



Savanna Drilling Corp.
Suite 1000, 734 7th Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

New Hire Package

Welcome to the Savanna Drilling Team! In this package you will find important information about your pay and benefits as well as information about what you will need while working on a Savanna Drilling Rig. Please read through the package carefully and complete all of the forms.

Before you get started, please review our corporate policies which can be found at <https://www.savannaenergy.com/canada-drilling>. Please have a copy (picture/scan) of a void cheque, valid H2S Alive and drivers licence ready to attach.

We look forward to working with you!

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Savanna Drilling Corp.

General Information Form – Field Employees

Employee Name (Full Legal Name)				Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address				Postal Code	
City		Province		SIN	
Date of Birth (DD/MMM/YYYY)				Gender	
Home Phone				Cell Phone	
E-mail Address					
Health Care Card #				Province	
Emergency Contact Full Name				Relationship to Employee	
Emergency Contact Phone Number(s)					
Driver's License Number				Province	
Expiry Date (DD/MMM/YYYY)				Class	
--- The section below must be completed by HR department ---					
Employee ID				Start Date	
Position				Rig Number	
Benefits Eligibility	<input type="checkbox"/> Waived <input type="checkbox"/> 3 Month Wait			Coveralls Issued <input type="checkbox"/> Y <input type="checkbox"/> N	SIZE:
Tickets Received	H2S <input type="checkbox"/>	WHMIS <input type="checkbox"/>	TDG <input type="checkbox"/>	SFA <input type="checkbox"/>	Audio <input type="checkbox"/>
Resume/Offer Letter Attached	Resume <input type="checkbox"/>			Offer Letter <input type="checkbox"/>	
Completed by					



Direct Deposit Application Form

Employee's Full Name:	Social Insurance Number (SIN):
Employee's Home Address:	
Terms and Conditions: <ul style="list-style-type: none">• Your paycheck can be direct deposited to a banking institution of your choice.• The Account MUST be in the employee's name.• You may direct your pay into a single bank account only.• If the VOID cheque or verified bank information is missing, the employee's paycheck will be mailed to their home address on file.	
Attach a clear copy of a verified bank information or VOID Cheque here:	
Please ensure that the attachment contains: <ul style="list-style-type: none">- Transit #- Institution/Bank #- Account#.	
DECLARATION: I hereby authorize Savanna Drilling Corp. ("Savanna") and/or subsidiaries to deposit my net pay to my account as noted above.	
Employee Signature:	Date Signed:

Please complete and return to Payroll.



Payroll Deduction Authorization

Employee's Full Name	
<p>I acknowledge that during the course of my employment with Savanna Drilling Corp. ("Savanna" or "Company"), Savanna may incur costs relating to me for the following items that are not covered as part of my employment or for which I may receive a benefit outside of the workplace ("Deductible Costs"). I hereby authorize Savanna to deduct from my pay through payroll the actual cost to it of such Deductible Costs without prior notice to me:</p>	
<p>a) Unauthorized purchases by me of personal goods on Company accounts;</p> <p>b) Unauthorized use by me of Company credit card (if applicable);</p> <p>c) Fines associated with photo radar, red light or other traffic violations relating to a Company vehicle operated by me;</p> <p>d) Costs resulting from damage by me to property of Company or its customers (including vehicles) that is willful or negligent;</p> <p>e) My unpaid/unauthorized accommodation costs and expenses, including, but not limited to meals, phone calls, damages, movie rentals, etc.;</p> <p>f) Safety Boots Program and/or Prescription Safety Glasses Program cost, if my employment is terminated (voluntary or involuntary) within six (6) months of the date of reimbursement, or if I request unpaid time off or a leave of absence within my ninety (90) day probationary period (to be re-paid upon my return to work);</p> <p>g) *Actual Mandatory Safety Training course costs in the following circumstances:</p> <p>(i) if I fail to attend a scheduled training course;</p> <p>(ii) if I do not pass or complete a training course;</p> <p>(iii) if I do not pass my ninety (90) day probationary period with Savanna; or</p> <p>(iv) if I voluntarily resign or am terminated for cause within six (6) months of course completion;</p> <p>h) *Actual Pre-employment Testing (drug and alcohol testing) costs in the following circumstances:</p> <p>(i) If I request unpaid time off or unpaid leave of absence during my ninety (90) day probationary period (reimbursed upon return to work);</p> <p>(ii) if I do not pass my ninety (90) day probationary period with Savanna; or</p> <p>(iii) if I voluntarily resign prior to the expiration of my ninety (90) day probationary period; and</p> <p>i) *Actual Unreturned Mandatory Safety Equipment (PPE) costs in the following circumstances:</p> <p>(i) If I request unpaid time off or unpaid leave of absence during my ninety (90) day probationary period (reimbursed upon return to work);</p> <p>(ii) If I do not pass my ninety (90) day probationary period with Savanna; or</p> <p>(iii) If I voluntarily resign prior to the expiration of my ninety (90) day probationary period.</p> <p>*Current Deductible Costs known to Savanna are listed in the attached Schedule "A"</p>	
<p>Employee Acknowledgement and Signature:</p> <p>By signing below, I confirm that I have reviewed this form and irrevocably authorize Savanna to deduct through payroll (including my final pay) costs for the items as stated above.</p>	
Employee Name: (please print)	
Employee Signature:	
Date:	
<p><i>Please complete, sign and return to your Crew Coordinator and/or HR Representative.</i></p>	



