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ABSTRACT

This document provides guidelines for operating Youth Conservation Corps programs under both the Fish and Wildlife Service and the National Park Service. The guide contains 11 units that cover the following topics: (1) enrollees; (2) enrollee payroll; (3) enrollee problems; (4) Youth Conservation Corps staff; (5) accounting; (6) operations; (7) environmental awareness; (8) reporting; (9) serious incident reporting; (10) safety; and (11) forms and examples. Appendixes contain information on the Privacy Act and the Child Labor and Fair Labor Standards Act. (KC)

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UNITED STATES DEPARTMENT OF THE INTERIOR FISH AND WILDLIFE SERVICE NATIONAL PARK SERVICE JANUARY 1989

About this guidance:

The Youth Conservation Corps Guidance for both the Fish and Wildlife Service and Mational Park Service have been combined into this one document as they were in the past. This has been done in order to be more consistent in carrying out the Congressional mandate for this program.

Supervisors who are responsible for the Youth Conservation Corps Program should review this guidance carefully. Please note the following:

- "Service" means Fish and Wildlife Service and/or National Park Service unless otherwise stated.
- Certain terms such as host area and field station have been used interchangeably to mean park, monuments, refuge, hatchery, etc. as have host area manager and project leader for the supervisor's title.
- Each Regional Office should determine the disposition of forms listed in Chapter II.



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POLICY '

The Youth Gonservation Corps program will be administered as established by Public Law 93-408, Interagency Agreements and historical reference. The organization and management of individual YGC projects will be governed by program objectives, budget limitations, and broad guidelines established by the Service. Within these objectives, limitations and guidelines, individual program operations, public information and community relations concerning YGC will be the responsibility of the host area manager.

ELIGIBILITY

Young men and women, 15 through 18 years of age, who are permanent residents of the United States, its territories or possessions are eligible for employment without regard to social economic, racial, or ethnic backgrounds.

Requirements are:

- 1. Hust be at least 15 years of age and not have reached 19 years of age during the duration of the program at the station where they are employed.
- 2. Are permanent residents of the United States.
- 3. Have or applied for a social security card and have a work permit (if required) before first working day of YGC program.
- 4. In situations where there are insufficient applications for enrollee positions, the Project Leader may utilize previous enrollees. However, they may not be employed until after all first year applicants and alternates have been contacted and offered employment.



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ENROLLEE RECRUITMENT, SELECTION, PAY, RECORDS, ETC.



EXPOLLEES

1. RECRUITMENT

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Project Leaders are responsible for recruitment of enrollees. They may advertise through school systems, employment security offices, word of mouth, radio or television announcements, and posting in local areas. The Regional Office will distribute application forms (See Exhibit 1) to all field stations hosting YGG. Participation is voluntary; however, consent of the parent or legal guardian is required for all applicants under 18 years of age. Project Leaders are responsible for ensuring that applicants represent a good cross-section of the young people in their communities. This means Project Leaders may need to actively recruit some individuals to ensure comparable representation with that of the local communities.

In situations where the U.S. Fish and Wildlife Service, National Park Service and/or USDA, National Forest Service share a common recruitment area, the local Project Leaders should combine their recruitment efforts and jointly participate in enrollee selection. This coordination should minimize multiple applications and prevent the selection of an enrollee by more than one agency. Where summer youth programs are operated by states under their own authorities and appropriations, the Project Leaders should coordinate with State personnel to conduct a harmonious recruitment program and to eliminate direct competition for enrollees.

The sons and daughters or other relatives of the Department of the Interior employees may apply for and be selected for the YCC program, provided they receive no special consideration in recruitment and selection, and are treated identically with other applicants. Whenever possible, Project Leaders should avoid having enrollees supervised by their relatives.

Commencing dates may be selected by the Regions, but recruitment must last a minimum of 6 weeks, and terminate on April 15. This will allow ample time for selection and notification prior to start of camp. Exceptions to this procedure must be authorized by the Washington Office.

2. SELECTION

Enrollees will be selected without regard to civil service or classification laws, rules or regulations. They will not be considered government employees other than for the purpose of Chapter 171 of Title 28, United States Code, and Chapter 81 of Title 5, United States Code. (Tort Claims and Workmen's Compensation).

frior Departmental guidance and regulations indicate that selection should be based on a 50% male and 50% female ratio. The selection process will be conducted in a public forum by a random method. Each selection will be numbered as drawn. More selections may be drawn than slots available in order to assure a sufficient number of enrollees in case of declination or drop outs. After selection, enrollees should be notified and given the opportunity to accept or decline. This must be done based on the order of drawing. No criteria should be utilized for enrollee selection other than age, fitness for



work, and no record of extensive anti-social behavior. The Project Leader may choose to conduct an orientation meeting for all potential enrollees. At this meeting, the Project Leader will advise the potential enrollees of the proposed work projects, the enrollees' responsibilities and the Project Leader's expectations. If any potential enrollees choose to decline at this time, their names should be withdrawn from the selection list and all other names renumbered in the order of selection, retention on an alternate list, or non-selection.

If enrollees are terminated or drop out after the program commences, the vacant positions should be offered to others on the alternate list in the order of original selection.

Special selections for a handicapped program must be authorized by the Director of the agency.

3. ENROLLEE YOUTH LEADERS

Youth Leaders may be either previous or current YCC enrollaes who will not reach age 19 during the duration of the program at the station where they are employed. Youth Leaders may be reselected in subsequent years, providing they still meet age requirements.

The number of Youth Leaders may not exceed 20% of the total enrollment within the Region. Sites with one enrollee may not elect to have that enrollee serve as a Youth Leader; Youth Leaders must supervise other enrollees.

If previous TCC enrollees are employed as Youth Leaders, they will be exempt from the random selection process. Their payroll process is the same as for regular TCC enrollees; however, they will receive an additional \$.50 per hour in the Continental U.S., Hawaii, Puerto Rico, the Virgin Islands, and Guam; and an additional \$.60 per hour in Alaska.

Youth Leaders must supervise TCC enrollees, may not be employed more than 720 hours, and may not be employed prior to April 1.

4. MEDICAL HISTORY

Each selected enrollee must complete a medical history form (See Exhibit 2) and have it signed by a parent or guardian. The original copy of this form will be kept at the employing station in case medical attention is required during the employment period. The Medical History Form is a privacy document and should be treated accordingly. Project Leaders will review all medical forms and inform YCC staff and supervisors of any allergies or physical handicaps identified on the form. Supervisors will be expected to make reasonable and appropriate efforts to accommodate individual physical limitations identified and be prepared to administer first aid for problems identified. (See 24 AM 11 Safety) Regions, at their option, may require a physical examination at the Government's expense.



5. ENROLLEE HOURS

Each enrollee will be offered no less than 320 paid hours and no more than 720 paid hours during a TGC program year. Eight weeks is the norm. Exceptions are if:

- 1. An enrollee voluntarily terminates prior to completing 320 hours.
- 2. An enrollee is terminated for misconduct or other reasons as set forth in the Enrollee Grievance Section of this manual.
- 3. An enrollee is filling a vacancy and time does not permit employment for the full 320 hours.

Work hours may be scheduled in any manner as long as you conform to local and Federal youth employment regulations. Enrollees are not paid overtime rates. If enrollees work more than 40 hours they are paid at the regular rate. If the hosting station is utilizing flextime, enrollees may work according to the established schedule of the field station. In areas where there is high humidity, high air temperature, radiant heat and too little air movement, it will be expected that the work schedules will commence and end early.

6. ENROLLEE LEAVE

YCC Enrollees do not earn leave. Under extenuating circumstances, Project Leaders can grant leave without pay (this would be marked on time sheet as code 100, balancing hours). Enrollees will be paid for Federal holidays. Those who are required to work on a Federal holiday will be given a work day off.

7. ENROLLEE PAY

Enrollees age 16 and over may work up to 50 hours per week and up to 10 hours per day. Base rate pay will be applied to overtime hours worked and holidays. The enrollee's pay rate will be the same as the established Federal minimum wage for the continental U.S., Puerto Rico, Virgin Islands, and Guam. Enrollees in Alaska and Hawaii will be paid at a different rate, \$5.00 and \$3.85 per hour respectively. Enrollees in states with a minimum wage higher than the Federal will be paid at the higher rate.

Youth leaders will be paid at an hourly rate of 50 cents above the enrollee wage rates (60 cents in Alaska).

Approximately 65 percent of the Regional allocation should be spent on enrollee salaries.

8. ENROLLEE TERMINATION

Termination will be accomplished by sending a memorandum or the PP-55 (also known as the A-22) from the host area to the Regional Personnel Office, with a copy to the Regional YCC Coordinator, giving the enrollee's name, social



security number, termination date, station name, and reason for termination, e.g., voluntary, and of program, etc., as soon as the termination date is known.

Unless terminated previously, ell enrolless will eutomatically be terminated at the close of business on September 30, of the program year.

(See also Chapter III, Section 2.)

9. ENROLLEE RECORDS

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Enrollee recorde ere confidential and should be made evailable to authorized personnel only. Project Leeders and employees handling such records should be aware of their responsibilities for providing physical and technical safeguards to insure confidentiality and accurity as specified under the Privacy Act of 1974. Enrollee records should be maintained in accordance with 43 CFR 2.71. The primary purpose in retaining these records is to insure coverage of the enrollee in case of tort claims or personal injuries.

Privacy Act

Record Maintenance

1. POLICY. The privecy Act of 1974, % U.S.C. 552e, which become effective on September 2?, 1975, has considerable impect on the Department end the Youth Conservation Corps (YCC) progrem. The Privacy Act strictly regulates all Federal Systems of records (records which ere identifieble back to the individual through name, number, or symbol). The purpose of the Act is to protect the rights of individuals by insuring that ell systems of records mainteined by the Federal Government ere relevant, eccurete, timely, complete, end necessary to eccomplish the purpose(s) of programs expressly required by statute or Executive order of the president.

Under no circumstances should records, other then those specifically mentioned in the next paregraph, be ecquired or mainteined, and guidelines concerning storage, retrievel, access and content must be strictly adhered to under all circumstances.

The five Privacy Act systems of records perteining to the YCC (Interior, Office of the Secretary Systems 25, 26, 27, 28 and 29) were most recently published in the Federal Register, Vol. 42, NO. 69, April 11, 1977. The detailed system notices govern enrollee, payroll, medical and recruitment records.

2. RECORD SYSTEMS. Appendix I is the Privecy Act Systems notice to the public, as required by the Privecy Act. This eppendix merely serves as a notice to the individuals on which we retein records end must be mainteined should the enrollees wish to see their records. For proceduree, eee Pert 383 DM Chapters 1-10, which is Appendix II.



10. LEGAL ASSISTANCE

YCC enrollees are subject to State and local laws and regulations. No legal assistance is provided by the Service for misconduct or other violations of the law. Arrangements for handling such incidents are the responsibility of the parent or guardian for enrollees under 18 years of age and the individual when 18 years of age.

11. PARTICIPANT ACCOUNTABILITY

Project Leaders are responsible for work assignments and accountability for enrollees and staff during working hours. This authority may be redelegated.

12. PROGRAM IDENTIFICATION

Hard hats with stick-on decals bearing the YCC emblem or soft hats with the embroidered YCC emblem should be utilized so that YCC enrollees and staff members can be identified easily. Personal items such as T-shirts must be purchased from the enrollees' own funds.

