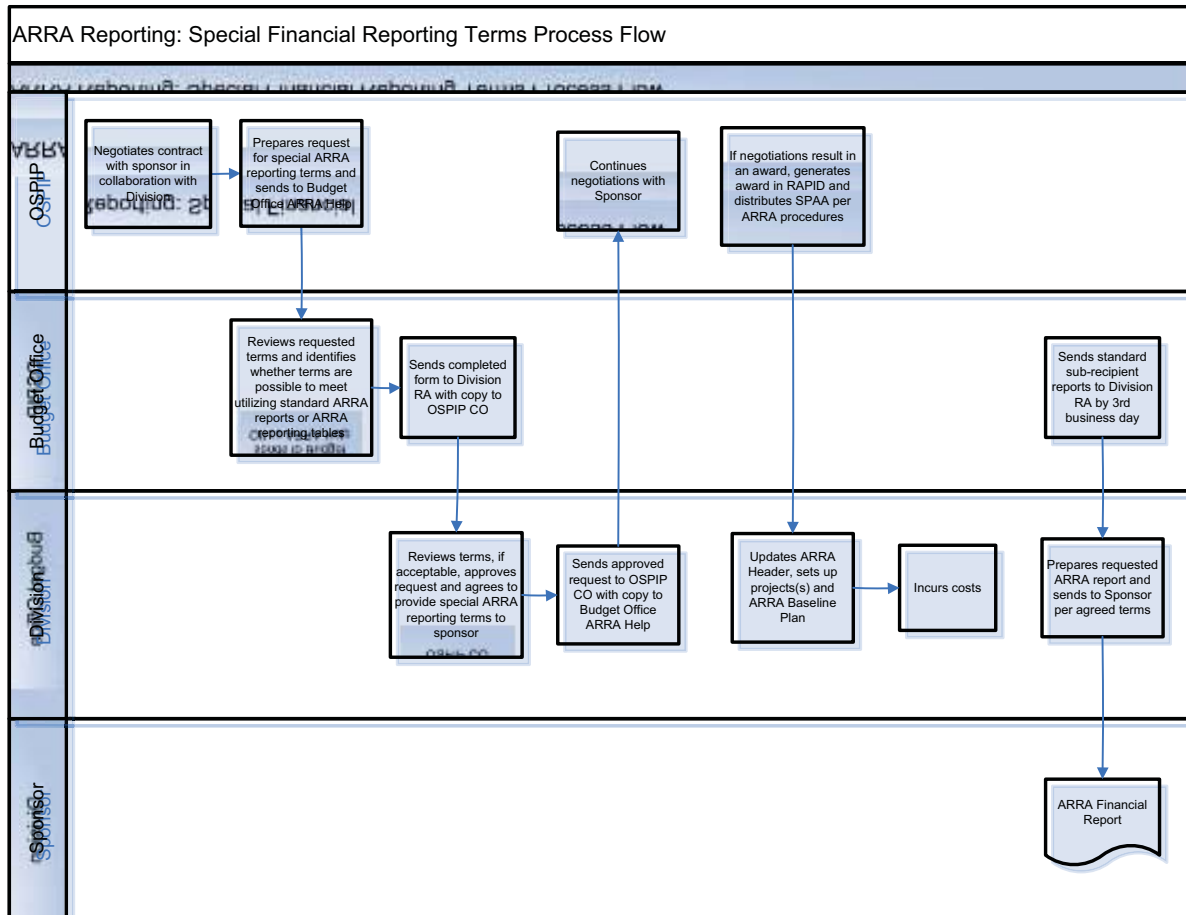
Division Resource Analyst

- Prepares and submits the financial report per the agreed terms to the sponsor with copy to the Budget Office ARRA Help Analyst, ARRAHelp@lbl.gov.
- In the event the sponsor is late with payment remittance due to the special financial reporting terms, assists Contract Accounting with payment resolution.

