



Direct Deposit Application Form

Employee Name		Date
SSN	Address	
Your paycheque can be direct deposited to a banking institution of your choice. Account MUST be in the employee's name. If the VOID cheque or verified bank information is missing the employee paycheque will be mailed to their home address on file.		
Attach VOID cheque or verified bank information. We will not accept any hand written bank account.		
	Bank Account	
Account Type (Circle one)	Checking	Savings
DECLARATION: I hereby authorize Savanna Energy Services Management Ltd. and/or subsidiaries to deposit my net pay to my account as noted above.		
Employee Signature		Date:

Please complete and return to Payroll
PayrollUSA@SavannaEnergy.com or by Fax: 1-403-781-9970



Payroll Deduction Authorization Form

Employee Name	
SIN	
This form serves as acknowledgement and authorization for Savanna Energy Services to deduct through payroll, the cost of the following items not covered as part of employment with the company from the date of hire up to and including the last day of employment.	
<p>Deductions including, but not limited to:</p> <ol style="list-style-type: none">1. Unauthorized purchases of personal goods on company accounts2. Unauthorized use of company credit card (if applicable)3. Vehicle charges such as: damage to vehicle due to employee negligence, fines and fees, traffic violations, etc.4. Coveralls (if applicable)5. Damage to Company or Client property that is deemed willful or negligent6. Unpaid accommodation and expenses, including, but not limited to meals, phone calls, damages, movie rentals, etc.7. Training Costs:<ol style="list-style-type: none">a. If an employee fails to show up for his/her courseb. If an employee does not pass or complete the coursec. If employment is terminated with the company within six months of taking the course8. Payroll administration fees (i.e. ADP pay card fee, \$15/pay period, etc.)	
Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	

Please complete and return to:

Savanna Energy Services Corp.
Suite 800, 311 -6th Avenue S.W.
Calgary, Alberta T2P 3H2
Attention: Payroll



EEOC QUESTIONNAIRE

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, sexual orientation, national origin, age, citizenship, marital or veteran status, medical condition or disability.

As an equal opportunity employer, Savanna Drilling is obligated by Federal and State regulations to monitor its employment practices. To ensure the accuracy of this information, your assistance in completing this questionnaire will be greatly appreciated. Completion of this questionnaire is, however, completely voluntary.

Answers to the questionnaire will not be used to make any employment decision, nor will the answers be used to give preference to any individual. This data will be kept separate from the application and is used for statistical purposes only. Although you may identify with more than one racial or ethnic category, for this questionnaire please select only one category.

RACE / ETHNIC GROUP: (Check one)

- ☐ **Caucasian / Non-Hispanic** – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- ☐ **African-American / Non-Hispanic** – All persons having origins in any of the Black racial groups of Africa
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin
- ☐ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands
- ☐ **American Indian or Alaskan Native** – All persons having origins in any of the peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
- ☐ **Decline to complete this section**

SEX:

- ☐ **Male** ☐ **Female**

Name: _____

Date of Birth: _____

Address: _____
Street City State Zip

Position applied for: _____

Signature of Applicant

Date



Receipt of Policy Acknowledgment

I acknowledge receipt of the following policies from Savanna Energy Services Corporation and its subsidiaries (hereafter, "Savanna"):

Code of Business Conduct & Ethics	PTO
Employee Privacy	Holiday
Whistleblower	Bereavement
Workplace Harassment, Violence & Discrimination	General Office Safety
Social Media	EEOC & Anti-Discrimination
Zero Tolerance Drug & Alcohol	FMLA

I understand the policies do not form a contract of employment and that the addition of, or amendments to, existing policies may be made at any time by the management of the Corporation as specific circumstances warrant.

I acknowledge that these policies are and remain Savanna's property and must be returned to Savanna immediately upon its requests or upon termination of your employment.

I understand that these policies have been prepared for the information and guidance of employees of Savanna Energy Services Management Ltd. and its Subsidiaries and that they cover procedures, regulations and policies most often applied to day-to-day work activities.

I understand my employment with Savanna is a voluntary one and is subject to termination by Savanna at will, with or without cause, and with or without notice, at any time. Nothing in these policies shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of Savanna employees.

I understand and agree that, other than the President or a designated representative of Savanna, no manager, supervisor, or representative of Savanna has any authority to enter into any agreement for employment other than at-will; only the President of the company has the authority to make any such agreement and then only in writing signed by the President of Savanna. No statement or promise by any employee, whether or not a member of management, may be interpreted as a change in policy, nor will it constitute an agreement by Savanna to deviate from any policy appearing in the written policies.