13. RESIDENTIAL CAMP FEE

Enrollees will be charged a daily assessment of \$2.00 for room and board.



YOUTH CONSERVATION CORPS PAYROLL



ENROLLER PROCESSING INSTRUCTIONS

All enrolless will be processed and paid in eccordance with procedures developed by PAY/PERS. This document summarizes these procedures and provides instructions for completing the required forms for enrollees.

All enrollees must have, or be able to obtain, e social security number. Ensure that enrollees who do not have e social security number make epplication to the nearest social security office. When the social security cerd is received, the enrollee's name and newly assigned number must be reported by memorandum to the Regional Personnel Office. In the interim, a temporary identification number will be assigned for payroll purposes.

Required Forms

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- Enrollee Personnel and Peyroll Information Sheet (enclosed es exhibit
 (Each Regional Office will determine if this form is to be kept in the Regional Office or at the host erea.)
- 2. W-4, Employee Withholding Certificate (evailable at host area) (goes directly to PAY/PERS). (Instructions on filling out the W-4 are enclosed as exhibit 18.)
- 3. State Tax Form, if applicable (evailable at host area) (goes directly to PAY/PERS).
- 4. Demographic Report Voluntary (enclosed as exhibit 8). (Each Regional Office will determine if this form is to be kept in the Regional Office or at the host area.)
- 5. PP-24 Request for Official Correspondence, Net Check, Residence Information (enclosed es exhibit 4) (goes directly to PAY/PERS).
- 6. YCC Application Form, containing a parental/guardian signature (enclosed as exhibit 1) (kept at host area).
- 7. YCC Medical History Form (enclosed as exhibit 2) (kept at host area).
- 8. SF-256 Self-Identification of Reportable Handicep (enclosed es exhibit "9) (used for form PP-55, date element A2, block 10 and then destroyed).
- 9. PP-55, Personnel Master Change Notice for YCC Enrollees (enclosed as exhibit 3) (kept et Regional Office).
- 10. Enrollee Organisational Cover Sheet (enclosed as exhibit 7) (sent to PAY/PERS with appropriate forms).
- 11. Immigration and Maturalisation Service Form I-9, Employee Eligibility Verification (enclosed as exhibit 5) (original kept at Region and copy kept at area). (Instructions on filling out the I-9 are also enclosed as exhibit 5.)

ERIC

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After the final selection of enrollees has been made and at the first assembly of the youth, either prior to the camp opening but no later than 2 weeks prior to the enrollees reporting for duty, the following items must be completed:

- 1. Enrollee Personnel and Payroll Information Sheet, checked and signed by Project Manager. MOTE: The SF-256 is to be completed by the enrollee and used only as a guide in the identification of reportable handicap in filling out this sheet and the PP-55.
- 2. W-4 Employee's Withholding Allowance Certificate.
- 3. State Tax Form, if applicable.
- 4. Income, Race and Ethnic Background and Population of Home Community (voluntary).
- 5. PP-24, Request for Official Correspondence, Net Check, Residence Information. (FAWS YCC enrollees checks will be mailed to the station address.)

Youth selected to participate should be reported <u>immediately</u> to the Regional Personnel Office with the aforementioned forms, except the W-4, the State Tax Form, and the PP-24 form, which are sent to the Central Payroll Office. NOTE: Only tax forms with <u>original</u> signatures of enrollees are acceptable.

The YCC Application and Medical History Forms are to be retained by the horarea. Insamuch as the SF-256 was used only as a guide to determine the handicapped code to be entered on the Enrollee's Personnel and Payroll Information Sheet and PP-55, it is of no further use and should be destroyed.

PERSONNEL ACTION

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The Regional Personnel Office, upon receipt of the host area's associated forms will use the enclosed instructions in conjunction with Volume 16, the Youth Conservation Corps PAY/PERS Users Manual, in reviewing or completing the PAY/PERS Form PP-55, Personnel Master Change Notice for Youth Conservation Corps enrollees. The form is also known as an A-22.

When completed, the Youth Conservation Corps Regional Coordinator or designee will retain the Enrollee's Personnel and Payroll Information Sheet, and the Income, Race and Population Form. These forms will not be retained in the Regional Personnel Office.

The W-4, Employee's Withholding Certificate, State Tax Form (if applicable), and the PP-24, Request for Official Correspondence, Net Check, Residence Information Form, with the Organization Cover Sheet, are to to mailed to:

Bureau of Reclamation Division of Peyroll Operations, D-2648 Academy Place 1 7333 W. Jefferson Avenue Denver, CO 80235-2017



ENROLLER PAYROLL/TIME CARDS

YCC enrolless will be paid through the PAY/PERS system. Time sheets will be submitted by the host area in accordance with PAY/PERS instructions utilizing the PAY/PERS Time and Attendance (T&A) Form which is used for all other NPS/F&WS employees. YCC T&A's should be batched separately from NPS/F&WS employees for submittal to PAY/FFEE. Cover sheets transmitting T&A forms should include TMM (YM for MPS and YF for F&WS), organizational code, and indicate that it is a YCC enrollee transmittal.

LEAVE

YCC enrollees <u>op not earn</u> leave. However, they will be paid for federal holidays. Enrollees who are required to work on a federal holiday will be given a work day off. Enrollee assignments will not exceed 90 working days or 720 hours. Enrollees who do not report for work on any scheduled work day will be reported as code 100 belancing hours (since they do not earn leave, they cannot be on leave without pay).

TERMINATIONS

Terminations will be accomplished by sending a memorandum or the PP-55 (also known as the A-22) from the host area to the Regional Personnel Office, with a copy to the Regional YCC Coordinator, giving the enrollee's name, social security number, termination date, station name, and reason for termination, e.g., voluntary, and of program, etc., as soon as the termination date is known

Unless terminated previously, all enrollees will automatically be terminated at the close of business on September 30 of the program year.

(See also Chapter III, Section 2B.)

CHECK DISTRIBUTION

Checks will be distributed in accordance with designation cited in PAY/PERS Form 24 (PP-24), Request for Official Correspondence, Net Check, Residence Information Form.



II.3

ENROLLEE PROBLEMS

ERIC

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EMPOLLEE GRIEVANCES. DISCIPLINE. DISCRIMINATION COMPLAINTS

Enrollee grievance procedures and discrimination complaint procedures must be posted prominently in the work place. The following guidelines and procedures are to be followed in response to all enrollee grievances, disciplinary action, and complaints of discrimination.

1. ENROLLEE GRIEVANCES

- A. POLICY It is the policy of the agencies which administer the Youth conservation Corps that all enrollees be provided with a fair mechanism and timely procedures to redress grievances associated with their enrollment. These guidelines provide for the prompt, fair, and impartial consideration of all enrollee grievances concerning any procedure or working condition, including adverse actions, enrollment, and upgrading, by which any enrollee is personally affected.
- B. <u>PROCEDURES</u> Enrollees' grievances must be presented in writing, directed to the designated Project Leader.

The designated Project Leader's decision will be presented in writing to the enrollee(s) within 5 working days of receipt of the grievance.

Decisions relating to grievances will be final and without review by higher authority, except when an enrollee exercises his/her right to an appeal.

C. <u>APPEALS</u> When enrolless feel they have cause for appeal of the Project Leader's decision, they may petition the Project Leader in writing within 2 business days requesting that the case be reviewed by a higher authority.

The designated Project Leader will forward the case, within 24 hours, to the appropriate Regional official designated by the Regional Director with copies to the appropriate Headquarters Director and the Washington Office of Youth Activities. The Regional official will review the case and will make a decision with 7 calendar days after receipt of the appeal. The decision will be final, unless the Regional official is the one against whom the complaint is being filed. In such instances, the appeal may be reviewed and decided at Readquarters level.

3. DISCIPLINE

A. <u>POLICY</u> It is expected that enrollee conduct will be compatible with the rules, regulations, expectations, and goals of the Youth Conservation Corps Program. Any deviation will constitute grounds



III.1

for disciplinary action. All disciplinary actions will be documented. Any criminal involvement on the part of an enrollee will be reported to law enforcement authorities.

- B. TERMINATION An enrollee can be terminated immediately for:
 - (1) repeated tardiness or absenteeism
 - (2) continued anti-social behavior
 - (3) failure to perform satisfactorily, or to perform safely.
 - (4) violation of any federal, state, or local law or regulation including, but not limited to, drugs, alcohol, or f rearms
- C. <u>PROCEDURES</u> When a YCG supervisor proposes any disciplinary action against an enrollee, both the enrollee and the person to whom the supervisor reports shall be notified prior to action being taken. The second-line supervisor shall approve the action prior to implementation, and the Regional YCC coordinator should be notified.
- D. APPEALS When an enrollee feels he/she has cause for appeal of the disciplinary action, he/she may petition the decision in writing within 2 working days requesting that the case be reviewed by a higher authority. The person who has approved the action will forward the case within 24 hours to the appropriate designated Regional official. The Regional official will review the case and make a decision within 7 calendar days after receipt of the appeal. This decision will be final, and not subject to further administrative review.

In the case of a termination, the subject enrollee will remain enrolled in non-pay status during the appeal process. In cases where the results of the appeal reinstates the enrollee, he/she will be allowed to report back and will receive back pay for the period of leave without pay. When the appeal to approve back pay is completed, payroll must be notified of the dates and hours of back pay to be awarded.

The Regional Office must keep the Washington Office advised of cases being appealed or overruled.

3. <u>DISCRIMINATION COMPLAINT PROCEDURES</u>

- A. <u>POLICY</u> Enrollees have a right to prompt, fair, and impartial consideration of all complaints of discrimination on the basis of <u>race. color. religion. sex. national origin. or physical or mental handicap</u>. Names and phone numbers of EEO Counselors and of the Regional Equal Opportunity Manager shall be posted in a prominent place easily accessible to YCC enrollees.
- B. <u>PROCEDURES</u> Complaints by one enrollee against another shall be handled in the same manner as grievances, above. However, complaints by an enrollee against a Federal employee shall be



III.2

handled in a similar manner to those available to employees of the Federal government.

Any enrollee who feels he/she has been discriminated against because of race, color, religion, sex (including sexual harassment), or handicap, should consult with an Equal Employment Opportunity Counselor within 30 calendar days of the date of the alleged discriminatory action.

Enrollees are also encouraged to report cases of discrimination directly to their supervisor immediately, if and when they occur. Any staff contacted by an enrollee concerning a complaint shall maintain confidentiality unless permission is granted by the enrollee to convey the information to other individuals.

The enrollee may contact the EEO Counselor directly, or ask a staff member for assistance in making the contact. If there is no Counselor at the field unit, the contact may be made by telephone, and arrangements will be made for the Counselor to come to the field unit, or for the enrollee to be transported to where the Counselor is located.

The role of the Counselor is to look into the facts of the matter, and work with the enrollee and management to attempt an informal resolution of the issue raised.

If the issue cannot be resolved informally, or if the enrollee does not wish to use the informal process, the enrollee must be informed that he/she has the right to file a written complaint with the Office of Equal Opportunity, Department of the Interior, within 180 days of the alleged discriminatory act. The Department is responsible for seeing that the case is investigated and to take corrective action if necessary.