Contract Accounting

- Notifies the Division Resource Analyst and OSPIP for assistance with payment resolution with the sponsor in the event the sponsor is late with payment remittance per the special financial reporting terms.

High Level Process Flow



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Authority

- [OMB Recovery Act Guidance \(6/22/09\)](#)
- [Interim FAR to Complement Section 1512 of the ARRA Act of 2009](#)

Contacts

- ARRA Budget Analyst, Budget Office
- Manager, Office of Sponsored Projects and Industrial Partnerships (OSPIP)

Glossary

- ***American Recovery and Reinvestment Act of 2009 (ARRA)***: A \$787 billion economic stimulus package signed into law by President Barack Obama on February 17, 2009. A percentage of the package targets spending (contracts, grants, and loans) and the rest includes tax cuts and entitlements such as Medicaid and Social Security Administration payments.
- ***DOE Management and Operating (M&O) Contractors***: Private sector companies, universities, and nonprofit organizations that manage DOE National labs and production installations through a Management and Operating (M&O) contract.
- ***FederalReporting.gov***: The central government-wide data collection system for Federal Agencies and recipients of federal awards under Section 1512 of the Recovery Act. Recipients access FederalReporting.gov to fulfill their reporting obligations. Federal Agencies, Prime Recipients and Sub Recipients are required to submit data on a quarterly basis for grants, loans, and federally awarded contracts under the Recovery Act.
- ***Prime Recipient***: A non-federal entity that receives Recovery Act funding in the form of a contract, grant, or loan, directly from the federal government.
- ***Sub Recipient***: A non-federal entity awarded Recovery funding through a legal instrument from a Prime Recipient. Sub Recipients typically receive a contract, grant, or loan from the Prime Recipient to support performance of any portion of a project or program funded with Recovery dollars. A Prime Recipient may delegate responsibility to its Sub Recipient to report information into [FederalReporting.gov](#).
- ***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.

Related documents

- [LBNL OCFO ARRA Website](#)



Accounting for Internal Use Software

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

Originally issued:	December 15, 2009
Effective date:	December 15, 2009
Revision number:	0
Scheduled review date:	December 15, 2011 (every two years)
Primary contact:	Manager, General Accounting

Summary

The purpose of this policy is to provide the requirements of “Statement of Federal Financial Accounting Standards Number 10, Accounting for Internal Use Software,” as specified by a directive issued by the Department of Energy Chief Financial Officer (see [References](#)). Internal use software is classified as “general Property, Plant, and Equipment” (PP&E), and applies to software procured, developed, licensed or leased by federal as well as contractor entities. This policy provides accounting guidance for internal use software on the types of cost elements to capitalize, including timing, thresholds and amortization periods.

Policy

The Laboratory will capitalize the cost of software that meets the criteria for PP&E regardless of the funding source.

Capitalization Criteria

Each of the following criteria must exist in order to capitalize IUS:

- The development cost or purchase of [Commercial Off The Shelf \(COTS\)](#) software, including material internal implementation costs, is **\$750,000** or more
- A service life of **two years** or more

Capitalize:

- The purchase, development, or modification of internal use software that meets the capitalization criteria.
- Costs of the software development phase, which includes

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- Design, including software configuration and software interfaces
- Coding
- Installation to hardware
- Testing, including parallel processing
- Phased development projects. The **\$750,000** threshold applies to the aggregate of the current increment, future increments and enhancements.
- [Bulk purchases](#)
 - Bulk purchases of internal use software that meets the capitalization criterion shall be capitalized if it is determined that period costs would be distorted or asset values would be significantly understated if the bulk purchase was expensed.
- Enhancements
 - Capitalized enhancements are defined as changes that add **significant new capabilities or functionalities** and meet the capitalization criterion.