I understand that it is my responsibility to (1) read the policies provided to me in person, electronically and/or at my place of employment; (2) seek answers from my local HR Representative or my supervisor as to any part of any policy I do not understand and (3) uphold and adhere to these policies during my entire employment with Savanna. Furthermore, I understand that failure to comply with these policies could result in disciplinary action up to and including termination of employment.

Employee Name: (please print)	
Employee Signature:	
Date:	
Witness Name: (please print)	
Witness Signature:	



Certification of Compliance With FMC Driver's License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 lbs or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 lbs or more, can transport more than 15 people, or transports hazardous material that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1) Possess Only One License
- 2) Notification of Traffic Violation (other than parking)
 - ♦ Within 30 days of Conviction to your employer and license issuing state if occurred in a different state.
- 3) Notification of License Suspension, Revocation, or Cancellation
 - ♦ By Next Business Day

The following license is the only one I possess:

Driver's License Number			
State		Expiration Date	

Driver Certification: I certify that I have read and understood the above requirements

Driver's Printed Name	
Driver's Signature	

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before May 1, 2012.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (7-ORS-A). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

DRIVER'S NAME (PLEASE PRINT)

DATE

DRIVER'S SIGNATURE

COMPANY NAME

COMPANY SUPERVISOR'S SIGNATURE

6/12

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's qualification file.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p> 

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Section 2 Do Not Write In This Space</div> 		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)		Title of Employer or Authorized Representative HR Crew Coordinator	
Last Name of Employer or Authorized Representative Hueske		First Name of Employer or Authorized Representative Nicole		Employer's Business or Organization Name Savanna Energy Services (USA) Corp.	
Employer's Business or Organization Address (Street Number and Name) 3056 Highway 22 N		City or Town Dickinson		State ND	ZIP Code 58601

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li data-cs="2" data-kind="parent" data-rs="3">For persons under age 18 who are unable to present a document listed above:<li data-kind="ghost"><li data-kind="ghost"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><div>• You're single and have only one job; or</div><div>• You're married, have only one job, and your spouse doesn't work; or</div><div>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, complete all worksheets that apply. <div><div>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>			

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details.	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.


The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Savanna U.S. Zero (0.00%) Drug and Alcohol Tolerance Policy

1. Document Control

Name: HSE-POL-016		Title:		Savanna U.S. Zero (0.00%) Drug and Alcohol Tolerance Policy				
Dept Owner: HSE				Sensitivity:		Internal		
Apply to: Region: 		Division: All		Function:		All		
Rev No	Change Date	Change Description	Revision History		Originator	Approved By	Approval Date	MOC No
1	22-Sep-15	Update format			T. Downing			DMOC-####
2	02-Nov-16	Update Information			N. Todd	C. Strong	14-Dec-16	DMOC-0241

2. Purpose

Savanna Energy Services (U.S.A.) Corp. (“Savanna” or the “Company”) is committed to providing a safe environment for its employees, contractors, consultants, clients, the environment and the general public. The use of illicit drugs or the inappropriate use of alcohol, medications and other substances can present a serious danger to workers, property and the surrounding environment. Consistent with its commitment to maintaining a drug-free and alcohol-free workplace, Savanna has implemented this Zero (0.00%) Drug and Alcohol Tolerance Policy (the “Policy”) to minimize the risks associated with such use in the workplace.

Any breaches of this Policy during employment with Savanna may be grounds for disciplinary action, up to and including termination of employment.

Questions concerning the topics contained in this Policy should be directed to Human Resources.

This Policy complies with Title 49 C.F.R. 40, and Title 49 C.F.R. 382, as amended. All drug and alcohol testing for U.S. Department of Transportation (“DOT”) covered positions is conducted in accordance with these regulations. The provisions of this Policy will be applied and construed at all times so as to be consistent with applicable federal, state, and local laws. Savanna intends to comply fully with all applicable laws relating to alcohol and substance abuse. If any provision of this Policy is or becomes illegal for any reason, the applicable law will be followed.

3. Scope

This Policy applies to all Savanna personnel, including but not limited to all personnel who operate a commercial motor vehicle in the course and scope of their employment or are otherwise employed in a DOT-Covered Position (defined below).