III.3

YOUTH CONSERVATION CORPS STAFF



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YOUTH CONSERVATION CORPS STAFF

Employment of staff for YCC is based on the number of FTE's made available by the Region, funds available, and safety and supervision factors. (NO ADDITIONAL FTE'S HAVE BEEN PROVIDED SPECIFICALLY FOR YCC.) Approximately 65 percent of the Regional allocation should be expended for enrollees' salaries.

Area Managers will select and supervise YCC staff. They may utilize any of several methods to provide for supervision of YCC enrollees. These include:

- 1. Use existing staff. The area will continue to pay all staff costs from their normal budget.
- 2. Hire additional staff, if FTE's are available. These can be Excepted Appointments, hired under Authority 213.3112(a) (11), for a maximum length of 11 weeks (or parts of weeks). Individuals hired under this authority must meet published OPM qualification(s), X-118. Contact your Regional Personnel Office for further information. Recruitment should be coordinated with the Office for Equal Opportunity.
- 3. Volunteers may be utilized as staff. The National Park Service's Volunteers in Parks (VIP) program was authorized by Public Law 91-357 enacted in 1970. The primary purpose of the VIP program is to provide a vehicle through which the NPS can accept and utilize voluntary help and services from the public. The Fish and Wildlife Service Improvement Act of 1978 (Public Law 95-616) provides for the acceptance of volunteer services by the Fish and Wildlife Service. Contact your Regional Office for further information. In addition, Section 301 of the Civil Service Reform Act of 1978 (Public Law 95-454) authorized Federal departments and agencies to establish programs designed to provide educationally related work assignments for students in non-pay status. Such volunteers shall not be considered Federal employees and shall not be subject to the provisions of the tort claim provisions of Title 28 of the U.S. Code and Subchapter 81 of Title 5 of the U.S.C.
- 4. Public Law 93-408 encourages the utilization of other public entities for the operation of YCC. These include public schools and non-profit organizations. Since enrollees are not government employees, contracts may be made with these organizations for the supervision of YCC enrollees. Contact your Regional Contracting Office for guidelines.



IV.1

YOUTH CONSERVATION CORPS ACCOUNTING



ACCOUNTING

Fish and Wildlife Service

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The Service has discontinued utilization of a separate subactivity for the Youth Conservation Corps; therefore, in order to ensure that the appropriate levels of funding are being expended and to facilitate the tracking and monitoring of Corps transactions, it will be necessary to assign a unique two-letter project code to <u>all</u> transactions being processed through the Service's Financial Management Information System. This will include Time and Attendance records for personnel engaged in Youth Conservation Corps activities. For example, a project leader who spends eight hours recruiting Corpsmembers in the spring would record those hours with an ongoing station subactivity followed by the assigned two-letter code.

The Finance Center has assigned project code YC for processing all Corps transactions and modified the Financial Management Information System to tally all Corps transactions (regardless of cost component used, i.e., 1120, 1261, 1313, etc.) to be rolled up on the Special Thrust Report, thereby capturing Regional specific totals.

National Park Service

An accurate accounting of costs for the YCC Program is important for two reasons: first, Public Law 100-446 requires the Service to spend no less than \$1,000,000 in operating a program and secondly, a cost-benefit ratio is used in analyzing the work accomplished by the enrollees.

This external reporting of the total obligations associated with the program emphasizes that all costs of activities/projects relative to the operation of the YGC Program must be tracked in order for credit to legitimately be taken for implementing the program. Since there were no specific funds appropriated for the YGC Program this fiscal year, all costs of the program will be absorbed within funds already available to the Service. Accordingly, extreme prudence must be exercised in incurring any expenses other than enrollee pay and direct project support. Hiring of staff should be held to an absolute minimum; staff should be drawn from current employees.

In-kind costs are those expended by the Service as follows:

- a. Supplies and materials
- b. Staff supervision
- c. Transportation
- d. Program direction at the Regional level
- e. Other costs associated with direct support of the YCC Program



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OPERATIOMS



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OPERATIONS

1. PROJECT PLANNING

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The YCC Work Project Plan (YCC Form 4) (Exhibit 10) is designed as an internal planning document to assist YCC staff in the development of work projects, environmental awareness planning and job hazard analysis. When properly utilized, the Form 4's are used as the foundation for all planned activities plus displaying project cost, supplies and youth hours, both estimated and actual. The form may also be reviewed at the Regional Office level as a check on the appropriateness and safe planning of YCC projects.

The form should be filled out as completely as possible in order that it may be used to resolve any questions that may arise at the end of the program when completing the Work Accomplishment Report (YCC Form 5).

Final approval of TCC projects to be accomplished is to be determined by each Region of each agency.

A Daily Record Sheet (Exhibit 14) may be used for day to day recording of YCC activities. Many supervisors have found this type of form to be very valuable in the preparation of the Work Accomplishment Report and the Annual Marrative at the sesson's end.

2. TRANSPORTATION

Use of private vehicles by enrollees for government business is prohibited, and the government will not assume liability for accidents in enrollees' private vehicles. Utilization of private vehicles by Service staff supervising TCC enrollees will be in accordance with Service regulations. Transportation from the residence to the assigned reporting area will generally be the responsibility of the enrollee. However, if circumstances warrant, (i.e., if there is extensive commuting distance between the work site and the nearest recruitment area) transportation may be provided for the enrollees as a group if approved by the Regional Director. The following criteria will apply:

- a. Enrollees provide transportation to a "pick up site," established by the Project Manager. From that point or points, a staff member will provide enrollees transportation to the work site in a government vehicle.
- b. Enrollees are considered as being on-duty during the time when they are being transported in a government vehicle to and from the assigned pick up point to the work site.
- c. Each person in the vehicle must have and use a seat belt.
- d. All vehicles utilised for transportation must be official government vehicles and all regulations concerning retaining vehicles at private residences over night must be followed.

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If you have a situation such as the one referenced above, you should document your situation, state how you propose to administer it and forward the information to your Regional Office for approval.

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Enrollees 18 years of age with a valid State Drivers License (No Beginners License or Permit) may operate a government vehicle at the discretion of the Project Manager and the Regional Safety Officer. Eighteen year old enrollees who are permitted to drive must have completed the 8-hour Defensive Drivers Course and have been given a Road Test on each piece of equipment to be operated. If Regional policy allows, other motorized Service equipment may be operated by 18 year old enrollees after a local training course and satisfactory completion of Road or Field testing at the discretion of the Project Manager.

In the case of an accident involving a vehicle operated by an enrollee, funds from the YCC program will not be utilized. The Project Manager must utilize other operational funds to settle any claims resulting from this type of accident, including tort claims.

3. SPIKE CAMPS

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Spike camps are defined as Service-related work camps. If a project will require several days of work, and is located a considerable distance from the enrollees' residences, the Project Hanager may arrange for spike camps, with the approval of the Regional YCG Coordinator. Also, parental approval for enrollees under 18 years of age must be obtained (See Exhibit 15).

Spike camps will not extend more than 10 consecutive days. A 4-day break must be provided between each 10-day camp.

Project Managers should provide whatever camping equipment and supplies they can from among field station supplies. A determination will be made, on a camp-by-camp basis, whether enrollees will be reimbursed for food and lodging costs or be provided with food and/or lodging.

#### 4. EXPERSES

If enrollees pay for their food and lodging, they may be reimbursed for actual costs expended. A travel authorisation should be issued to the Service employee in charge of travel. This Authorisation should list all enrollees who will be in travel status. An advance may be obtained by the Service employee for the entire group. No enrollee will receive an advance directly Parental approval for any enrollee under 18 years of age must be obtained (Use Exhibit 15). The Service employee will, upon completion of travel, submit a travel woucher for the entire group. The cost of lodging and food for the enrollee travelers will be reimbursed in the exact amount expended. No additional funds will be paid to the enrollees.

For purchasing food and supplies for spike camps, a requisition form is required to be approved in advance. Imprest funds may then be used for purchases in lieu of paying per diem. Itemised receipts are required as per Regional finance guidance.

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If you have quertions concerning these procedures, contact the Regional YCC Coordinator or the Regional Finance Officer.

#### 5. ENROLLEE EVALUATION

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. . . Upon completion of the camp, the supervisor should, but is not required to, evaluate each enrollee and youth leader using the standard evaluation form (Exhibit 17). This provides feedback to the enrollee on his/her performance, provides the enrollee on evaluation when applying for other positions, and aids in the selection of youth leaders in following years.

#### 6. WORK ACCOMPLISHMENTS

Upon completion of the program, each station must prepare a Work Accomplishment Report (YGC Form 5) and forward it to the Regional TGC Goordinator. For more information on this report, see the section on Reporting.

ENVIRONMENTAL AVARENESS



#### ENVIRONMENTAL AVARENESS

Environmental awareness is an integral aspect of the Youth Conservation Corps program, and should be an essential part of all work performed. The legislation which established the Youth Conservation Corps specifically identified envolve environmental awareness as one of the three intended goals of the program.

The TCC program was made permanent because it has demonstrated that enrollees had "gained an understanding and appreciation of the Mation's environment and heritage equal to one full academic year of study." At least 40 hours during an 8-week session must be spent on environmental awareness.

The key to a successful environmental awareness program is to integrate these activities into all phases of a work project. The following provides some guidelines which will help assure that enrollees receive appropriate environmental learning benefits as well as work ethics and work skills.

#### A. Goals of Environmental Avareness

1. All enrolless should understand the purpose and function of all TCC work projects.

No enrolless should leave the program without a knowledge of the value of work projects performed. By completing each project, enrolless should understand and be able to explain:

- a. The overall benefits of the project to the field station and/or environment.
- b. Any direct or indirect benefits the project has for fish, wild life, or visitors to the area.
- c. Both positive and negative environmental impacts of the project.
- By the completion of their YCC enrollment, enrollees should know:
  - a. The primary purpose of the field station, locally, regionally, and/or nationally.
  - b. Who the main visitors/users of the field station are and some of the conflicting public use demands.
  - c. The primary species found on the field station and how they are adapted to survive in their environment.
  - d. The habitat needs of species found on the field station and how these needs are provided for by management.
  - e. Seasonal influences on field station operations (e.g. bird migration, fish spawning, farming practices, hunting and fishing programs, public use peaks, etc.)



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- B. <u>Implementation and Integration of Environmental Awareness into Work Projects.</u>
  - 1. Acquaint enrollees with the field station and its operation.

Enrollees should receive a good orientation to the field station prior to beginning work. This will help make the work more meaningful and encourage the enrollee to feel that his or her work is an important part of field station management.

2. Create an atmosphere of open communication.

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Staff supervising TCC enrollees should encourage questions and discussion concerning all aspects of field station operations and the field station environment. Enrollees should understand that they are an integral part of the field station staff and that no question is "too dumb to ask." All aspects of the field station environment and operations should be suitable topics for discussion, as well as matters relating to local communities. Siology, politics, economics, and sociology can all be woven into discussions to make them more meaningful.

3. Capitalize on "non-work" moments to provide factual information relating to the field station environment and/or the work site.

Travel to and from work sites provides an opportunity to provide enrolless with information about the areas travelled through, adding visual reinforcement to the learning process. A few moments to stop, point out, and discuss places and things of interest (e.g. erosion sites, a bird or animal, areas of different vegetation, and reasons for these differences) will go far toward establishing good rapport with enrolless and provide effective learning experiences.

Rest breaks are also a good time to discuss the project being worked on and should be used for environmental awareness activities.