Do not capitalize:

- [Research and development](#) software unless the software is expected to meet the capitalization criterion.
- Legacy waste software; i.e., internal use software whose primary purpose is to support activities associated with environmental cleanup efforts.
- Enhancements of existing internal use software when it is unlikely that they will result in significant additional capabilities or functionalities.
- Application maintenance.
- System planning or conceptual design phase of the software task/project.
 - Conceptual formulation of alternatives
 - Evaluation and testing of alternatives
 - Determination of existence of needed technology
 - Final selection of alternatives
- Data conversion costs, including the cost to develop or obtain software that allows for access or conversion of existing data to the new software.
- Post-implementation/operational phases - Costs incurred after final [acceptance](#) testing of the completed project scope has been successfully implemented.

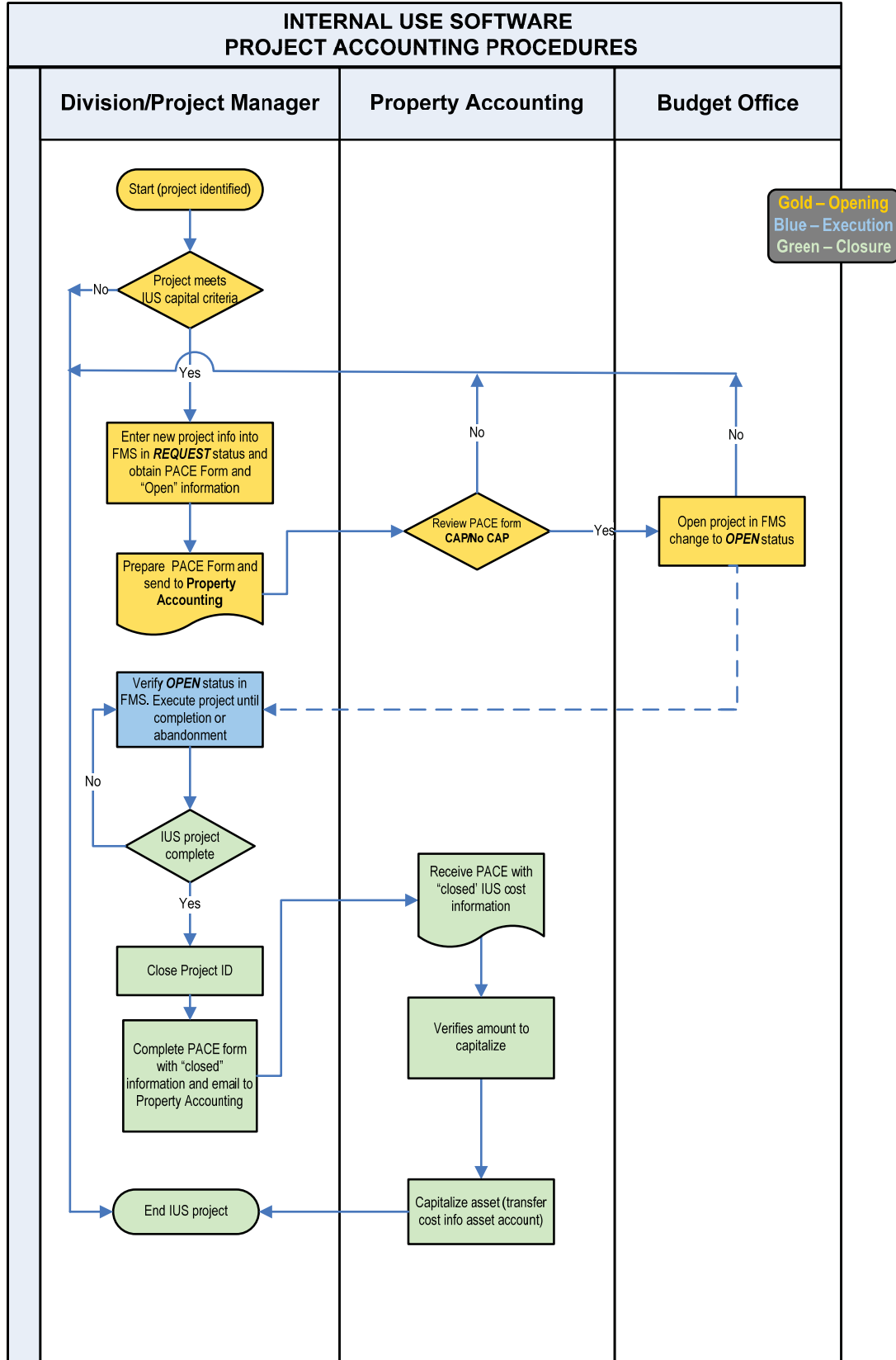
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Process/Requirements