Savanna’s U.S. Zero (0.00%) Drug and Alcohol Tolerance Policy combines drug and alcohol testing along with education and access to assistance to ensure that our employees report to work fit for duty and remain fit for duty at all times while on the job. Participation in Savanna’s drug and alcohol testing program is a requirement of all U.S. Savanna personnel, and therefore is a condition of continued employment with Savanna. Savanna reserves the right to take appropriate disciplinary action against any individual who has violated this Policy, or who otherwise fails to comply with the requirements of this Policy, up to and including termination of employment.

It is each supervisor’s responsibility to ensure that all individuals reporting to him/her are informed of this Policy.



Savanna U.S. Zero (0.00%) Drug and Alcohol Tolerance Policy

A copy of this Policy shall be provided to all employees, and each employee is required to sign an Employee Acknowledgement and Consent for Alcohol Testing, Drug Testing, and Searches (Appendix A). Failure or refusal to sign an employee acknowledgement form may be grounds for termination of employment.

4. Definitions & References

Alcohol is the intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.

Drug is any chemical substance that produces physical, mental, emotional, or behavioral change in the user, e.g., alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, hydrocodone, marijuana, methadone, methaqualone, methylenedioxymethamphetamine, opiates, oxycodone, phencyclidine, propoxyphene, etc. This definition includes prescription and over-the-counter drugs, “act-alike” drugs, designer (synthetic) drugs, “look alike” drugs, and any and all other drugs specified in Schedule I or Schedule II of the Controlled Substances Act, 21 U.S.C. 801, 802.

Drug Paraphernalia means any item which is associated with the administering, transferring or sorting of a drug, substance, chemical or agent and includes any product or device that may be used to attempt to tamper with a testing sample.

DOT-Covered Position includes all Savanna drivers who operate commercial motor vehicles on public roads in the U.S. and are subject to the commercial driver’s license requirements contained in 49 C.F.R. part 383. This includes all full-time, part-time, intermittent, backup and international drivers.

Employee Assistance Program (EAP) is a confidential, external service run by professional counselors, available on a voluntary basis to employees who may suffer from substance abuse or other related problems. This service is provided, at no cost to the employees, by Savanna.

Medical Review Officer (MRO) means a licensed physician responsible for receiving laboratory results generated by an employer’s drug testing program and who is knowledgeable of substance abuse disorders. The MRO must have appropriate medical training to interpret and evaluate medical explanations for certain drug test results.

Reasonable Suspicion is a supervisor or management-level employee’s belief based upon objective and articulable facts based on specific contemporaneous physical, behavioral, or performance indicators, sufficient to lead a prudent person to suspect that any employee is using drugs or alcohol, or otherwise is in violation of this Policy. Typically this will occur when a supervisor or Savanna official observes behavior or appearance that is characteristic of drug or alcohol misuse or receives a report that such misuse is being conducted.

Safety-sensitive position is defined as a position where incapacity due to drugs or alcohol impairment could result in direct and significant risk or injury to the employee, others, the public, property or the environment.

Safety-sensitive positions typically refer to positions which have a high exposure to catastrophic operational incident and have access to operations where failure could result in serious harm to public or employee well-being, Company assets or the environment e.g., Field Superintendent, Rig Manager, Driller, Operator (WS), Derrickhand, Motorhand, Floorhand, Leasehand, Driver (Company commercial and/or provided vehicles), Boiler Hand, Shop Foreman and Shophand. (This list is for illustrative purposes only)

Substance Abuse Professional (SAP) is an individual with knowledge of and clinical experience in the diagnosis and treatment of alcohol and drug related disorders. The SAP will assess whether the employee has an alcohol or



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drug dependency, make recommendations regarding education and treatment, and recommend a return-to-duty monitoring program, including unannounced testing.

Use means any form of consumption, ingestion, inhaling or injecting.

Worksite means Savanna offices, shops, rig locations, camp facilities, Company vehicles and Company-sponsored accommodation, including but not limited to, any other ancillary service sites associated with such work sites such as living quarters, camps, recreational facilities.

5. Responsibilities

Managers and Supervisors are expected to:

- promote a substance free work place through educating employees on the effects of drugs and alcohol in the workplace and through enforcing this Policy;
- distribute and explain the terms of this Policy to all employees during orientation;
- identify any situations that may cause concerns regarding an employee's ability to safely perform his/her job functions;
- monitor Policy compliance and take appropriate action as required under this Policy;
- refer an employee for drug and or alcohol screening when required to do so under this Policy;
- ensure that investigations of work-related incidents are carried out in accordance with Company incident investigation procedures; and
- confer with a HR Representative on substance abuse issues as appropriate.