4. Capitalize on "learning moments."

If an enrollee or staff person sees something of interest, take a few minutes to stop, look, and talk about it. This will not cut significantly into work time, and time lost should be more than offset by increased rapport with enrollees.

C. Suggested Environmental Awareness (IA) Experiences for YCC.

YCC projects can offer excellent learning opportunities for enrollees and should be the focus of environmental learning experiences.

Each work site will offer different opportunities and the activities selected should be determined in part by those opportunities. However, activities that relate to a project need not occur only onsite, but may be extended to other leas, particularly where comparisons are desirable.

The remainder of this chapter contains three sample lists of a variety of projects and environmental learning experiences which might be offered in association with these work projects.

The first list discusses the minimum EA an enrollee should gain from certain types of work projects. The second list is a comprehensive listing of EA opportunities. The third list discusses possible EA sources for office and urban settings. These examples are by no means complete, and projects not listed may offer good learning opportunities as well.

# EXAMPLES OF THE KINDS OF OUESTIONS ENROLLESS SHOULD BE ABLE TO ANSWER REGARDING WORK PROJECTS.

#### Irrigation ditch construction projects

- 1. Where does the water the ditch will carry come from (which watershed or other water supply)?
- 2. Where will the water go?

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- 3. What will be irrigated, and for what purpose?
- 4. If the irrigation is for crops, are the crops intended to benefit wildlife?
- 5. What species will benefit from the water, and what do they look like?
- 6. Is siltation a problem in ditches in the area? If so, what, if anything is being done to minimize this?
- 7. What is mineralization of soils? Is this a problem associated with irrigation in this area? How does this affect crop production?

#### Water supply production

- What is the purpose of the water supply?
- 2. Who or what will benefit from it?
- 3. Where will the water come from?
- 4. Why aren't existing water sources adequate?

#### Wildlife habitat improvement

- 1. What is habitat, and how is it important to all Biving things?
- What element of habitat is this project designed to enhance (food, water, cover, special needs)?
- 3. Which species will benefit most from the project?



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# Erosion control projects

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- What is causing erosion in this area?
- 2. What will probably happen to the area if the project is not done?
- 3. Is the erosion naturally occurring, or has it been triggered by humans?
- 4. How will the project control erosion?

#### Trail construction

- Why is the trail being built or rehabilitated?
- 2. Who will use the trail?
- 3. How will the trail design discourage erosion?
- 4. How will the trail affect visitor activity patterns?
- 5. How will the trail affect fish, wildlife, or plant life in the area?

# Fish stocking or transfer

- Why is the stocking or transfer being done?
- 2. What do the species being stocked or transferred eat in the wild?
- 3. Why is it difficult to raise fish in captivity (diseases, diet, etc.)?
- 4. What is the estimated survival rate of the fish being stocked?
- 5. How do fish breathe?

# Range veretation control

- What species are causing problems?
- 2. What kinds of problems are they causing?
- 3. Who or what will benefit from the vegetation control?
- 4. How will the work project affect the "balance of nature?"

# Overlooks, vista clearings

- Who will benefit from the overlooks or clearings?
- 2. How will the overlooks or clearings affect wildlife?
- How soon will the area need to be cleared again?



# Visitor facilities construction

- 1. Who will be the primary users of the facility?
- 2. Why is this facility being built?
- 3. How will this facility affect visitor management at the field station?

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4. What are the effects of exposure on people (dehydration, heatstroke, hypothermia, etc.)?

#### Fence construction or removal

- 1. Why is this fence being constructed or removed?
- 2. What management purpose will it (or did it) serve?
- 3. Why is this (was this) particular kind of fencing used (barbed wire, cyclone, etc.)
- 4. What species will benefit or lose from the fence construction or removal?
- 5. Is grazing allowed in this area? If so, is it to benefit wildlife, because of past use, political pressures, etc.?

#### Litter pickup

- 1. Why is litter harmful (health, harm to wildlife, esthetics, etc.)?
- 2. Where will the litter be taken?
- 3. Is disposal a problem?
- 4. How can managers minimize the litter problem?

#### Wildlife population control projects

- 1. What species is (are) being controlled? Why?
- . 2. How will the techniques used help control the problem?
  - 3. What affect will this project have on the "naturalness" of the area?

# COMPREHENSIVE LISTING OF EA OPPORTUNITIES

#### Irrigation ditch construction

 Investigation of why irrigation ditch is needed. What is it intended to accomplish?



- 2. Learning how to measure waterflow in a ditch or stream, both by using mechanical methods and by estimation.
- 3. Exploration of how water is allocated in the area. What determines who gets how much? How do they know when their limit is reached? What happens to water allocated if drought occurs? Who gets it first?
- 4. Study of loss of water from ditches. How many ways is water lost from ditches? How much water left the source, and how much reached the fields?
- Study of evaporation from ditches through an exploration of humidity in ditch areas. Study of the factors that affect evaporation rate. Discussion of how evaporation can be minimized.
- 6. Study of rainfall in the area. Discussion of why irrigation is needed. Study of where water is coming from (using maps to explore rainfall and watersheds in the state).
- 7. Study of food crops being provided for wildlife. Which ones need irrigation? What kinds of foods are being provided for which species? What other species will benefit from the foods being provided? How does providing foods affect wildlife populations?
- 8. Discussion--comparing the provision of food crops with artificial feeding in small areas (e.g. in bins). What problems (such as disease) might arise from having a high concentration of wildlife in one area?
- 9. Exploration and discussion of where the water will go after irrigating the fields. How pure will this water be?
- 10. Study of siltation in ditches. Why does it occur? Why do ditches have to be dug out periodically? What affects the rate of siltation?
- 11. Study the soil that is suspended in the water. Where is it coming from?
  How much can be found suspended there during regular flow? How much
  after rainstorms? Compare one area with another and one ditch with
  another, looking for variations in erosion rate.

# Water supply production

- 1. Study where the water will come from and where it will go. Who or what will use it?
- Exploration and discussion of watersheds. What are they? Why is it important to protect watersheds? What role do they play during floods?
- 3. Study the variations in rainfall found within the state. How much of this falls on the field station compared with other parts of the state? What causes variations in rainfall?



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- 4. Study water use in neerby communities. What is the community water supply? How is water being used? What effect does water demand by humans have on wildlife and the environment in general?
- 5. Discuss annual fluctuations in streams, lekes, and weterholes. Whet causes these fluctuations? When do levels rise and fell? Is there e predictable pattern? How predictable is it?
- 6. Discuss the different uses of water. What kind of competition occurs for that water? Who or what is competing for water? How does competition for water compare in different erees (e.g. e desert weter hole, e leke, e reservoir)? What ere the environmental impacts of water uses by humans?
- 7. Study how much the YGG camp, the field station, the community, end people in other parts of the U.S. depend on the water supply being explored. What is the prediction for the future? Will there be edequate weter for ell these needs?
- 8. Study the uses of water in the YCC camp. Is any water being wested?

  Study how much water is lost from e dripping feucet in e day, e month, end
  e year. How much does weter cost, reletive to other commodities?
- 9. Explore ways that enrollees can reduce their water consumption, end find weys to measure that sevings. Competition between dormitories might be e wey to provide incentive.
- 10. Study where weter goes efter it is used, end what condition it is in efter use. What kind of treatment does community sewege receive? Visit a weter treetment plant. Explore the treetment plent outfells. Are eny outfells emptying into the field stetion or its watershed? What ere the effects of organic content in weste weter, either beneficiel or hernful?

#### Wildlife habitat improvement

- 1. Conduct e veriety of activities to be sure that enrollees understend the concept of habitat. Why is habitet important?
- 2. Study how habitat needs of wildlife are provided for on the field stetion. How will project improvements affect the eveilebility of food, weter, shelter, or otherwise change the local habitet?
- 3. Whet ere the tradeoffs involved when habitet is "improved?" Whet species will benefit or lose out because of a habitet improvement project?
- 4. Compare various habitats found on the field station, both on land and in water. How does each provide for the needs of different species? Compare what species ere found in which habitats and why.

#### Erosion control projects

1. Study what fectors cause erosion and what effects its rate.



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- 2. Study how rapidly erosion is occurring in the area. Be sure to look at different habitats. Is this erosion natural, man-caused, or both?
- 3. Study how erosion affects vegetation, streams, lakes, fish, and wildlife.
- 4. Study and compare different means of controlling erosion, (preventive, stop-gap, rehabilitation of the area, etc.).

#### Trail construction

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The Outdoor Biological Instructional Strategy series has a Trail module which provides investigation information on trail construction. Topics covered include how to evaluate erosion potential, measure slope, measure visitor use, etc. What are agency guidelines concerning trail construction?

### Fish stocking or transfer

- 1. Test the pH and temperature of water where fish are being held and where they are to be placed. Discuss the tolerance levels of different fish species.
- 2. Test the oxygen content of water. Where is the oxygen coming from? Examine how fish breathe, and factors that affect their breathing. Explore how light levels, plants, and other animals found in water affect the oxygen Content of water. Make comparisons between different sites.
- 3. What is eutrophication? What affect does this have on fish and the water environment? Compare areas which are experiencing eutrophication with clear water areas.
- 4. Explore an area which has polluted water (don't actually get in the water). Discuss what kinds of water pollution can occur--natural and mancaused. How do different types of water pollution affect fish (thermal, chemical, turbidity, etc.)? Explore and discuss nature's biological cleaning mechanisms, and their limits.
- 5. Discuss competition between fish species. What kinds of fish occur in the vater being stocked? Are they native species? If they are exotics, are they competing with native species? Why are exotic species either good or bad in a natural area?
- 6. What are the food chains found in the waters being stocked? Where do the fish species being stocked fit into those food chains? What are fish being fed in tanks? What will these fish eat in the wild?
- 7. Would fishing be possible in the project area if fish were not stocked? Why or why not? How many people fish in the project area every day, every week, every month, every year? How many fish are caught?
- 8. What are fishing licenses for? Where does the money go that is collected for licenses? How does this money benefit fish and fishermen? What regulations affect fishing in the project area? What is a creel limit?



9. What would happen to water ecosystems if fish were not present?

Range vegetation control (Some subjects listed under Fence Construction may also apply).

- Study plant succession occurring in the area. What foods are being used by wildlife? Where are they? What uses them? What are the effects of plant succession on those foods?
- Compare wildlife foods found in open areas versus closed canopy areas.
   Discuss ecotones (edges). Compare plants, insects, and wildlife found in open areas, closed areas, and at the ecotone.

#### Overlooks, vista clearings

- 1. What kind of public visitation does the field station receive? What are the impacts of this visitation, if any? How are these impacts minimized by management decisions?
- 2. Investigate the effects of human presence on wildlife. How do these effects differ if humans are on foot, in cars, on off-road vehicles, or in airplanes? Study how to select and design overlooks and vista clearings to minimize these effects.
- 3. What is the environmental impact of the project (effects of temperature, vegetation, wildlife, humans, etc.) on the site? Study the site before and after the project and compare findings.
- 4. What will happen to cleared areas over time? What is the pattern of plant succession?