- Request a capitalization determination from Property Accounting *before costs are incurred* for each software development project estimated to cost \$750,000 or more.
- Costs that meet the capitalization criteria should be **accumulated separately** from costs that do not meet the capitalization criteria.
- Costs that meet the capitalization criteria include the full cost incurred (direct and indirect) **during the software development phase**. These costs should be limited to costs incurred after the following:
 - Completion of conceptual formulation, evaluation and testing of possible software project alternatives.
 - Management authorizes and commits to a computer software project and believes it is more likely than not that the project will be completed and the software will be used to perform the intended function.
- Software is assigned a useful life in accordance with DOE guidance on service lives (see [Table 1, Standard Service Lives for Types of Software](#)).

The following table illustrates the accounting/process flow for capitalizing internal use software at the Laboratory:

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Roles and Responsibilities

Division/Project Management

- Make initial determination per IUS capitalization criteria
- Prepares project information and submits a [Plant and Capital Equipment \(PACE\) Project Life Cycle Form](#) for capitalization determination from Property Accounting.
- Sets up project IDs to accumulate and segregate costs that can or cannot be capitalized as required.
 - ***Non-Capital and Capital Project IDs must be clearly identified***
- **Executes project to completion**
- Upon completion of the IUS project, ***closes the project***, notifies and submits to Property Accounting the PACE form with closed information for capitalization.

Property Accounting

- Prior to opening the capitalization project, reviews project documentation ([Plant and Capital Equipment \(PACE\) Project Life Cycle Form](#)) and provides capitalization determination in a timely manner.
- Notifies the Budget Office to open IUS project IDs if capitalization criteria are met.
- Provides accounting guidance and counsel on the following:
 - Types of cost elements and activities to capitalize.
 - Timing and thresholds of capitalization for development and enhancement projects.
- Capitalizes internal use software upon notification from Division/Project Management of project completion.
- Provides accounting determinations for software service lives, asset classification, and retirements.

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Budget Office

- Upon approval from Property Accounting, opens project IDs established by Division/Project Management to capture costs related to the internal use software project. Notifies Division/ Project Management when project(s) are open.

Authority

- Department of Energy Prime Contract 31 Appendix I, DOE Directives
- [DOE Order 534.1B, Accounting](#)

References

- Statement of Federal Accounting Standards No. 10, Accounting for Internal Use Software.
- Statement of Federal Accounting Standards No. 4, Managerial Cost Accounting Concepts and Standards for Federal Government.
- Department of Energy Chief Financial Officer Memorandum, Accounting for Internal Use Software, dated November 13, 2000.
- Department of Energy Accounting Handbook, Chapter 10, Plant and Capital Equipment.

Contacts

- Manager, General Accounting
- Property Accounting Office
- Financial Policy Office

Glossary

- **Acceptance:** The point at which Division is notified that the required functionality was provided and the product is acceptable for use.
- **Bulk purchases:** Single purchase of like items in a lot, with the cost of each individual item being below the established capitalization criterion.
- **Capitalize:** To record and carry forward into one or more future periods all or any part of expenditures from which the benefits or proceeds will then be realized.
- **Commercial Off The Shelf (COTS):** Software that is purchased from a vendor and is ready with little or no changes.