Payroll Deduction Authorization

SCHEDULE "A" DEDUCTIBLE COSTS (Updated: August 16, 2023)

****Mandatory Safety Training Costs:**

(actual cost of training as required under Savanna's *Health Safety Environment Management System* manual and training matrix or as otherwise requested by Savanna for business needs)

Common Safety Orientation	\$ 70.00
H2S Alive	\$180.00
Standard First Aid Level C (AED)	\$195.00
Standard First Aid Level C (AED) Recert	\$195.00
ESC Fall Protection	\$305.00
ESC Fall Rescue for Rig Work	\$305.00
Boiler Ticket - ESC (3-days)	\$810.00
Boiler Ticket - Safety Buzz (1-day)	\$560.00
Boiler Ticket Renewal - AB	\$104.40
Boiler Ticket Renewal - SK	\$115.00
Boiler Ticket Renewal - BC	\$110.00
Loader	\$260.00
Confined Space Entry & Rescue	\$200.00
First Line Supervisor Blowout Prev	\$685.00
First Line Challenge Exam	\$120.00 (plus exam sitting fees - varies by location)
Second Line (Test Well)	\$1,280.00
Second Line (Refresher)	\$1,165.00

SureHire - Audiogram and mask fit test (x2): \$103.00 - Power Center, \$139.25 - Canada Wide (Annual)
ECS - Audiogram and mask fit test (x2): \$90.00 (Annual)

****Pre-employment Occupational Testing Costs:**

(incl. Drug and Alcohol, Mask Fit, Vision Test, Audiometric and Fit Test)

SureHire - Power Centre costs: \$401.00
Sure Hire - Canada Wide costs: \$551.00
ECS Safety Services: \$357.00

****Safety Boots Program Cost:**

\$250.00

****Prescription Safety Glasses Program Cost:**

\$200.00

Unreturned Mandatory Safety Equipment Costs:

Pair of Coveralls \$122.00 - \$128.00
Hard hat \$40.00
Impact gloves \$16.55 - \$33.00

*****The above indicated amounts are average costs and subject to change without notice by third party provider. Actual costs will be confirmed prior to payroll deduction.***



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Calgary, Alberta T2P 3P8
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Declaration of Exemption – Employment at a Special Work Site

I _____, employee of Savanna Drilling Corp. acknowledges and accepts responsibility to notify Payroll if the following conditions are not met:

- My principal place of residence is available for me to live in. I do not rent it to anyone.
- By reason of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at the location.
- My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site.

Employees who do not meet the criteria above are to immediately notify Payroll and will be taxed on non-camp subsistence. **Failure to comply with this CRA legislation could result in penalties and interest.**

Savanna Drilling Corp. has agreed that the following conditions are met:

- The duties the employees must perform at the special work site are temporary in nature and, by reason of distance, the employees are not expected to return daily to their principal places of residence.
- The board and lodging provided, or the allowance received by the employees have been for a period of at least 36 hours spent at the special work site (including the time the employees spend travelling between work and residence).
- The benefits or allowances for transportation given to the employees relate only to the period the employees receive the allowances, or their value for board and lodging.

Employee Signature

Date

Declaration of Exemption – Employment at a Special Work Site

Who can use this form?

Use this form if you are an employee who works at a special work site. It will allow your employer to determine if the following benefits can be excluded from your income:

- the value of, or an allowance (not in excess of a reasonable amount) for expenses for, board and lodging provided by your employer at a special work site
- the value of, or an allowance (not in excess of a reasonable amount) for expenses for, transportation to and from your principal place of residence and a special work site

Your employer will exclude these benefits or allowances from your income if **all** the conditions explained below are met.