HR Representatives are expected to:

- act as a Savanna resource in matters related to this Policy;
- provide confidential information to employees regarding drug and alcohol assistance, including referring employees to the Employee Assistance Program (EAP);
- communicate with the MRO and SAP as required;
- maintain confidential and secured records of all test results (including refusals to test), correspondence from the MRO and/or SAP and employee education and training; and
- liaise with the employee's supervisor, with respect to employee work limitations, disciplinary action, or termination considerations and advise employee where necessary.

Employees are expected to:

- abide by the terms of this Policy at all times;
- arrive fit for duty pursuant to the terms of this Policy, and remain fit for duty during their period of duty;
- disclose to their supervisor the use of any prescription or non-prescription medication that may affect or impair their ability to safely perform duties;
- seek advice on appropriate counselling or treatment if they suspect they have an existing or an emerging substance abuse issue. This may include contacting Savanna's Employee Assistance Provider (EAP) for free, 24 hour, confidential advice; and
- take appropriate actions to ensure a co-worker does not remain in an unfit condition at work. This may include contacting a HR Representative for confidential advice on what action to take.



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6. Policy Statements

6.1 Prohibitions

Savanna strictly prohibits the following while at the worksite. Employees found in violation shall be immediately removed from the workplace and will be subject to disciplinary action up to and including termination of employment.

6.1.1 Drugs

- No employee shall ever report for duty or remain on duty while under the influence of illicit drugs.
- No employee shall use, possess, distribute or offer for sale illicit drugs or drug paraphernalia.

6.1.2 Alcohol

- Except as set forth below, no employee shall report for duty or remain on duty while having a confirmed alcohol concentration over 0.00%.
- No employee shall consume, possess, distribute or offer for sale alcohol while on duty.
- No employee shall consume alcohol while on duty except where supply and reasonable consumption of alcohol is expressly permitted by Senior Management either at Company-authorized functions or in connection with entertainment for the promotion of the Company's business.

6.1.3 Prescription Medications & Other Substances - Certain legal and prescription drugs can produce changes in persons that might indicate intoxication or illegal drug use and could result in a "positive" result on a substance abuse screening test. Employees may continue to work for Savanna while taking prescription drugs at the direction of a physician or other health care professional for the treatment of an illness, or non-prescription drugs used for the purposes and in the manner intended, provided the medication does not adversely affect the employee's ability to perform his or her work in a safe and efficient manner. Each employee is responsible for being aware of and following all cautions associated with the use of prescription and non-prescription drugs.

- No employee shall intentionally misuse prescription or over-the-counter medications or other such substances in such a manner as to render themselves unfit to safely perform that employee's duties.
- It is the employee's responsibility to inform his/her physician of the employee's job duties and determine from the physician or other health care professional whether the prescribed drug may impair his/her job performance or mental or motor function. It is the responsibility of the employee to remove himself/herself from service if he/she is unfit for duty.
- Employees shall report to their supervisor in advance if their use of a prescription or non-prescription medication may impair or affect their ability to perform their essential job functions safely and if they need to request modified work requirements. Savanna reserves the right to determine, in its sole discretion, whether such employee may continue to perform his or her regular job functions due to potential safety and/or performance problems that may arise from the use of such prescription or non-prescription medication.
- No employee shall misuse prescription or over-the-counter medications (e.g. using the medication not as it has been prescribed, using someone else's prescription medication, using expired prescription drugs, combining medication and alcohol against direction).
- No employee shall possess prescription medications without a legally obtained prescription, or be involved in unauthorized distribution, offering, or sale of prescription medications (trafficking).
- An employee is required to disclose to his/her supervisor if he or she has a medical marijuana certificate.



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6.2 Screening

Savanna reserves the right to test potential or current employees in safety-sensitive positions in the following circumstances:

6.2.1 Pre-employment

- All applicants will be subject to drug and alcohol testing.
- Pre-employment testing will be conducted after a contingent offer of employment is made to an applicant. Following a conditional employment offer, applicants will be asked to sign a form consenting to a screening test as part of the application process. Failure or refusal to sign the consent form will be considered a withdrawal of the application. Further consideration for employment with Savanna is contingent upon successful results.
- A pre-employment test is required for current employees in a DOT-Covered Position who are away from work for more than 30 consecutive calendar days and (a) were removed from the random testing pools; and (b) plan to return to perform in a DOT-Covered Position.