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- **Full cost:** The sum of all costs required by a cost object including the costs of activities performed by other entities regardless of funding sources.
- **Indirect cost:** The cost of resources that are jointly or commonly used to produce two or more types of outputs but are not specifically identifiable with any of the outputs. Such cost can be assigned to the output on a cause and effect basis or allocated on a reasonable and consistent basis.
- **Internal Use Software:** Software that is purchased off-the-shelf, internally developed, or contractor developed solely to meet Laboratory's internal or operational needs.
- **Internally Developed Software:** Software that employees of the entity are actively developing, including new software and existing or purchased software that are being modified with or without a contractor's assistance.
- **Maintenance:** The act of keeping internal use software and other assets in useable condition, including preventative maintenance, normal repairs, the replacement of parts and structural components, and other activities needed to preserve the asset so that it continues to provide services and achieves its expected life. Maintenance excludes activities aimed at expanding the capacity of an asset or otherwise upgrading it to serve needs different from or significantly greater than those originally intended.
- **Research and development:** Federal research and development refers to those expenses incurred in support of the search for new or refined knowledge and ideas and for the application or use of such knowledge and ideas for the development of new or improved products and processes, with the expectation of maintaining or increasing national economic productive capacity or yielding other future benefits.

**Table 1
Standard Service Lives for Types of Software**

Type of Software	Service Life (Years)
Enterprise Software – Usually has application to multiple departments or divisions and support a broad range of business processes and is normally purchased and not developed.	7
Business Software – Includes those applications used to manage individual business functions. Examples include finance, human resources, procurement, inventory, warehouse management, maintenance management, and production scheduling	7
Personal Productivity and Desktop Operating Software – Typically used on a personal computer to support office functions including word processing, spreadsheet manipulation, and graphics and overhead production. May reside on a personal computer’s hard drive or be accessed from a server.	3
Scientific support and manufacturing support software – Software that produces results that are used by engineering or research and development organizations in support of preparation of technical documents, drawings, process flowsheets, specifications, etc. Examples of this type of software are Mathematical, Intergraph, etc. This does not include software used in process controls.	5
Process Software – Typically classified as part of another system, subsystem, or component (SSC) that is integral to the control, monitoring, or assistance in the operation of one or more of these components.	7
Operating Systems and Systems Administration Middleware; Layered Software, E-mail; Run-time Services; Communications; Development Tools and Utilities (including databases) – This type of software is typically mainframe or mid-range server oriented. Much of it is transparent to most users and is associated with the computing infrastructure. Enterprise E-mail requiring significant support staff (3 or more) and running on mid-range or larger serves is also included.	5

Table 2
Accounting Recognition of Software Project Task or Phase

Software Task or Project Phase	Accounting Recognition
Conceptual Design	Expense
Authorization	Initiate Capitalization
Design and Implementation	Capitalize
Testing & Documentation	Capitalize
Data Conversion	Expense
Acceptance	Terminate Capitalization
Initial Training	Expense
Operation	Expense
Maintenance	Expense
Enhancement	Capitalize if enhancement results in increased capability or functionality and capitalization threshold is met
Impairment	Reduce Capital Value
Retirement	Remove Capital Asset



American Recovery and Reinvestment Act (ARRA) Reporting Requirements

Lawrence Berkeley
National Laboratory

Financial Policies and Procedures

Part I

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Summary

The purpose of this policy and procedure is to summarize external reporting requirements and the methodology for meeting those requirements for project execution with American Recovery and Reinvestment Act (ARRA) funding, with reference to ARRA Section 1512.

Policy

The American Recovery and Reinvestment Act was signed into law in 2009 to stimulate the economy and to create and retain jobs. As required by ARRA Section 1512, ARRA recipients must submit reports on the use of ARRA funding through a nationwide data collection process and have reported estimates on the number of jobs created and retained.

The following regularly recurring reports are required submissions for any projects funded with ARRA funds. There are no waivers for reporting deadlines.