You and your employer should fill out this form when you begin your employment at a special work site or if your employment situation at a special work site changes.

For more details, see Interpretation Bulletin IT-91, Employment at Special Work Sites or Remote Work Locations.

Employee information (please print)

Last name		First name and initial(s)		Social Insurance Number	
Address of your principal place of residence (self-contained domestic establishment)				Postal code	
Number of kilometres between your principal place of residence and the special work site (one way)				Location where you live while you are employed at the special work site	

Employee's certification

I certify that I meet all of the following conditions:					
<ul style="list-style-type: none"> I maintain a self-contained domestic establishment as my principal place of residence at the address above. My principal place of residence is available for me to live in. I do not rent it to anyone. By reason of the distance between my principal place of residence and the special work site, I am not expected to commute between the two while I am working at that location. My work requires me to be away from my principal place of residence for at least 36 hours, including the time I spend travelling between my principal place of residence and the special work site. 					
Year	Month	Day	Signature of employee		

Employer information (please print)

Name of employer					
Savanna Drilling Corp.					
Address					
Suite 1000, 734 7th Avenue SW T2P 3P8					
Type of business			Account number (from Form PD7A, Remittance voucher)		
Name of proprietors or partners (if applicable)					
Exact location of the special work site (including the municipality)			The benefits or allowances below are available under:		
			<input type="checkbox"/> collective agreement <input type="checkbox"/> company policy		
Period of work at the special work site requiring the employee to be away from his or her principal place of residence for at least 36 hours.			Year Month Day to Year Month Day		

Employer details of benefits or allowances (give an estimate if you do not know the exact amount)

	Board	Lodging	Board and lodging	Transportation	Other
Amount paid to employee for:	\$	\$	\$	\$	\$
Value of free:	\$	\$	\$	\$	\$

Continued on next page

Employer's certification

<p>I certify that all of the following conditions are met:</p> <ul style="list-style-type: none"> • The duties the employee has to perform at the special work site are temporary and, by reason of distance, the employee is not expected to return daily to his or her principal place of residence. • The board and lodging provided or the allowance received by the employee have been for a period of at least 36 hours spent at the special work site (including the time the employee spends travelling between the principal place of residence and the special work site). • The benefits or allowances for transportation given to the employee relate only to the period the employee also receives the value of, or allowances for, board and lodging. <p>After you complete this form with your employee, keep it with your payroll records in case we ask to see it.</p>									
<table border="1"> <tr> <td>Year</td> <td>Month</td> <td>Day</td> </tr> <tr> <td> <div></div> <div></div> <div></div> <div></div> </td> <td> <div></div> <div></div> <div></div> <div></div> </td> <td> <div></div> <div></div> <div></div> <div></div> </td> </tr> </table>	Year	Month	Day	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div>	Signature of employer or authorized officer		
Year	Month	Day							
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Note: Employers should contact their tax services office if they receive a Form TD4 with doubtful statements. Any person who knowingly completes or accepts a Form TD4 with false or deceptive statements commits an offence.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.



ENROLMENT REQUEST

As plan administrator, if you use Web@dmin to enrol the plan member, please keep the form for your records. If you do not use Web@dmin, submit a copy of the form to Industrial Alliance and retain the original. You can submit the copy of the form by:

Fax: 1-877-392-6487

Mail: Quebec

PO Box 790, Station B
Montreal, Quebec H3B 3K6

All Other Provinces

522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

TO BE COMPLETED AND SIGNED BY THE PLAN ADMINISTRATOR (Please print in ink)

Policyholder's name Savanna Drilling Group policy no. 27551
(Employer/organization)

Division no. 204 Class no. _____ ☐ Certificate no. _____

Location no. or name (if applicable) _____ ☐ Certificate no. to be assigned by the insurer

Plan member's occupation _____

Employment date

Y	M	D
---	---	---

 Eligibility date

Y	M	D
---	---	---

 For reinstatement, give

Y	M	D
---	---	---

date rehired full time

If you waived the waiting period, please explain why: _____

Salary \$ _____ ☐ Annually ☐ Biweekly ☐ Hourly - Hours worked/week _____
☐ Monthly ☐ Semimonthly ☐ Weekly

Plan administrator's signature _____ Date

Y	M	D
---	---	---

Plan administrator's email _____ Tel. no. _____

TO BE COMPLETED AND SIGNED BY THE PLAN MEMBER (Please print in ink)