6.2.2 Random

- All employees in DOT-Covered Positions, and all other employees engaged in safety-sensitive positions, will be subject to drug and alcohol testing on a random basis. Random tests may be performed at any time by means of a scientific random selection from all eligible employees. This selection is to be accomplished by the division or local office using a scientific method approved by the relevant Company official. This methodology will be such that all eligible employees within the division or local office will have an equal chance of being selected each time such random selection is conducted. Once the selection is made, the collection of specimens will be coordinated through the division or local representative. If the random selection is by work site, all eligible employees present at the site will be required to submit a specimen for testing. Savanna divisions will randomly test at such minimum rate as may be established by the relevant Company official and 49 C.F.R. § 382.305.

6.2.3 Post-Incident/Near Miss Incident

- Drug and alcohol testing will be carried out post incident for all recordable and potentially recordable injuries, high-severity potential incidents, and all motor vehicle incidents.
- Drug and alcohol tests will be conducted based on the facts and circumstances of each incident. Except as required by 49 C.F.R. § 382.303, testing will be limited to situations where an employee caused, or may have caused or directly contributed to, an incident or accident.
- Any drug or alcohol testing conducted following an incident as indicated above or a near miss incident shall be conducted as soon as practicable following the incident or near miss incident. However, nothing in this Policy shall be construed to require the delay of necessary medical attention for the injured following an accident, or to prohibit an employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain the necessary emergency medical care.

6.2.4 Reasonable Suspicion

- Any employee may be tested for alcohol or drugs where there is a reasonable suspicion that the employee is under the influence of drugs or alcohol while at a worksite.
- Observations which may lead to reasonable suspicion testing include but are not limited to:
 - ⇒ Observed or reported use of alcohol or drugs;
 - ⇒ Odor of alcoholic beverage on breath or body;
 - ⇒ Slurred speech;
 - ⇒ Glossy eyes;
 - ⇒ Unsteadiness;



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- ⇒ Flushed face;
- ⇒ Disorientation and/or drowsiness;
- ⇒ Incidents or injuries;
- ⇒ Repeated errors in job performance;
- ⇒ Excessive absenteeism or lateness;
- ⇒ Observed mood swings or changes in behavior; and
- ⇒ Physical illness on the job.
- The above observations must be made by a supervisor or Company official who is trained in accordance with 49 C.F.R. § 382.603. The person who makes the determination that reasonable suspicion exists to conduct an alcohol test shall not conduct the alcohol test of the employee.
- In the event of reasonable suspicion, any such observations must be documented and signed by the supervisor or Company official who made the observations within 24 hours of the observed behavior or before the results of the drug or alcohol tests are released, whichever is earlier. Where there is a reasonable suspicion that an employee is under the influence of drugs or alcohol while on duty, that employee shall be immediately removed from duty by the employee's supervisor and shall have a drug and/or alcohol test conducted as soon as possible.

6.2.5 Legitimate Customer Requests, including Pre-Access

- At times Savanna employees may be required to provide drug and alcohol testing as per customer contract in order to gain access or to continue working for the customer. There may be times when Savanna will follow the customer's Substance Abuse/Drug and Alcohol policy rather than Savanna's. This will be stated in the contract and will be communicated to all employees working for that customer.

6.2.6 Return to Duty

- An employee who has violated this Policy and is deemed fit to return to duty shall be tested for drugs and/or alcohol prior to being reinstated.
- When such a violation occurs, the employee cannot work again in a DOT-Covered Position until successfully completing the SAP-monitored return-to-duty requirements in accordance with 49 C.F.R. part 40, Subpart O.
 - ⇒ Only after the SAP has reported to Savanna that the employee is eligible to return to safety-sensitive duties is Savanna authorized to return the employee to a DOT-Covered Position. But whether or not to do so is a business decision of the Company. When Savanna makes the decision to return the employee to safety-sensitive duty, it will initiate the order for the return-to-duty test. All return-to-duty tests will be conducted using direct-observation collection procedures.
 - ⇒ A return-to-duty test, as a minimum, will be for the substance associated with the violation. When an employee in a DOT-Covered Position "passes" his/her return-to-duty test, his/her name is immediately placed in the Company's random testing pool.