#### Visitor facilities construction

- 1. Study the weather in the area--rainfall, temperature, etc. How does this compare with other parts of the state?
- 2. How are field station visitors affected by weather? Discuss the effects of exposure on people--dehydration, heatstroke, hypothermia, etc. How can this be avoided or treated?
- 3. Compare temperatures in the sun and in the shade. Compare which plant and animal species are found in shady versus sunny spots. How are these species adapted to heat, cold, wet, or dry conditions? Discuss genetic variability and survival of the fittest.
- 4. Is human behavior consistent with weather or climate conditions? How?
  How have humans adapted to climatic changes? What is the environmental impact of these adaptations (air conditioning, heat, clothing, the Greenhouse effect, etc.)?
- 5. What are the environmental impacts of visitor facilities construction? What materials are being used? Where do they come from?



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6. What is the cost of the visitor facilities being constructed? Where did the money come from? Discuss the budget process for the field station.

#### Fence construction or removal

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- 1. What management purpose does (or did) the feace have? How can Mence building or removal help wildlife?
- 2. Study and compare differences between grazed and ungrazed areas (total vegetation, diversity, insects, erosion, etc.).
- 3. Compare different types of fencing. Which ones will allow wildlife to pass through but not cattle? Which ones will permit neither to pass? When would you want to prohibit wildlife from passing through?
- 4. Study the influence of grasing on plant succession.
- 5. Study basic surveying techniques.
- 6. Study the direct and indirect effects of grazing on wildlife (both beneficial and harmful). Discuss grazing as a management tool.
- 7. Study the indications of overgrazing in an area. Why are certain plants known as overgrazing indicators? Why do they become abundant in overgrazed areas?
- 8. Explore the role of cattle in the diet of Americans (e.g. how many items on restaurant menus have <u>some</u> kind of cattle product in them? How have American demands for beef affected other parts of the world (e.g. tropical rain forests)?
- 9. Discuss food chains and energy loss as it progresses up the pyramid. Compare energy requirements (both obvious and obscure) of open range versus stockyard cattle raising, and discuss the environmental impacts of each, including the impacts on wildlife.
- 10. Study the influences of overgrazing on soils and erosion. What kind of grazing occurred historically in the area? Did it have an impact that is still visible today? Where can one find records of what occurred historically? How does grazing influence water infiltration, runoff, flooding?
- 11. How do Federal and state land management agencies determine how many cattle will be permitted to graze on their land? What factors are considered? How does this compare with private lands nearby?
- 12. What are some of the political factors that influence 3 rasing on public lands? Who is involved in the wildlife versus cattle conflict? What are its historical roots?
- 13. Should grazing be permitted on the field station? What are the agency mandates? Is grazing consistent with those mandates?



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14. How does the condition of grazed lands of different land management agencies compare? What environmental or grazing factors could account for the differences found among agencies?

#### Litter pickup

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- Conduct a study of packaging in nearby stores. How many things are overpackaged? What are some of the reasons why items are packaged as much as they are (e.g. health, product safety, liability, etc.)?
- 2. Investigate the factors that control decomposition (natural recycling). Now rapidly do different kinds of litter decompose?
- 3. How many of the items picked up could be recycled by humans?
- 4. Where does garbage go? Visit a local garbage dump. How many items there could have been recycled? What are the economic factors that may limit recycling of these materials? How rapidly is the garbage dump being filled up? What happens when cities run out of dump sites?
- 5. Study the effects of litter on living things (e.g. birds and plastic can holders, fishing strings catching around feet or necks--litter as a mortality factor). Discuss the effects of litter ingestion on wildlife. Conduct a scats stuly for litter where feasible.
- 6. Discuss lead shot as a kind of litter. What effect does it have on wild-life, and why? What is the overall effect of lead shot on bird populations? How is load shot being phased out in the United States?
- 7. Discuss the waste explosion, including solid waste, toxic waste, nuclear waste, medical waste, etc. What solutions can enrollees think of? What are the advantages, disadvantages, economic and environmental impacts of these solutions?

#### Vildlife population control projects

- 1. There are a variety of environmental education activities which illustrate basic principles of population dynamics (growth potential. limiting factors, mortality factors, etc.). Many computer programs exist to show population dynamics at work.
- 2. Effects of overpopulation should be explored onsite, if possible.
- 3. Can overpopulation affect humans? When humans are overpopulated, what is the result? How does this overpopulation affect other species? How can overpopulation be prevented?

#### Landscaping lawn areas

 Discuss why lawn areas need maintenance. What happens if they are not maintained? What ecological factors come into play?



- 2. Study what is in a lawn environment (insects, kinds of plants, soils,).
- 3. Study and compare factors found in a lawn area with those found in a grassland area: species diversity, soil moisture, pH, insects, etc.
- 4. Discuss lawns as a mini-monoculture. How do humans influence the environment with lawn maintenance (effects of water usage, fertilizers, mowing, insecticides, etc.).
- 5. Study the growth rate of grasses. How is this affected by factors such as rainfall, sumlight, time of year, etc.)? Possibly set up control areas versus experimental areas to measure these effects.
- 6. Discuss the effects of lawns on people. Why do people grow lawns? What are the advantages or disadvantages of lawns?

## POSSIBLE ENVIRONMENTAL AVARENESS SOURCES FOR OFFICE AND URBAN SETTINGS

Working in mail rooms, copy rooms, warehouses, and clerical pools does not provide enrollees with the minimum forty hours of environmental awareness education required in this Guidance.

Frequently, enrollees are assigned to different units within one building. A more cost-effective EA program can be provided if all enrollees at a location can receive environmental aducation as a group. This group education will also help to foster a cohesiveness among enrollees.

Following is a source list of ideas for an EA program in an office or other urban situation.

- 1. Agency, program, and station histories.
- Local agency resource experts for talks, e.g. migratory bird biologist, mammalogist, botanist, archeologist, endangered species specialist, etc.
- 3. Guest speakers from other Federal agencies, e.g. Forest Service, National Park Service, Bureau of Land Management, Fish and Wildlife Service, Soil Conservation Service, Mational Marine Fisheries Service, etc.
- 4. Guest speakers from "tate fish and wildlife and parks agencies.
- Guest speakers from other organisations, e.g. Audubon Society,
  National Wildlife Federation, Sierra Club, Wilderness Society,
  American Forest Institute, etc. NOTE: See the Conservation Directory
  published by the National Wildlife Federation for a comprehensive
  listing of conservation- oriented groups.
- 6. Natural resource films and videotapes.



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- 7. Special EA packets and programs already developed, e.g. Project WILD (Western Association of Fish and Wildlife Agencies), People and Natural Resources (Forest Service), Project Learning Tree (American Forest Institute), Habitat Pac (Fish and Wildlife Service), the Class Project (National Wildlife Federation), Outdoor Biological Instructional Strategies (Delta Education, Inc., Mashua, N.H.), etc.
- 8. Local university resources, e.g. laboratories, special programs, visiting and resident professors, museum collections, etc.
- 9. Local zoos or museums.

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- 10. Nearby fish hatcheries, wildlife refuges, parks, forests, or tree farms.
- 11. Nearby ponds, lakes, streams, or rivers.

REPORTING



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### AMERIAL REPORT MARRATIVE

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Public Law 93-408 requires that an Annual Report on the Youth Conservation Corps be submitted to the President and to Congress no later than April of the year following the completion of the program.

The report consists of data obtained from the Form 5's, payroll records, accounting records, and narratives. The following information is obtained from data available:

- 1. Demographic information;
- Dollar amounts expended at various locations;
- 3. Gost per enrollee;
- 4. Cost benefit ratio:
- 5. Enrollee, staff, program direction and other costs associated with the program which are recorded on payroll documents and are crosschecked by inclusion on the Form 5; and
- 6. Types of projects as listed on Form 5.

Reiteration of the above information in narrative form is not necessary in the information provided to Washington, D.C. for the report. The narrative should consist of pros and cons of projects (with pictures, if possible, of the enrollees actually engaged in the work), enrollees' reactions to the program, and ideas for improvement of any aspects of the program. These should be written with the thought in mind that you are writing to your Congress. What do you went them to know? Pictures should, if at all possible, be black and white so they can be printed. If colored pictures are submitted, they should be originals. Static pictures which do not tell the story are of little use; have action pictures. Show enrollees actually involved in work--environmental learning or recreation. Group pictures are nice, but are not helpful in the final report. Scenic pictures are beautiful, but unless they show enrollees at work, they are not usable in the final report. Also, include total number of male and female applicants; total number of males and females hired; total number of applicants; and total number of applicants hirod.

Areas should provide a brief report to the Region within 2 weeks after the close of cast. All reports are to be in to the Region by October 15. Each Region should submit a 1-2 page narrative report to Washington, D.G. no later than Hovember 1.

#### WORK ACCOMPLIZIBLENTS

The need to know what was actually accomplished during the summer cannot be over-emphasized. This information must be as complete and accurate as possible for submission of reports to the President and Congress. Three types of forms can be used to document this information; the YCC Form 4 to record what is planned. a Daily Record Sheet to record the work as it is being done, and the YCC Form 5 to report what was accomplished.



VIII.1

## Form 4 YCG Work Project Plan (Exhibit 10)

The YCG Work Project Plan (Form 4) is designed as an internal planning document to assist area staff in the development of work projects, an environmental education plan, and a Job Hazard Analysis. When properly utilized, the Form 4's are used as the foundation for all planned activities plus displaying project cost, supplies, and youth hours, both estimated and actual. Each Region will make a determination whether to use the YCC Form 4 or a similar document to track this information. A Job Hazard Analysis (Exhibit 13) is to be developed for each work project and photocopied onto the back of the Form 4. If a similar form is used, a Job Hazard Analysis is to be incorporated in a similar manner. The form should be filled out as completely as possible in order that they may be used to resolve any questions that may arise at the end of the program when completing the YCC Form 5.

Each TGC project to be accomplished must be approved by the area manager before submission to the Regional Office. Each Region will determine what additional approval such as the area manager's supervisor, the Regional Safety Manager, and the Regional TGC Coordinator may be required.

#### Daily Record Sheet (Exhibit 14)

Use of a Daily Record Sheet showing enrollee hours worked, type of work done and completion of projects is recommended. It will be very difficult to obtain the information necessary to complete the YCC Form 5 (Exhibit 11) at the close of the program if you do not keep an on-going record during the time the enrollees are working. Use of this form is optional.

## Form 5 Work Projects (Exhibit 11)

The need to know what was actually accomplished during the summer cannot be over-emphasized. This information must be as complete and accurate as possible for submission of reports to the President and indicate type of work done and completion of projects. It will be very difficult to obtain the information necessary to complete the Form 5 at the close of the program if you do not keep an ongoing record during the time envolves are working. A TGG Form 4 (Work Project Plan) or similar document will be required. Each Region will make the appropriate determination.

The Youth Conservation Corps Work Accomplishment Report (TCC Form 5) is designed to provide the Area Manager with a vehicle to report total work-related information on the TCC Program to the Regional Office. The YCC Form 5 summarizes work project information, TCC Form 5's must be thoroughly and accurately completed utilising the codes and units of measure in the Work Project Codes Listing (Exhibit 12). The computer will only accept these designations. A basic Form 5 must be prepared for each camp. Projects of one type may be grouped together and a total figure utilized on the Form 5. Particular attention should be given to the instructions for completion. Area Managers are responsible for proper completion of these forms, narratives, and certification of the appraised values. Reports should be completed and checked by the Area Manager and forwarded to the Region within 2 weeks after the close of camp. All reports are to be in to the Region by October 15. The Regional

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YCC Coordinator will consolidate the reports and input the data on computer disk and forward the disk no later than November 1 to appropriate Washington Office:

National Park Service Youth Program Officer P.O. Box 37127 Washington, D.C. 20013-7127 U.S. Fish and Wildlife Service Office of Youth Activities, Room 1428 18th & C Street, N.W. Washington, D.G. 20240

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SERIOUS INCIDENT REPORTING



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#### SERIOUS INCIDENT REPORTING

The following Serious Incident Reporting is required for YCC. (FWS-See 24 AM 1.14 and 20 AM 4 for detailed Serious Incident Reporting instructions.)