1. PLAN MEMBER INFORMATION

Last name _____ First name _____

Address _____ No. _____ Street _____ Apt. _____ City _____ Province _____ Postal code _____

Date of birth

Y	M	D
---	---	---

 Sex: ☐ Male ☐ Female Language: ☐ English ☐ French

Direct deposit of your health and/or dental claim reimbursements and notification* of claim processing

Banking information for direct deposit:

Transit #	Institution #	Account #
-----------	---------------	-----------

1 2 3 4

- 1 Cheque number (do not write this number).
- 2 Transit number (5 digits).
- 3 Financial institution number (3 digits).
- 4 Account number. The format may vary from one financial institution to another. Indicate all numbers and only the numbers.

Email address for notification*: _____

☐ Personal ☐ Work

☐ I do not want to be notified

* You will be considered as having refused the notification if you do not provide your banking information or your email address or if you check "I do not want to be notified".

Note: You can view the status and details of your health and/or dental claims via CyberClient, our secure website, at any time.

Please complete the 4 pages of this form and sign the "PLAN MEMBER CONFIRMATION/AUTHORIZATION" section.

IMPORTANT: The basic dependents' life insurance coverage will be automatically applied if your plan includes this benefit and your dependents (spouse and children) are eligible. This requirement applies regardless of the coverage chosen for the health and dental benefits (individual, family, single parent, couple or refused coverage).

2. SPOUSE INFORMATION

Last name _____ First name _____

Date of birth

Y	M	D
---	---	---

Sex: ☐ Male ☐ Female

Is your spouse covered by another group insurance plan for health and dental benefits? ☐ Yes ☐ No

If Yes, specify his/her: Health coverage: ☐ Individual ☐ Family ☐ Single parent ☐ Couple

Dental coverage: ☐ Individual ☐ Family ☐ Single parent ☐ Couple

Insurer's name _____

Group policy no. _____ Certificate no. _____

Note: If your spouse is a common-law spouse, please contact your plan administrator to confirm his/her eligibility.

3. DEPENDENT CHILDREN INFORMATION *(if more space is required, please use another sheet. Date and sign any attached document.)*

Last name	First name	Sex	Date of birth	If age 21* or over, specify
		<input type="checkbox"/> M	Y M D	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> F	Y M D	Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M	Y M D	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> F	Y M D	Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M	Y M D	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> F	Y M D	Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M	Y M D	Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> F	Y M D	Handicapped <input type="checkbox"/> Yes <input type="checkbox"/> No

* The age limit may vary depending on your plan. Please contact your plan administrator to confirm this information.

If one of your dependent children is covered by a group insurance plan other than yours or your spouse's, complete the following table:

Child Last name, First name	Plan type (e.g. school plan, etc.)	Insurer name	Group policy no.

4. CHOICE OF COVERAGE

Coverage requested*: ☐ Individual ☐ Family ☐ Single parent ☐ Couple

Plan/Option/Module (if applicable) _____

*If you and/or your dependents **already have health and/or dental coverage under another group plan**, you can refuse to be covered for health and/or dental benefits under this group plan by checking the following boxes:

For myself and ☐ I refuse health benefits
my dependents: ☐ I refuse dental benefits

For my dependents ☐ I refuse health benefits
only: ☐ I refuse dental benefits

Note: If you refuse coverage and wish to request it at a later date, certain conditions may apply. Please contact your plan administrator for further details.

5. OPTIONAL BENEFITS

IMPORTANT: Before completing this section, check with your plan administrator if optional benefits are offered as part of your group plan and if you should complete the *Evidence of Insurability* form (F54-002A).

	Life*	Accidental Death and Dismemberment*	Critical Illness*	Statement (Complete only if you want to add optional life and/or optional critical illness benefits)
Plan member	\$ _____	\$ _____	\$ _____	In the last twelve months, have you used tobacco in any form whatsoever, nicotine products (gum, patches, etc.) or marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	\$ _____	\$ _____	\$ _____	In the last twelve months, has your spouse used tobacco in any form whatsoever, nicotine products (gum, patches, etc.) or marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No
Children	\$ _____	\$ _____	\$ _____	Each child will benefit from the coverage amount you selected.

*Please indicate the coverage amount to be added. Do not include basic coverage.