6.2.7 Follow-up

- An employee who has violated this Policy and is deemed fit to return to duty may be subject to unannounced, observed testing for drugs and/or alcohol in accordance with 49 C.F.R. part 40, Subpart O for a specified period of time following that employee's return to work.

6.3 Testing Procedures

Savanna utilizes the services of laboratories accredited by the Substance Abuse and Mental Health Services Administration (SAMHSA), which is the certifying agency for drug and alcohol testing laboratories in Canada, the United States and Australia.



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Savanna uses urine specimen, oral fluid specimen or hair follicles to drug test for an extensive, diverse set of substances. The testing procedures outlined in this Policy will cover alcohol and the specified drugs only; it will not include testing for other substances except on the advice of medical or substance abuse experts in a post-treatment situation.

Any positive test result will be considered a violation of this Policy, whether or not the drugs or alcoholic beverage were actually consumed during working time or while on Company business or premises. A verified positive drug test result or refusal to test (including by adulterating or substituting a urine specimen) will result in immediate removal from the performance of safety-sensitive functions, and may result in termination of employment.

Employees must proceed immediately to the collection site. After notification, employees are not allowed to go unescorted to their lockers, personal vehicles, or work stations or off location. If possible, the MRO will arrange for collectors to come onsite in order to collect specimens. But if not possible, transportation will be provided to the sample collection site or hospital/clinic, and then to place of residence or into the care of another person. The individual may be temporarily suspended from duty or reassigned pending completion of any investigation.

6.3.1 Drug Testing

- The following five drugs will be tested for and are prohibited under this Policy:
 - ⇒ Marijuana Metabolites (THC)
 - ⇒ Cocaine Metabolites
 - ⇒ Phencyclidine (PCP)
 - ⇒ Amphetamines, Methamphetamine, Methylenedioxymethamphetamine (MDMA)
 - ⇒ Opiates (Codeine, Morphine and Heroin)



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No employee may test positive for illicit drugs exceeding the allowable limits established in the chart below:

Type of Drug or Metabolite (Urine Test)	Initial Test (EMIT) (ng/mL*) EMIT = Enzyme Multiplied Immunoassay Techniques	Confirmation Test (GC/MS) - (ng/mL*) GC/MS = Gas Chromatography / Mass Spectrometry
Marijuana metabolites	50	15
Cocaine metabolites	150	100
Phencyclidine (PCP)	25	25
Amphetamines, Methamphetamine, MDMA	500	250
Opiates (Codeine, Morphine and Heroin)	2000 – Codeine 2000 – Morphine	2000 - Codeine 2000 – Morphine
6-Acetylmorphine	10	10

The values in the chart represent the prevailing federal testing thresholds and list of substances tested on the date that this Policy was approved. Notwithstanding the values stated above, Savanna will always abide by the most-current DOT testing thresholds and list of substances tested without regard to whether the testing is for DOT-Covered or non-Covered Positions. Please refer to the DOT (www.dot.gov) for the most recent thresholds and list of substances tested.

- In addition, Savanna reserves the right to test for any additional drugs at its sole discretion with or without prior notice.

In post-accident testing situations, samples will be collected as soon as possible after the triggering event, but collection attempts will end thirty-two (32) hours after the incident for a drug test

All urine specimens must be collected at an appropriate collection site specified by the MRO as a place where individuals present themselves for the purpose of providing a specimen of their urine to be analyzed. The MRO will ensure that all collection site personnel and the collection process meet all applicable regulatory requirements established by the DOT and this Policy.

Employees subject to testing, upon their arrival at a certified collection facility, will be provided written instructions that explain their responsibilities.

All drug testing under this Policy and DOT regulations must be completed in a laboratory certified by the Department of Health and Human Services (DHHS) and the results must be reviewed by the approved MRO, who is designated and retained by the Company.



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If any employee has a “positive” drug screening test, the test will be confirmed by the laboratory and the MRO. The employee has the right to request that the split sample be tested at a second laboratory. The second laboratory must be certified by DHHS and will be selected by the MRO. The employee has seventy-two (72) hours in which to make the decision to conduct a second test on the split sample. Savanna will seek reimbursement for the cost of the completed test from the employee if the results of the second test confirm the original positive finding. If the second test of the sample yields a negative result, the employee will not be charged for the cost of the test.