To enable the Service to respond quickly to Congressional and public media inquiries regarding serious incidents occurring in or associated with the Youth Conservation Corps program, it is vital that all Project Managers report immediately any serious incident affecting either enrollees or the YCC program under their jurisdiction in accordance with the following established procedures:

- The Project Manager will report the incident by telephone to the Service's Regional Safety Officer and YCC Goordinator within 24 hours of the incident. The Regional YCC Goordinator will report the incident by telephone immediately to the Office of Youth Activities, Washington, D.C. A written report must follow.
- The following types of incidents must be reported. Other incidents should be reported at the discretion of the Project Manager.
  - a. Death or serious injury, where hospitalization is required, to participants or staff or other persons resulting from action of participants or staff.
  - b. Medical emergencies threatening the lives of participants or staff, such as the outbreak of life-threatening diseases.
  - c. Natural disasters threatening the lives of participants or staff.
  - d. Serious civil disturbances involving participants where lives are threatened.
  - e. Other major incidents which, in your judgment, may result in immediate adverse media/public reaction to the YCC program.

In the case of death or serious injury to a YCC enrollee or staff, a Board of Inquiry in accordance with 485 DM 5.6 through 5.9 will be convened as determined by the head of the bureau/office or his/her designee.



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IX.1

SAFETY



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#### SAFETY

All safety regulations pursuant to YGG activity will be in accordance with applicable Bureau policy stated in Section 24, Subsection 11, of the Fish and Wildlife Service Administrative Manual (24 AM 11), or the Mational Perk Service Loss Control Management Program Guideline (NPS-50). Current regulations, subsequent updates, or supplemental guidance concerning these specific areas of YGG policy may be developed, as necessary, by either Bureau.

The Sefety section of this YOUTH CONSERVATION GUIDANCE document is a consolidation of National Perk Service and Fish and Wildlife Service policy. All references to the "Service" will epply to both Bureaus unless specifically steted.

Cross references to edditional, or base document, Bureeu guidance is indicated by (FWS) or (MPS) es eppropriete.



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I.1

#### SAFETY

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- 1. <u>Purpose</u>. To ensure that all projects provide for the safety and health of Youth Conservation Corps (YCC) enrollees performing work activities for the Service.
- 2. <u>Scope</u>. The provisions of this chapter apply to all Service projects utilizing YCC enrolless for performance of Service work activities.
- program to both enrollees who might not otherwise find gainful employment and be exposed to outdoor learning experiences, and to participating field stations which would not be able to undertake many important work projects without the use of YCC enrollees. The Service also recognizes its responsibility in providing for the safety and health of enrollees. It is, therefore, the policy of the Service to establish necessary safety procedures for the YCC program. YCC safety procedures are to reflect consideration of activities to be performed and insight gained from past YCC accident experiences.

#### 4. Authority.

- A. Occupational Safety and Health Act (OSHA) 1970 P.L. 91-596 Section 19 - Federal Agency Safety and Health Program.
- B. Executive Order 12196, Occupational Safety and Health Programs for Federal Employees.
- C. 29 CFR 1940 Basic Program Elements for Federal Employees, Occupational Safety and Health Programs.
- D. 5 U.S.C. 7901, 7902, 7903.
- E. 485 DM 1-7, MPS-50, 24 AM 11.
- F. 29 CFE 570.50--570.68.
- G. Public Law 93-408, Youth Conservation Corps Act.
- 5. <u>Preparation</u>. In preparation for enrollees, do the following:
  - A. Job Masard Analyses (JHA) shall be developed for all anticipated YCG activities. All JHA's will include discussion of appropriate personal protective equipment. The requirement for preparation of a JHA applies to all enrollee activities and does not allow exclusion of imprompty activities.

(FWS - See 24 AM 1.10 - Project Leader must develop JHA and be reviewed by the Regional Safety Manager for concurrence.) (NPS - JHA will be developed, in writing, by the supervisor in charge of the



project or recreational activity, and approved by the Camp Director and Park Safety Officer prior to the start of a project. Supervisors shall be responsible for the implementation of the JHA to insure the safety and health of staff members and enrollees.) •

- B. Ensure that all required personal protective equipment is available, in good condition, adequate for the intended task, and is used in the correct, prescribed manner for the job. (FWS - See 24 AM 3 for additional guidance.)
- C. Ensure that there is at least one supervisor for every 10 enrollees assigned to the facility. (MPS - Ensure that there are no one-person assignments and the buddy system is always in place.)
- D. Ensure that adequate first aid kits are accessible to all YCC enrollee supervisors. In addition to the supplies in the first aid kit, the following items are recommended.
  - (1) Creams or lotions for sumburn, plant poisons, insect bites and other irritants.
  - (2) Ammonia inhalants.
  - (3) Tongue protector (seizures).
  - (4) Thermometer.
  - (5) Snake-bite kit, pocket size. (To be used only when wictim cannot be immediately transported for medical treatment).
- E. Ensure that potential enrollees have completed and submitted the Youth Conservation Corps Medical History Form FS-1800-3 (Exhibit 2). Any question concerning information provided should be referred to the Regional Safety Manager for discussion with the Service Industrial Hygienist. Enrollee work activities must be restricted in accordance with exceptions noted by the examining physician.
- P. Determine and document the swimming ability of each enrollee.
  Regardless of swimming ability, all JHA's for activities in or
  around marine environments should document appropriate personal
  protective equipment (personal flotation devices, lanyards, etc.),
  and require an appropriate orientation to the specific marine
  environment.
- 6. Orientation. All enrollees will receive a safety orientation for the station to which assigned. (FWS-See 24 AM 1.6.) Enrollees should be made aware of the station safety plan and station procedures to be followed in the event of emergencies. Encuation plans shall be developed and regular drills conducted to ensure emergency egress of buildings; e.g., quarters.



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- 7. Supervision. Supervision of enrollees can be by regular Service staff, volunteer staff, or persons hired specifically for enrollee supervision. Regardless of the type of supervision, project leaders are responsible for the safety and health of enrollees assigned to their facility and must ensure compliance with their supervisory responsibilities. (FWS-See 24 AM 1.5M.)
  - A. Minimum requirements for supervisors are listed below.
    - (1) Possess a U.S. Government Motor Vehicle Operations Identification Card (SF-46). (FWS-See 23 AM 8.2J.)
    - (2) Be knowledgeable of accident/illness prevention methods and procedures for outdoor work activities, and Service procedures for reporting accidents and related injuries and illnesses.
    - (3) If the supervisor is not currently certified in first aid and cardiopulmonary resuscitation (CPR), each work location, area, or group must have one other individual available that is currently certified in first aid and CPR. (FWS-See 24 AM 1.78(5).)
    - (4) Be thoroughly familiar with station safety plans.
    - (5) Be familiar with JHA's for TCC activities.
  - B. Enrollee supervisors will supervise no more than 10 enrollees. For overnight camping operations, each supervisor will supervise no more than five enrollees.
  - C. Prior to commencement of work activities, the supervisor must instruct enrollees in safe operating procedures for the specific activity and ensure that appropriate personal protective equipment is available and used by enrollees. Enrollees must be made aware of proper usage of the personal protective equipment and its limitations. Job hazard analyses should be used for this purpose.

#### 8. Enrollee responsibilities.

- A. Complete and submit the Youth Conservation Corps Medical History Form FS-1800-3, prior to reporting for work.
- B. Observe and follow all program policies and procedures required for the tasks assigned, both oral and written.
- C. Maintain a high degree of safety awareness so that work is performed without accident or injury.
- D. Wear personal protective equipment that has been provided. Report to work properly dressed (e.g., long sleeve shirts, long pants, appropriate footwear, etc., as required).

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- E. Report ell eccidents/inciden?s and job releted illnesses immediately.
- F. Report ell unsefe end unheelthful conditions believed to exist (FWS-See 24 AM 1.12).
- 9. <u>Rederal Employee Compensation Act</u>. The Federal Employees'
  Compensation Act (FEGA) is a workers' compensation law administered by
  the Office of Workers' Compensation Programs (OWCP), U.S. Department
  of Labor. The FEGA provides compensation benefits to civilien
  employees of the United States for disability due to personal injury
  sustained while in the performance of duty or due to employmentrelated disasse. The Act also provides for the payment of benefits to
  dependents if the injury or disasse causes the employee's death. YCC
  enrolless are considered Federal employees for purposes of FEGA.
  - A. Enrollees ere entitled to immediate first eid and full medicel cere, including hospitalization, without cost. Form CA-16, Request for Examination end/or Treetment, should be completed by the supervisor to euthorize medical cere.
  - B. All job releted injuries should be reported on Form CA-1, Federel Employees Notice of Treumatic Injury and Claim for Continuation of Pey/Compensation. Enrollees ere not entitled to continuation of pay (COP) and COP should be controverted on this basis.
  - C. All job releted illnesses or disease should be reported on Form CA-2, Federel Employee's Notice of Occupational Disease end Cleim for Compensation.
  - D. After errengements have been made for first eid or other medical cere for the injured enrollee, or it has been determined that medical cere is not necessary, the supervisor should determine exactly what happened to cause the eccident end what can be done to evoid a similar occurrence. Form DI-134 should be made for this purpose. No work injury report will be considered complete without this document. Definite statements should be made to each question and no questions should remain unanswared. This completed form should be sent to the Regional Safety Manager. (NPS-Provide a copy to the Regional TCC Goordinator.)
- 10. Federal Tort Claims Act. The Federal Tort Claims Act provides a mechanism for persons to make claim egainst the U.S. Government for damage, loss, injury, or death caused by negligent or wrongful acts or omissions of any employee of the Government while acting within the acope of employment. TCC enrolless and staff acting on behalf of the Service are considered employees for purposes of this Act. Regional Sefety Hanagers have been designated Regional Tort Claim Officers and should be contacted concerning all tort claims. (FWS-20 AH 5 contains Service procedures for processing tort claims.) (NPS-Review Service procedures for processing tort claims.)



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- Motor Vehicle Operation. Enrollee operation of motor vehicles is 11. discouraged. However, enrollees may operate motor vehicles in accordance with the following provisions.
  - Enrollees must be at least 18 years of age and possess a valid State operator's license and a U.S. Government Motor Vehicle Operator's Identification Card (SF-46) to operate a Government vehicle.

(MPS-SF-46 must state specific type of vehicle to be operated, and enrollees must successfully demonstrate in a road test that they can properly operate in that specific environment.) (FWS-See 24 AM 1.78(4).)