6. APPOINTMENT OF BENEFICIARY (If you do not designate a beneficiary, the benefit will be payable to the estate.)

1. Primary beneficiaries

If you name multiple primary beneficiaries, the total allocation must be equal to or less than 100%; if less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

Last name	First name	Relationship	Date of birth	%
Beneficiary designations will be completed by the employee through Industrial Alliance (iA) My Client Space secure online website at https://iac.secureweb.inalco.com/ . You will receive an email from iA Financial Group inviting you to create an account in My Client Space. Once you have created an account, you will be able to update your beneficiaries			Y M D	
			Y M D	
			Y M D	

2. Contingent beneficiaries

If you wish, you can also appoint contingent beneficiaries in the event **all** primary beneficiaries predecease you. If you name multiple contingent beneficiaries, the total allocation must be equal to or less than 100%. If less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

Last name	First name	Relationship	Date of birth	%
			Y M D	
			Y M D	

IMPORTANT: For Quebec residents only – to be completed if you designated your spouse (marriage or civil union) as a beneficiary.

In Quebec, the designation of a spouse, excluding a common-law spouse, as a beneficiary is irrevocable* unless you check the following box:

☐ Revocable beneficiary

*To change the appointment of an irrevocable beneficiary, his/her written consent will be required.

7. TRUSTEE DESIGNATION (Not applicable in Quebec.)*

You can appoint a Trustee to receive any amount due to any beneficiary under the age of majority.

Trustee's last name _____ First name _____

*In Quebec, there might be issues with respect to the appointment of a trustee. You should consult a legal advisor before appointing a trustee.

Please sign the "PLAN MEMBER CONFIRMATION/AUTHORIZATION" section on the next page.

PLAN MEMBER CONFIRMATION/AUTHORIZATION

I HEREBY APPLY for the benefits which I am eligible for under my Employer's/Policyholder's group insurance plan, subject to any waiver indicated and **CONFIRM** that the information contained in this form is true and complete to the best of my knowledge.

If applying for benefits for my dependents, **I CONFIRM THAT I AM AUTHORIZED** to disclose information concerning them for the purpose of determining their eligibility for coverage.

On behalf of myself and my dependents, **I CONSENT TO THE RELEASE** of the information contained in this form to my Employer/Policyholder and Industrial Alliance, its employees, agents, reinsurers and service providers for the purpose of underwriting, administration, claims processing and the enrolment of myself and my dependents in my Employer's/Policyholder's group insurance plan. In addition, **I UNDERSTAND** that personal information may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.

If my Social Insurance Number is used as my certificate number, I **AUTHORIZE** its use for the administration of my group insurance plan.

I AUTHORIZE my Employer/Policyholder to make the required salary deductions for my group insurance plan.

If I enroll in direct deposit, I **AUTHORIZE** Industrial Alliance to deposit in my bank account, using the banking information I have provided in section 1, any amounts payable in regards to a claim that I submit under my group insurance plan. I **AGREE** that this authorization will apply until such time as I submit a written request to the contrary to Industrial Alliance. I **UNDERSTAND** that Industrial Alliance will have no further obligation with regard to the claims paid. I **ALSO UNDERSTAND** that Industrial Alliance can, without prior notice, terminate the direct deposit of my claims payments. This authorization takes effect on the date indicated below and will be valid for all other active bank accounts at this or any other financial institution that I may name in the future.

I AGREE that a photocopy of this Confirmation/Authorization shall be as valid as the original.

Plan member's signature _____ **Date** ____/____/____

DISCLOSURE

At Industrial Alliance, the personal information we collect concerning you and your dependents is kept in strict confidence and is only used for the purposes you have authorized. Your personal file will be kept at Industrial Alliance's offices.

You have the right to request access to your personal information and, if necessary, correct any inaccurate information. In order to do so, send a written request to the following: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, Quebec, G1K 7M3.

Access to your personal information will be limited to Industrial Alliance's employees, agents, reinsurers and service providers in the performance of their jobs, individuals to whom you have granted access, and persons authorized by law.

For the purposes of audits and administrative reporting, Industrial Alliance may release to your Employer/Policyholder statistical financial information without personal identifiers.

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2023, see "More than one employer or payer at the same time" on page 2

21,003

2. Age amount – If you will be 65 or older on December 31, 2023, and your net income from all sources will be \$43,570 or less, enter \$5,853. You may enter a partial amount if your net income for the year will be between \$43,570 and \$82,590. To calculate a partial amount, fill out the line 2 section of Form TD1AB-WS, Worksheet for the Alberta 2023 Personal Tax Credits Return.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), **enter whichever is less:** \$1,617 or your estimated annual pension.

4. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$16,201.

5. Spouse or common-law partner amount – Enter the difference between the amount on line 1 and your spouse's or common-law partner's estimated net income for the year if **all** of the following conditions apply:

- You are supporting your spouse or common-law partner
- Your spouse or common-law partner lives with you
- Your spouse's or common-law partner's net income for the year will be less than the amount on line 1

6. Amount for an eligible dependant – Enter the difference between the amount on line 1 and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- The dependant is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1

7. Caregiver amount – Enter \$12,158 if you are taking care of a dependant and **all** of the following conditions apply:

- The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older)
- The dependant lives with you
- The dependant has a net income of \$19,331 or less for the year

You may enter a partial amount if the dependant's net income for the year will be between \$19,331 and \$31,489. To calculate a partial amount, fill out the line 7 section of Form TD1AB-WS.

8. Amount for infirm dependants age 18 or older – Enter \$12,158 if you are supporting an **infirm** dependant and **all** of the following conditions apply:

- The dependant lives in Canada and is related to you or your spouse or common-law partner
- The dependant is 18 years or older
- The dependant has a net income of \$8,032 or less for the year

You may enter a partial amount if the infirm dependant's net income for the year will be between \$8,032 and \$20,190. To calculate a partial amount, fill out the line 8 section of Form TD1AB-WS. You **cannot** claim an amount for a dependant you claimed on line 7.

9. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.

10. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount.

11. TOTAL CLAIM AMOUNT – Add lines 1 to 10.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

Filling out Form TD1AB

Fill out this form if you have income in Alberta and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1AB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1AB for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1AB, check this box, enter "0" on line 11 and do not fill in lines 2 to 10

Total income is less than the total claim amount

☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



2023 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee number	
Address		Postal code		For non-residents only Country of permanent residence		Social insurance number	

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,499 for each infirm child born in 2006 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2023, and your net income for the year from **all** sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. Disability amount – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,428.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **both** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$26,782 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$26,782 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or** an **infirm** spouse or common-law partner whose net income for the year will be \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

☐ Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

☐ Yes (Fill out the previous page.)

☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to **canada.ca/taxes-northern-residents**.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to **canada.ca/cra-forms-publications** or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at **canada.ca/cra-info-source**.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____



Confidentiality Disclosure

1. I acknowledge that my employment with Savanna Drilling Corp. ("Savanna") and its subsidiaries permits me access to trade secrets, knowledge, files, marketing information, pricing and information about the Company that is confidential ("Confidential Information"). I also acknowledge that as an employee of Savanna, I operate in a position of trust and have a fiduciary relationship with the Company. Based on my terms of employment, I agree not to disclose to anyone outside Savanna, any Confidential Information. I also agree that all Confidential Information acquired or disclosed to me by Savanna or any affiliate or related companies, or their corporate share holders, officers, directors, servants or agents relating to the processes, practices, methods, products, inventions, marketing plans, improvements, developments, suppliers, customers, trade secrets, technical designs, internal organization, personnel or finances of Savanna shall be held in strict confidence. I will not disclose any Confidential Information for my personal benefit or for the benefit of any other person, firm or corporation outside Savanna.
2. I agree that all Confidential Information including notes, memoranda, records, (electronic or otherwise) and writings made by me in respect of the business of Savanna shall be and remain the property of the Company and shall be delivered by me to Savanna forthwith upon request and upon cessation of my employment.
3. I agree that all worldwide rights, title and interest in all inventions, designs, drawings, patent and copyright works (including computer programs), trade secrets, discoveries, know-how and other intellectual property (whether registered or not) produced, made, composed, written, performed or designed by me, either alone or jointly with others, in the course of my employment with Savanna and in any way related to the business of Savanna, shall vest in and be the exclusive property of Savanna.
4. I agree both during and following the termination of my employment with Savanna, to fully and promptly disclose to the Company, complete details of any invention, discovery, design or other intellectual property developed during my employment, with the intention that Savanna shall have full knowledge of the working and practical application of such rights and, at the expense of Savanna, I agree to co-operate in executing all necessary deeds and documents and all such other acts and things as may reasonably be required to vest such rights in the Company.
5. I acknowledge and agree that during my employment with Savanna, either as employee or consultant, I will be encouraged to maintain working relationships with the Company's clients and suppliers, and that:



Confidentiality Disclosure

- a. The transfer of confidential knowledge of Savanna's affairs to a client or supplier would be detrimental to the Company's interests; and
- b. Knowledge of the Company's affairs as well as knowledge of its clients and suppliers could irreparably damage the Company's interests if made available to a competitor or if used for competitive purposes.