Federal Reporting Requirements

LBNL Recipient Reports

Not later than 10 days after the end of each calendar quarter, each recipient that received recovery funds from a Federal agency shall submit a report to that agency, via FederalReporting.gov, that contains the following information:

- The total amount of recovery funds received from that agency.
- The amount of recovery funds received that were expended or obligated to projects or activities.
- A detailed list of all projects or activities for which recovery funds were expended or obligated, including
 - a) The name of the project or activity
 - b) A description of the project or activity
 - c) An evaluation of the completion status of the project or activity

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- An estimate of the number of jobs created and the number of jobs retained by the project or activity.
- Detailed information on any subcontracts or sub grants awarded by the recipient to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109–282), allowing aggregate reporting on awards below \$25,000 or to individuals, as prescribed by the Director of the Office of Management and Budget (OMB).

Department Of Energy – Office of Science (DOE-SC) Reporting Requirements

- To assist DOE-SC in meeting their agency reporting requirements, LBNL is required to provide a monthly report on each project funded by ARRA through DOE-SC. The emphasis of these reports is on actual jobs created or retained at the prime Management and Operations (M&O) contract and subcontract levels, and progress towards nearest project milestones.
- The Berkeley Site Office has required that monthly reports, in the same format as that provided to the Office of Science, be submitted to the BSO for all other DOE programs providing LBNL with ARRA funds.

Other Sponsor Reporting Requirements

- Other sponsors who are prime recipients of ARRA funds may require monthly reports to meet their ARRA reporting requirements.
- Sponsor reporting requirements are defined when the contract is negotiated by the Office of Sponsored Projects and Industrial Partnerships (OSPIP). The Budget Office provides a standard set of reports monthly to other sponsors based on Federal quarterly reporting requirements.

Procedures/Methodology

Funds Control and Cost Segregation

- ARRA funds control and segregation of cost data can be achieved utilizing current LBNL funds control processes and systems. ARRA financial funding and costing data will be tracked and accumulated via separate and distinct funding chart string (i.e., fund type, Budget and Reporting [B&R] Code, Budget Reference Number [BRN], BRNsub, Program Task [DOE Project Code]) that will be used consistently throughout LBNL financial systems. The funding string will be associated with a high detail financial project for each ARRA-funded DOE Direct project and a unique award for each ARRA-funded Sponsored Project.

ARRA Reporting

- All ARRA reporting, as determined by the ARRA Stimulus Steering Committee, will be initiated from a single institutional ARRA database, using data from and reconciled to LBNL financial systems, to ensure reporting consistency. The ARRA master tables will be the single source for all LBNL external reporting. The database will include baseline plan data elements and actual data elements. A

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baseline plan will be required for each ARRA project to so that actual data can be tracked against baseline data for control purposes,

Jobs Reporting

- Jobs reporting will be handled consistently through the systemic application of standardized institutional conversion factors that will convert subcontractor reported hours and purchases to Full Time Equivalents (FTEs) for purposes of reporting jobs data.

Indirect Rate Treatment of ARRA Projects

- As specified in the March 3, 2009 memo from the DOE CFO entitled “Guidance on Indirect Charges Applied to ARRA Funds”, ARRA projects are exempt from Laboratory Directed Research and Development (LDRD) and the Federal Administrative Charge (FAC). The LBNL Disclosure Statement reflects this guidance. All other appropriate LBNL indirect rates are applied to ARRA projects.

Roles and Responsibilities - Reporting Data Capture Framework

Principal Investigators (PIs)

- Implement sound funds management and funds control to ensure spending of ARRA funds is accomplished in accordance with DOE or sponsor statement of work and all related Federal rules and regulations.
- Develop a baseline plan and any subsequent variance reporting.
- Report project milestones and status narratives.
- Work with Division Resource Analyst to ensure reports are submitted timely and accurately.
- Estimate project’s percent of completion.

Division Management

- Develop and maintain an intra-Division review and approval process for all ARRA monthly and quarterly external reports to ensure reporting is timely and accurate.
- Ensure appropriate training of personnel on ARRA reporting requirements is provided as needed (e.g., request formal training from the Budget Office for new employees).