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- Enrollees are not authorized to operate any motor vehicle in excess of 6000 pounds gross vehicle weight.
- Enrollees are not authorized to operate private vehicles in performance of duty for the Service.
- Child Labor, Fair Labor Standards Act. The Fair Labor Standards Act 12. provides a minimum age of 18 for any non-agricultural occupation which the Secretary of Labor "shall find and by order declare" to be particularly hazardous for minors between 15 and 18 years of age, or detrimental to their health and well-being.
  - The 17 hazardous occupation orders now in effect apply either on an industry basis, specifying the occupations in the industry that are not covered, or on an occupational basis irrespective of the industry in which found. Enrollee activity is to be restricted in accordance with specific orders.
  - The orders in effect deal with the following: B.
    - Manufacturing and storing explosives.
    - (2) Motor wehicle driving and outside helper.
    - (3) Coal mining.
    - (4) Logging and sawmilling.
    - Power-driven woodworking machines. (5)
    - Exposure to radioactive substances. (6)
    - (7) Power-driven hoisting apparatus.
    - Power-driven metal-forming, punching, and shearing machines. (8)
    - (9) Mining, other than coal mining.
    - (10) Slaughtering, or meat-packing, processing, or rendering.
    - (11) Power-driven bakery machines.
    - (12) Power-driven paper-product machines.
    - (13) Manufacturing brick, tile, and kindred products.
    - (14) Power-driven circular saws, band saws, and guillocine shears
    - (15) Wrecking, demolition, and shipbreaking operations.
    - (16) Roofing operations.
    - (17) Excavation operations.



Appendix 3 contains exact copies of the orders. In addition to these restrictions, enrollees are not to be permitted to operate chain saws or heavy equipment.

- 13. (NPS) Off-duty leisure time activities. A program shall be developed by the Center Director that clearly defines limitations and standards for leisure time activities. The scope of the program shall be dependent on environmental conditions that exist. The program shall address such activities as:
  - A. Persons involved in team contact sports shall use all personal protective equipment; e.g., helmets and pads, that are specified for the activity. All equipment shall be of an approved type.
  - B. Swimming by enrollees shall be permitted only when qualified lifeguards are on duty.
  - C. In primitive or wilderness areas, enrollees shall not venture beyond specifically defined camp limits alone. Hiking, fishing, or other outdoor activities shall be allowed only when two or more persons who are familiar with the area, etc., are participating.

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EXHIBITS



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#### UNITED STATES YOUTH CONSERVATION CORPS

ine Program

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The Youth Conservation Corps (YCC) is a well-belanced work-learn-earn program that develops an understanding and appreciation in participating youth of the Nations environment an heritage. It is administered by the U.S. Department of Agriculture - Forest Service, U.S. Fish and Wildlife Service, and the National Park Service and others gainful summer employment to youth for appreximately eight weeks, in a healthy outdoor atmosphere.

Enrolless will be paid the minimum wage for a 40 hour work week. Host projects will enroll an equal number of males and females.

Projects include building trails, maintaining fences, cleaning up campgrounds, improving wildlife habitat, and thinning timber atands. Participants will do hard physical work and may be exposed to insects, poison eak and ivy, adva.ae weather, and difficult working conditions.

Eligibility Requirements

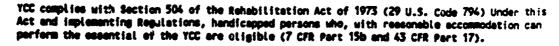
young men and wemen, 15 through 18 years of age, who are permanent residents of the United States, its Territories, or pessessions, are eligible for employment without regard to social, economic, racial, or ethnic backgrounds. Handicapped youth who can effectively participate in most YCC activities are eligible. Youth must have no history of serious criminal or other antisocial behavior that might endanger their safety or that of others; have or be able to obtain a work permit as required under the laws of their State; have a Social Sezurity number; be willing and able to work hard and participate in most work projects. Employment is without regard to Civil Service or classification laws, rules, or regulations.

How You Can Enroll

To apply, youth meeting these qualifications should complete this YCC application form and return it at the earliest possible date to the nearest unit of a Mational Park, Mational Forest, or Mational Fish and Wildlife Refuge or Matchery.

Applicants will be selected on a random basis and will be notified of selection. Demographic information such as age, race, and family income is not used in the selection process.







#### Exhibit 1

OMB No. 0596-0084 (Expires 12/31/89)

### YOUTH CONSERVATION CORPS (YCC) APPLICATION

Print or Type all answers. All questions and statements must be answered to enable Selection Office to determine applicant's eligibility and availability. <u>Incomplete applications</u> may be to be rejected. Authority is PL 93-408. You must be at least 15 years of age by June 1, but not older than 18 as of August 30.

| of the United States of<br>behavior that might je<br>correct to the best of<br>duplicate applications | y knowledge. I have not participated in YCC for; more than 3 weeks in the past, nor have I submit incorrect statements constitute grounds for immediate dismissal. You have; my permission to give YCC official for whose camp I am selected.                                                                                                                                                                                                                                                               | e    |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| of the United States of<br>behavior that might jo                                                     | minima my shines at Atlantas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| of the United States.                                                                                 | CC program and interested in working in the outdoors to develop and; maintain the natural resource of selected, I will obtain a work permit if required, and arrange for a physician to complete the selected of the sent to me. I have or an applying for a social security number. I am a permanent resists Territories or possessions. I do not have a history of serious criminal or other antisocial pardize my safety or that of others. I certify that all information I have given above is true an | dent |
| Female                                                                                                | physical work activities  Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _    |
| Hale                                                                                                  | Honth Day Year  Are you abla to perticipate in stressous                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
|                                                                                                       | Area Code Telephone Number Bete of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
|                                                                                                       | State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|                                                                                                       | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
|                                                                                                       | Heiling Address (Street or P.O. Sex)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |



## Youth Conservation Corps Medical History

|                                                                                                    |                                                                      | M                                                       | edica                               | History                                                                                                           |                                                                  |                                                                               |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Secure salabi and w                                                                                | eliare of the enrolles                                               | e of the YCC I                                          | brooram                             | e and may de drovide                                                                                              | d to a driveicia                                                 | ata is to safeguard the in the event treatment is in will result in exclusion |
|                                                                                                    |                                                                      | Part I-To                                               | be com                              | pleted by applicant                                                                                               |                                                                  |                                                                               |
| 1. Name (Last, First                                                                               | , Middle Initial)                                                    |                                                         |                                     | 2. Address (Street,                                                                                               | City, State, Inc                                                 | liuding Zip Code)                                                             |
| •                                                                                                  | ith and accident insu                                                |                                                         | ured by and policy nur              | 5. Date of birth (MolDalYr)                                                                                       |                                                                  |                                                                               |
|                                                                                                    | yes, list name of insu                                               |                                                         | <u> </u>                            | T                                                                                                                 |                                                                  |                                                                               |
|                                                                                                    | X ii you have had an<br>Tuberculosis 🗀 🖸                             |                                                         | <b>30</b> 3.)                       | 7. Describe treatme                                                                                               | ent if disease f                                                 | narked in block 5.                                                            |
| 8. Have you had or                                                                                 | are you having any                                                   | of the following                                        | g inealth                           | problems (Enter X wh                                                                                              | ere appropriet                                                   | <b>(a)</b>                                                                    |
| Altergies  Hay fever Asthma Poison ivy or oal Insect stings Strin condition                        | Frequent infection  Colds Sore throat Ear ache Bladder or intestinal | Convulsi Fainting Sleepwa Headach                       | iking<br>ne                         | <ul><li>☐ Hemia</li><li>☐ Poor hearing</li><li>☐ Difficulty with sense of balance</li><li>☐ Poor vision</li></ul> | th problems Diabetic Pregnancy Swollen or painful joir Shortness | Back trouble or injury of Persistent cough                                    |
| Other (Identily)                                                                                   | infection                                                            |                                                         |                                     | Problem with blood not clotting Defects in legs of feet                                                           |                                                                  | ue 🔲 Loss of weight                                                           |
| 10. Immunization hi<br>you have recen                                                              | red one or a booster<br>D                                            | appropriate a<br>within the las<br>ete of<br>nal series | and date<br>t ten yea               | rs)<br>Date of la                                                                                                 | anus and Dipth<br>est booster<br>emunization                     | nena shot is required unless                                                  |
| □ Diphtheria                                                                                       |                                                                      |                                                         | _                                   |                                                                                                                   |                                                                  |                                                                               |
| ☐ Polio Vaccine                                                                                    |                                                                      |                                                         | _                                   |                                                                                                                   | <del></del>                                                      |                                                                               |
| ☐ Tetanus Toxoid                                                                                   |                                                                      |                                                         | _                                   |                                                                                                                   |                                                                  |                                                                               |
| To my knowledge, I                                                                                 | have not been exposed allow full participal                          | sed to a contri<br>ion in all YCC                       | activitie                           | r infectious disease in                                                                                           | the past three                                                   | weeks, and I am in a state                                                    |
| Signature (Read ab                                                                                 | Signature (Read above statement before signing)                      |                                                         |                                     |                                                                                                                   |                                                                  | Date                                                                          |
|                                                                                                    | Bort M. T                                                            | he complet                                              | ad bu a                             | erent or guardien of                                                                                              | the applicant                                                    |                                                                               |
| ward to participate v                                                                              | t I am familiar with the with the program as a nonprogram accident   | ne Youth Cons<br>a YCC member<br>t or illness, ar       | servation<br>er. I und<br>nd I auth | Corps Program and erstand that I will not                                                                         | that I give my hold the United                                   | consent to my son daughter                                                    |
| nearest, most adequate facility approved by the YCC.  1. Emergency contact (Name and Relationship) |                                                                      |                                                         |                                     | 2 Home ph<br>(Include                                                                                             | one<br>Area Code)                                                | 3.Work phone<br>(Include Area Code)                                           |
| 4. Address (Street,                                                                                | City, State and Zip                                                  | Code)                                                   |                                     |                                                                                                                   |                                                                  |                                                                               |
| 3. Signature (Parer                                                                                | nt or Guardian)                                                      |                                                         |                                     |                                                                                                                   |                                                                  | 6. Date                                                                       |
|                                                                                                    |                                                                      |                                                         |                                     | 0.5                                                                                                               |                                                                  |                                                                               |

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Identify in remarks block, any problems that would restrict full participation and describe any special care or treatment that may be required.

#### Basic functional requirements for outdoor work

- 1. Heavy lifting, 45 pounds and over
- 2. Heavy carrying, 45 pounds and over
- 3. Straight pulling
- 4. Pulling hand over hand
- 5. Pushing
- 6. Reaching above shoulder
- 7. Use of fingers
- 1. Outside
- 2. Excessive heat
- 3. Excessive cold
- 4. Excessive humidity
- 5. Excessive dampness or chilling

- 8. Both hands required
- 9. Walking
- 10. Standing
- 11. Crawling
- 12. Kneeling
- 13. Repeated bending
- 14. Climbing, legs only

- 15. Climbing, use of legs and arms
- 16. Both legs required
- 17. Far vision correctable in one eye to 20:20 and to 20:40 in the other
- 18. Hearing (aid permitted)

#### **Environmental factors**

- 6. Dry atmospheric conditions
- 7. Exchasive noise, intermittent
- 8. Dust
- 9. Slippery or uneven walking surfaces
- Working around moving objects or vehicles
- 11. Working on ladders or scatfolding
- 12. Working with hands in water
- 13. Working closely with others
- 14. Working alone

REMARKS (Enter information regarding any prescribed medication, reactions to penicillin or any drugs and/or any other health problems of which we should be made aware.)

| ga of Barbanatus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PERSONNEL MASTER CHANGE NOTICE FOR YOUTH (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONSERVATION CORPS EMPOLLEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ERECO OF CAMPANIAN CHOS SALARY AND SALARY SA | SANUAR OF ACTION OF SCRIPTION INSERT See constmy SER II OF SERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
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ERIC

Full Text Provided by ERIC

# INSTRUCTIONS FOR COMPLETING PAY/PERS FORM 55 (PF-55) PERSONNEL MASTER CHANGE NOTICE YOUTH CONSERVATION CORPS (YCC) ENROLLES

The following instructions are extracted from MAT/PERS volume 16, YCC User Manual. The completed forms are to be sent to the Regional Personnel Ofice for entering data into the PAY/PERS system for pay purposes. The blocks and data elements not listed in the following instructions will be completed by the Regional Personnel Office.