Accordingly, I agree that I will not enter into or participate, directly or indirectly, in any business, which may conflict with technologies developed or being developed by Savanna during my period of employment or engagement as a consultant with Savanna.

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

Please complete and return to your Crew Coordinator and/or HR Representative.

I acknowledge receipt of the following Policies from Total Energy Services Inc. (“**Total Energy**”) and its subsidiaries and affiliates in Canada, including, without limitation, Savanna Drilling Corp., Savanna Well Servicing Inc., Total Oilfield Rentals Ltd., Opsco Process Corp. and Bidell Gas Compression Ltd. (each a “**Division**” and Total Energy Services Inc. are collectively and individually, as the case may be, the “**Company**”):

- Code of Business Conduct (2018)
- Alcohol and Drug Policy (2022)
- Information Technology Policy (2013)
- Whistleblower Policy (2019)
- Prevention of Workplace Harassment and Violence Policy (2022)
- Prevention of Workplace Harassment and Violence Procedures (2022)
- HSE Policy (2022)
- Social Media Policy (2021)
- Mobile Device Policy (2021)
- Savanna Company Provided Accommodation Policy (Field Only) (2016)

I understand that it is my responsibility to (1) read the Policies provided to me; (2) seek answers from my supervisor as to any part of any Policy I do not understand and (3) uphold and adhere to these Policies as terms and conditions of my employment. Furthermore, I understand that failure to comply with these Policies could result in disciplinary action up to and including termination of employment.

In addition, 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 Company as specific circumstances warrant.

I further understand that these policies are available for me to read and reference at any time on Savanna’s website under the following link: <http://www.savannaenergy.com/canada-drilling/> .

Employee Name (please print)

Employee Signature

Date

December 2022

SCHEDULE A**ACKNOWLEDGEMENT OF ALCOHOL AND DRUG POLICY, AGREEMENT TO SUBMIT TO REASONABLE
CAUSE SUBSTANCE TESTING AND AGREEMENT TO RELEASE TEST RESULTS**

I, _____, understand that _____ (the "Company") maintains an Alcohol and Drug Policy (as amended from time to time, the "Policy") requiring all employees to report to work free from impairment from alcohol and drugs. I acknowledge that I have received and read a copy of the Policy. If I did not understand the Policy, I have asked for and have received an explanation. I understand that I am required to review and adhere to any updates or amendments to the Policy and that any breach of the Policy will result in disciplinary measures, up to and including termination of my employment for cause.

I also understand that as a condition of my continued employment, where the circumstances requiring testing outlined in the Policy exist, the Company will require me to undergo testing for the presence of alcohol or drugs and I hereby consent and agree to submit to such testing.

I further consent to the collection, use and disclosure of my Personal Information (as defined below) by the Company pursuant to Policy, and consistent with applicable Provincial and Federal privacy laws. I understand that "Personal Information" when used in this acknowledgement refers to information about me as an identifiable individual. I further understand that my Personal Information will contain my personal health information collected by the Company for the purposes of enforcing the Policy, including the results of any substance testing results being released only to those authorized Company Employees who need to know in order to act on the confidential results. Savanna Drilling Corp.

I also understand and agree that if I wish to take prescribed or otherwise legally authorized medications, including without limit, medical cannabis, I am required to provide certain documentation to the Company, which may include my proper prescription/authorization, purchase from a licensed facility and doctor's authorization stating any limitations to my fitness for duty as a result of such medications.

I also understand and agree that I am responsible for voluntarily disclosing any substance use disorder that I may have involving drugs or alcohol, including the inappropriate use of medication, to my supervisor and/or manager. In the event I suffer from a substance use disorder, I agree to participate in a rehabilitation or substance abuse treatment program (the "Treatment Program") prior to returning to active duty. I further consent to the disclosure of such Personal Information of mine by the Treatment Program as is necessary for the Company to confirm my ongoing participation in, and successful completion of, such Treatment Program.