Division Resource Analyst/Project Controls Analyst

- Set up ARRA projects in LBNL financial system.
- Allocate guidance and funding to ARRA projects.
- Enter information in the ARRA header on-line including milestones.

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- Submit ARRA baseline plans and spend plans.
- Work with PIs to regularly update project milestone status for reporting purposes and record any milestone corrections or updates initiated by DOE, other federal agencies or sponsors.
- Update percent complete and quarterly activities for Federal reporting.
- Maintain an intra-Division review and approval process for all ARRA monthly and quarterly reports.
- Ensure reporting is timely accurate and complete.

Note: Lead Division Resource Analyst is responsible for serving as the principle point of contact to/from Budget Office for all centralized project reporting.

Budget Office

- Process DOE ARRA funding and guidance documents.
- Enter DOE ARRA funding and guidance information into LBNL financial systems.
- Set up ARRA IDs and create the ARRA header.
- Open ARRA projects in the LBNL financial system.
- Approve ARRA baseline plans and control the plan “freeze” process.
- Prepare and submit the following external reports for the institution
 - a) DOE Monthly Reports
 - b) M&O Monthly Jobs Report
 - c) Quarterly Prime Contract/Grant Reports
 - d) Quarterly LBNL as a Sub-Recipient Contract/Grants Reports
 - e) Quarterly LBNL as a Sub-Recipient Jobs Report
- Maintain the information on the LBNL internal ARRA website ([Recovery Act Information for Lab Employees](#)) to facilitate the external reporting process.
- Regularly review [FederalReporting.gov](#) and the [DOE](#) website for new ARRA guidance related to reporting requirements and lead the updating of reporting processes as appropriate.
- Provide training on ARRA reporting requirements as needed.

Procurement Department

- Award subcontracts for ARRA funded projects.
- Include ARRA Terms and Conditions into Subcontract.

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- Request additional information from subcontractors via the Representation and Certification form to
 - Estimate jobs created or retained
 - Identify performance location
 - Identify highly compensated officers
- Enter data into the PO Mod table.
- Maintain subcontractor data as appropriate.

Accounts Payable Department

- Process ARRA invoices.
- Enter correct data from the ARRA invoice addendums into LBNL Financial Management System (FMS).
- Enter ARRA vendor data.

Office of Sponsored Projects and Industrial Partnerships (OSPPI)

- Negotiate and issue ARRA funded Work-for-Others (WFO) contracts including reporting requirements.

Authority

- American Recovery and Reinvestment Act of 2009, Section 1512, Reporting Requirements.
- Department of Energy (DOE) Contract 31, Clause H.999, Special Provisions Relating to Work Funded Under American Recovery and Reinvestment Act of 2009 (February 2009).
- Federal Acquisition Regulations (FAR) 52.204-11, American Recovery and Reinvestment Act Reporting Requirements.
- OMB Memorandum M-09-21, June 22, 2009.
- OMB Memorandum M-10-08, December 18, 2009.
- OMB Memorandum M-10-14, March 22, 2010.
- DOE Memorandum dated March 3, 2009 from DOE CFO – Guidance on Indirect Charges provided to Site/Facility Operating Contracts by the American Recovery and Reinvestment Act of 2009.
- Office of Science Memorandum dated November 9, 2009, Reporting Jobs and Progress on American Recovery and Reinvestment Act (Recovery Act), Pub. L. 111-5, activities by Management and Operating Contractors.

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Contacts

- Manager, Direct Budgets
- Manager, Procurement
- Manager, Office of Sponsored Projects and Industrial Partnerships (OSPIP)
- Manager, Accounts Payable

Appendix A

- [Visualization of Recovery Act Data Capture Framework](#)

Glossary

- See [ARRA Glossary](#) on LBNL internal ARRA website ([Recovery Act Information for Lab Employees](#))