6.3.2 Alcohol Testing

In post-incident and reasonable-cause testing situations, samples will be collected as soon as possible after the triggering event. If an alcohol test is not administered within two (2) hours following the determination to conduct a reasonable suspicion test, the supervisor shall prepare and maintain on file a record stating the reasons the alcohol test was not promptly administered. If an alcohol test is not administered within eight (8) hours following the determination to test, attempts to administer an alcohol test will cease, and the record will be updated with the reasons for not administering the test.

Breath alcohol testing must be carried out by using an evidential breath testing device (that is approved by the National Highway Traffic Safety Administration (NHTSA). A Breath Alcohol Technician (BAT) or Screening Test Technician (STT) will conduct the testing.

When possible, the alcohol test will be performed at the same location used for urine collection for drug tests. When needed, however, the breath alcohol test may be performed on-site. Regardless of location, when reporting at the collection site, positive identification must be provided to the BAT or STT. The identification can be in the form of a passport, driver's license, or identification by an Company representative.

If the result of the screening test produces a result that subsequently requires a confirmatory test, the confirmatory test must be performed not less than fifteen (15) minutes or more than thirty (30) minutes after the completion of the screening test.

The BAT or STT will transmit all results to the MRO in a confidential and timely manner. If an individual must be removed from a DOT-Covered Position, the BAT or STT will notify the MRO immediately, who will in turn notify the designated Savanna representative. Appropriate follow-up action will be determined as indicated by the test results.

6.4 Positive Test Results

6.4.1 Applicants (Pre-Employment)

Any applicant who tests positive on a pre-employment drug or alcohol test will not be offered employment with Savanna. The applicant will be eligible for hire for available positions after a period of six months or longer. If the applicant re-applies, the applicant will again be subject to drug and alcohol testing. If the result is again a positive test, the applicant will not be offered employment with Savanna and will be ineligible for hire for a period of one year or longer.

6.4.2 Employees

Employees who test positive on a drug or alcohol test will be immediately removed from any DOT-Covered Position, or the performance of any other safety-sensitive functions, and will be subject to disciplinary action, up to and including termination of employment. Any employee who tests positive on a drug or alcohol test will be encouraged to seek assistance. The employee will be eligible for rehire for available positions after a period of six months or longer, or (for DOT-Covered Employees) until the employee has met the requirements of 49 C.F.R. Part 40, Subpart O.



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6.4.3 Accommodation

If an employee voluntarily reports a drug or alcohol abuse problem before any circumstances warranting testing and/or disciplinary action occur, the employee may request leave time or a leave of absence under appropriate Company leave policies (generally for a period not to exceed 12 weeks). An extension of the leave may be granted as a reasonable accommodation, within the exclusive discretion of Savanna. The cost and expenses of any treatment or any counseling program will be the sole responsibility of the employee, subject to benefits available, if any, under any applicable employee benefit program. Savanna may request certification that the employee has continued in treatment during the granted leave period. If the employee does not continue proper treatment during the granted leave, the employee will be subject to disciplinary action up to and including immediate termination of employment. Any employee who does not fully comply with Savanna's requirements for a leave that is granted may be subject to immediate termination of employment. Employees who return to work following such voluntary treatment may be subject to follow-up testing.

6.5 Refusal to Test/Tampering with Test

No employee shall refuse to submit to any drug or alcohol test as set forth in Part 6.2 of this Policy. For purposes of this section, "refuse to submit" means:

- (1) Failure to appear for any test (except a pre-employment test) within a reasonable time, as determined by Savanna, consistent with applicable DOT regulations, after being directed to do so by Savanna;
- (2) Failure to remain at the testing site until the testing process is complete; provided that an employee who leaves the testing site before the testing process commences a pre-employment test is not deemed to have refused to test;
- (3) Failure to provide a urine specimen for any drug test required by applicable DOT regulations; provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test is not deemed to have refused to test;
- (4) In the case of a directly observed or monitored collection in a drug test, failure to permit the observation or monitoring of the employee's provision of a specimen;
- (5) Failure to provide a sufficient amount of urine when directed, and it has been determined, through a required medical evaluation, that there was no adequate medical explanation for the failure;
- (6) Failure to take or declining to take a second test as directed by Savanna;
- (7) Failure to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process. In the case of a pre-employment drug test, the applicant is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;
- (8) Failure to cooperate with any part of the testing process (e.g., refuse to empty pockets when so directed by the collector, behave in a confrontational way that disrupts the collection process); or
- (9) Test is reported by the MRO as having a verified adulterated or substituted test result.