THIS AGREEMENT SIGNED this _____ day of _____ 20__ __, in the City of

_____, in the Province of _____.

Signature _____

Print Name: _____

Witness Signature _____

Witness Name: _____

Energy Safety Canada Connect Access Permission Form



Privacy Consent - for the submission of Personal Information by Third Parties to Energy Safety Canada:

I _____ (Please Print Name),
candidate for consideration of employment with Savanna Drilling Corp. ("Savanna"), give
consent to Designated Representatives from Savanna to disclose to Energy Safety Canada my
personal information for the purpose of registering me in Energy Safety Canada courses.
Personal information will consist of:

- Legal First and Last Name
- E-mail Address
- Password (if Energy Safety Canada Connect account has already been established)
- Birthdate (month/day/year)
- Mailing Address
- Phone Number

I understand that these Designated Representatives will have access to my account login name
and password for online registration purposes, and that I may change my password at my own
discretion following completion of the registration.

I understand that the disclosure of my personal information is essential for Energy Safety
Canada to determine the individual's eligibility and suitability for registration and that Energy
Safety Canada will only use and disclose such information for purposes related to registration,
certification upon completion of courses, and management of the individual's on-going status
as a current or former student of Energy Safety Canada.

I understand that I can obtain further information regarding Energy Safety Canada's privacy
practices at <http://www.energysafetycanada.com/privacy.cfm> or by contacting the Energy
Safety Canada's Privacy Officer at privacy.officer@energysafetycanada.com.

Signature

Date

Please complete and return to:

Savanna Drilling Corp.
Suite 800, 311 - 6th Avenue S.W.
Calgary, Alberta T2P 3H2
Attention: HR Employee File



Savanna Drilling Corp.
Suite 1000, 734 7th Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

Certificates & Training

- I) Please attach a copy (picture/scan) of your H2S Certificate & drivers licence.

H2S Alive:

Drivers Licence:

- II) **Other Valid Safety tickets:** attach copies of any additional **valid Safety tickets** you hold (*for example: 1st Aid, Confined Space, Fall Protection for Rig Work, Rig Rescue, CSO, Loader, 1st Line, Fall Protection, TDG, etc.*).

If possible, please provide one photo that includes all your additional valid safety tickets.

Compilation 1: Valid Safety Safety Tickets:

Compilation 2: Valid Safety Safety Tickets:

Compilation 3: Valid Safety Safety Tickets:



Savanna Drilling Corp.
Suite 1000, 734 7th Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

Savanna Drilling Canada Safety Boots Program

1. PURPOSE

Savanna Drilling is committed to the health and safety of all our employees, which includes ensuring all workers have the appropriate workplace attire and personal protective equipment (PPE) while on the worksite, including appropriate footwear. CSA (Canadian Standard Association) approved footwear is required at all Savanna Drilling worksites (including drilling rig, yard and shop locations).

2. ELIGIBILITY

All actively employed Savanna Drilling Canada employees that may be required to travel to the field and/or conduct duties at a Savanna shop/yard location.

3. EFFECTIVE DATE

This program is effective May 1, 2022.

4. PROGRAM DESIGN

Employees are eligible to participate in this program every twelve (12) months.

The minimum standard of footwear eligible for reimbursement is CSA (Canadian Standard Association) approved **CTCP 8" high top or rubber boots**

Employees will be eligible for a reimbursement of up to two hundred and fifty dollars (\$250.00). Reimbursement will be processed through payroll within thirty (30) days of submission.

To be eligible for reimbursement, employees must sign the program acknowledgment form and submit a receipt for proof of purchase, including purchase price and description of footwear confirming minimum CSA standards have been met. The program acknowledgement form and proof of purchase can be sent to Human Resources by email to sdca-humanresources@savannadrilling.com.

5. OTHER TERMS & CONDITIONS

Employees that are terminated (voluntary or involuntary) within six (6) months of reimbursement for the purchase of safety boots through this program, will be payroll deducted the full amount of the reimbursement.

Employees who are within their three (3) month probationary period that request unpaid time off or a leave of absence, will be payroll deducted the full amount of the reimbursement payment. This will be reversed and repaid upon the employees return to work.

The Savanna Drilling Canada Safety Boots Program is subject to change at management discretion at any time.



Savanna Drilling Corp.
Suite 1000, 734 7th Avenue SW
Calgary, Alberta T2P 3P8
P. 403 503 9990 F. 403 503 0654
www.savannaenergy.com

Employee Acknowledgement & Signature:
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By signing below, I confirm that I have reviewed the program document and irrevocably authorize Savanna to deduct through payroll (including my final pay) costs related to the Savanna Drilling Canada Safety Boots Program, if my employment is terminated (voluntary or involuntary) within six (6) months of the date of reimbursement or if I request unpaid time off or a leave of absence within my three (3) month probationary period.

Employee Name (Please Print): _____

Employee Signature: _____

Date Signed: _____