Employees who refuse to submit to testing (as defined above) are in violation of this Policy, will be immediately removed from performing any safety-sensitive functions, and will be subject to disciplinary action, up to and including termination of employment.

Savanna reserves the right to require, without notice, a re-test wherein the first sample has been determined invalid for testing.



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6.6 Workplace Searches and Inspections

To accomplish the objectives of this Policy more effectively, and to assist in any investigation of possible violations of this Policy, Savanna reserves the right to search: (i) its premises; (ii) employees and their belongings on its premises; and (iii) other persons and their belongings on Company premises. Savanna may initiate such searches without prior notice, and conduct searches at times and in locations that the Company, in its sole discretion, deems appropriate. Failure to cooperate with a search is misconduct and is grounds for disciplinary action, up to and including termination of employment. Acceptance or continuation of employment with the Company constitutes consent to such searches. Illegal substances, drugs, and other prohibited items discovered through these searches and inspections may result in law enforcement authorities being advised in this regard consistent with the law.

6.7 Effects of Alcohol and Drugs

Information concerning the effects of alcohol and drug use on an individual's health, work, and personal life, in addition to signs and symptoms of an alcohol or drug problem, and available methods of intervening when an alcohol or drug problem is suspected, is available from the Savanna Human Resources department.

6.8 Conviction or Probation Under a Criminal Drug Law

All employees convicted of violating a criminal drug statute must notify their immediate supervisors within five calendar days of the conviction. For purposes of this provision, a conviction includes (1) a finding of guilt; (2) a plea of guilty or nolo contendere (or similar plea); and/or (3) the imposition of a sentence by any judicial body responsible for determining violations of federal or state criminal drug statutes, laws, regulations, or ordinances, including but not limited to driving while impaired (DWI), driving under the influence (DUI), or public intoxication. Failure to report a conviction or guilty plea will result in termination of employment.

6.9 Confidentiality

Except in certain legal proceedings as set forth in 49 C.F.R. 40.323, employee confidentiality will be maintained to the extent possible, except where limited disclosure is necessary for related health and safety concerns, including where there is deemed to be a potential for risk to self, others, or the Company.

Examples of situations in which such limited disclosure may be necessary include but are not limited to:

- Determining fitness to perform the essential duties of the job;
- Compliance with this Policy;
- To disclose to Savanna management, supervisory personnel (including any foreman, supervisor or general manager), and health and safety personnel any suspension, termination, or action taken as a result of a breach of this Policy, including the reasons for such action (and details concerning the test results);
- To disclose to other contractors or third parties the fact that an individual has not been hired, or that an employee has been suspended, terminated or will be absent from the workplace;
- Referrals to a MRO or SAP;
- Accommodating return to work; and
- Disciplinary action.

In addition, Savanna will maintain the confidentiality of information acquired as a result of any medical examination or inquiry as required by the Americans With Disabilities Act (ADA) and other applicable laws.



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Appendix A. EMPLOYEE ACKNOWLEDGEMENT AND CONSENT FOR ALCOHOL TESTING, DRUG TESTING AND SEARCHES

I hereby acknowledge receipt of the Savanna U.S. Zero (0.00%) Drug and Alcohol Tolerance Policy. I have had an opportunity to ask questions about the Policy and I understand the Policy requirements.

Among other things, I understand and acknowledge that:

1. I must comply with the terms of the Savanna U.S. Zero (0.00%) Drug and Alcohol Tolerance Policy as a condition of my employment. This includes, but is not limited to, my consent to a search initiated by Savanna U.S. for prohibited items as set forth in its Zero (0.00%) Drug and Alcohol Tolerance Policy, and I acknowledge that I have no expectation of privacy with respect to the specified search areas set forth therein;
2. I am subject to drug and alcohol testing under the Policy;
3. I must consent to the drug and alcohol testing described in the Policy;
4. I am subject to disciplinary action, up to and including termination of employment, if I fail or refuse to submit and consent to the drug and alcohol testing described in the Policy or otherwise violate the Policy;
5. I must report to Savanna U.S. within five calendar days any conviction or entry of a guilty plea resulting in incarceration or probation under any criminal drug statute, law, regulation, or ordinance or any conviction for an alcohol-related offense; and
6. I am employed at-will and nothing in the Policy constitutes a contract of employment or guarantee of employment for any specific period or alters the at-will nature of my employment.

Name: _____

Signature: _____

Date: _____

Witness: _____