#### DATA ELEMENT AL

03 - Department - IN

Required for all transactions. The department code is always "IN."

04 - Bureau - YN (NPS) and YF (FWS)

Required for all transactions. Enter "YN" for National Park Service and "YF" for Fish and Wildlife Service.

06 - Social Security Number

This element is requried for all transactions. Enter enrollee's social security number. If the social security number cannot be obtained before the personnel data is to be entered into the system, enter "8." Personnel will enter the remaining numbers. Enrollees who do not have a social security number must make application to the nearest Social Security Office. When the social security number is received, notify the Regional Personnel Office by memorandum.

08 - Employee's Name (last, first, middle)

This field must be completed for all accession actions. Enter the enrollee's name:

- 1. Last name followed by comma and space or last name followed by space then generic title, such as: Jr., Sr., or III, followed by comma and a space.
- 2. First name followed by space or initial followed by period and space.
- 3. Hiddle name followed by space or initial followed by period and space.

If the total name is longer than 25 characters, including spaces and commas, initialise the middle and/or first name.

Example: Hamilton Sr., Albert G. O'Meill III, Barbara Ann VanHousenberger-Jones, R.



#### 09 - Birth Date

Enter the enrollee's date of birth. This field <u>must</u> be completed on all accession actions.

#### 10 - Sex Coáe

Enter data element code for enrollee's sex. This field <u>must</u> be completed on all accession actions. Codes are H (male) and F (female).

#### 11 - Citzenship

This data element indicates whether the enrollee is a U.S. citizen or not a U.S. citizen. This element <u>must</u> be entered for each new record. Enter data element code "1" (citizen) or "8" (non-citizen).

#### DATA ELEMENT A2

#### 01 - Effective Date

This is a <u>mandatory effective date</u>; it must be entered for each transaction.

#### 05 - Not To Exceed Date

This field <u>must</u> be completed on all accession actions. Last date (as of the close of business for which an enrollee can be paid). This <u>must</u> be updated if final date is changed. Date cannot exceed 09/30 of current year, but enrollees may be terminated at any time.

#### 06 - Organizational Gode

This element is <u>required</u> for all transactions. Enter the area organizational code. Organizational code must be left justified; that is, the left-most digit(s) of the field <u>must</u> be filled with significant numbers, letters, or zero filled. Example: 9830 Denali National Park (NPS) and 32530 Necedah National Wildlife Refuge (FWS).

#### 07 - Salary Pay Rate

This field <u>must</u> be completed on all accession actions. Enter the salary or rate of pay appropriate to an individual enrollee. The pay basis is per hour, the hourly rate will be stored with one digit for mills, two digits forcents, and two digits for dollars. All of the above figures are right justified. For example, \$3.35 is 03350. Those enrolles designated Enrollee Leaders will receive \$3.85 per hour. All enrollees receive \$3.35 per hour except for Enrollee Leaders who receive \$3.85 per hour and special rates for Alaska, Guam, and Hawaii. This <u>must</u> be updated if per hour pay basis changes, i.e., enrollees are designated or removed as Enrollee Leaders. If State minimum wage is different than Federal minimum wage, the enrollee will receive the higher wage.



65

### 09 - Race and Origin Designator

This data element indicates the race and national origin designation of an enrolles. Enter the appropriate data element code. This element <u>must</u> be coded for all records new to the system. Obtained from the enrollee's "Income, Race and Ethnic Background, and Population of Home Community Form," this information is voluntary; should the enrollee elect <u>not</u> to provide this information, enter code 9.

#### 10 - Handicap Code

This field <u>must</u> be completed on all accession actions. This data element identifies a physical or mental disability, or history of such a disability. Information may be obtained from the SF-256.

#### 11 - Years of Education

This field <u>must</u> be completed on al accession actions. Indicates the number of years of education. Acceptable codes are 01 through 14 (obtained from the enrollee).

#### 12 - Population Indicator (voluntary)

A code used to identify the home community population.

Codes are: 1 - Under 2,500

2 - 2,501 to 10,000

3 - 10,001 to 25,000

4 - 25,001 to 50,000

5 - 50,001 and up

6 - Not reported

This field <u>must</u> be completed on all accession actions. This information is voluntary-should the enrollee elect <u>not</u> to provide this information, enter code 6.

#### 13 - Family Income Indicator (voluntary)

A code used to identify the family yearly income range.

Codes are: 1 - Under 10,000

2 - 10,001 to 20,700

3 - 20,001 to 30,000

4 - 30,001 and up

5 - Not reported

For FWS enrollees, code 5 will be utilized exclusively.



## REQUEST FOR OFFICIAL CORRESPONDENCE NET CHECK, RESIDENCE INFORMATION

| 1.      | OFFICIAL CORRESPONDENCE ADDRESS: Used to mail Wage and Tax Statement (W-2) Leave Correspondence. (Enter in space below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Apt/Sti | reet/P.O. Box:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| City/St | cate/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2.      | NET PAY CHECK WILL BE MAILED TO EMPLOYING FACILITY (AREA, SERVICE CENTER, REGIONAL OFFICE, ETC.) AS FOLLOWS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Enrolle | e's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Employ  | ing Facility Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Street/ | P.O. Box/Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| •       | cate/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3.      | STATE AND LOCAL RESIDENCE INFORMATION: To be used for authorization and calculation of state and local taxes. This data does not preclude the need for state and local tax authorization forms when required by taxing authorities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| State:  | City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| County  | All information requested on the form, included the Social Security number, is confidential and is required under various provisions in Title 5 U.S.C. Title 31 U.S.C. and CFR Parts 209, 210, and 21 to direct your payments to the destination designed by you to forward W-2, Earnings Statements and other official correspondence, and for authorization of state and local taxes. The information provided by you will be used for identification with the records of the program agency and the financial organization in order to direct payments and other related pay documents to the point you authorized and to properly calculate state and local taxes. Failure to provide the requested information may affect pay computation and delay mailing of net pay check and other pay documents. |
| Social  | Security Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         | Manager: Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



## Attachment 2 to FPM Ltr. 296-103

## EMPLOYMENT ELIGIBILITY VERIFICATION

| EMPLOYEL INFORMAT                                                                                                     |                                                              |                             | i: (Te be complete                                                    |                                                                          | aployee )                                           |                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: (Print or Type) Last                                                                                            | 1                                                            | Fest                        |                                                                       | Middle                                                                   |                                                     | Marden                                                                                                                                                                                                                                |
| Address. Street Name and N                                                                                            | umber                                                        | Cay                         |                                                                       | State                                                                    |                                                     | ZIP Code                                                                                                                                                                                                                              |
| Date of Birth (Month Day Year)                                                                                        |                                                              |                             | Social Security                                                       | Number                                                                   |                                                     |                                                                                                                                                                                                                                       |
|                                                                                                                       | he United States.<br>Id for permanent<br>Is learnigration of | readence (A<br>nd Naturalia | ation Service to s<br>expiration of one                               | verk in the United :<br>Hoyenett authorize                               | Blatos (Aluen<br>lion, if any .                     | i Number A                                                                                                                                                                                                                            |
| bdard hiv grovidia for haprino<br>lignature                                                                           |                                                              |                             |                                                                       |                                                                          | 040 Mg 100000                                       |                                                                                                                                                                                                                                       |
| PREPAREN S                                                                                                            | TRAVALATUS CEN                                               | I I POLTA SI HI             | I property by eater dear                                              | riferation factor factors.c                                              | ndo (1000) of 9                                     | Prior), that the object was property by on                                                                                                                                                                                            |
|                                                                                                                       |                                                              | -                           | el elettere el vis                                                    | A I torr on territor                                                     |                                                     |                                                                                                                                                                                                                                       |
| Signatur                                                                                                              | •                                                            |                             |                                                                       | Name (Print or                                                           | Type)                                               |                                                                                                                                                                                                                                       |
| Address                                                                                                               | Street Name and                                              | Number)                     |                                                                       | Cay                                                                      | State                                               | Zip Cede                                                                                                                                                                                                                              |
| Identity and Employment E                                                                                             | ingribulity                                                  | [] -                        | lder                                                                  | May                                                                      | _                                                   | Employment Eligibility                                                                                                                                                                                                                |
| Let A Ideatity and Employment E  United States Passport  Cortificate of United States C  Cortificate of Naturalession | <del></del>                                                  | 1000                        | . State resurd driving a photograph, ante, sex, dose of oter of eyes. | nuty<br>verb becase or 1.1<br>or information, in<br>birth, height, weigh | cluding<br>ht. and                                  | East C Employment Eligibility  Original Social Security Number Card (other than a card stating it is not valid for employment)  A birth certificate amond by State, county, a municipal authority bearing a seal or other employment. |
| O Umspired foreign pumpers with attached                                                                              |                                                              | •                           | decument and t                                                        | sswing                                                                   | Uncapered INS Employment Authorization Secondy form |                                                                                                                                                                                                                                       |
| Alten Regultration Card with photograph                                                                               |                                                              | [] -                        |                                                                       |                                                                          |                                                     | • ————————————————————————————————————                                                                                                                                                                                                |
| Desumest Admit Floreton                                                                                               |                                                              | Den                         | man Idaniflasi                                                        | w                                                                        |                                                     | Deciman Identification                                                                                                                                                                                                                |
| Lupiration Date (If any)                                                                                              |                                                              | 4-                          | ration Date (if an                                                    | "                                                                        | _                                                   | Raphellan Date (if eas)                                                                                                                                                                                                               |
| CERTIFICATION: I amost, and                                                                                           |                                                              | •                           |                                                                       | •                                                                        | •                                                   | ere individual, that they appear to be grantee, relate<br>of Santa.                                                                                                                                                                   |
| Signature                                                                                                             |                                                              |                             | Name (Print                                                           |                                                                          |                                                     | Tale                                                                                                                                                                                                                                  |
| Employer Name                                                                                                         |                                                              |                             | Address                                                               |                                                                          | <del>-</del>                                        | Den                                                                                                                                                                                                                                   |
| Fers 14 (63 (20 \$7)                                                                                                  |                                                              |                             |                                                                       |                                                                          |                                                     | U.S. Department of Justice                                                                                                                                                                                                            |



U.S. Department of Justice Service Service Service

## Employment Eligibility Verification

NOTICE: Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A. It will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form may be a violation of 8 USC §1324A and may result in a civil money penalty.

## Section 1. Employee's/Property's instructions for completing this form.

## Instructions for the employee.

All employees, upon being hired, must complete Secton 1 of this form. Any person hired after November 6, 1966 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees must sign and date the form.

## Instructions for the properer of the form, if not the employee.

If the employee is assisted with completing this form, the person assisting must certify the form by signing it, and printing or typing his or her complete name and address.

## Section 2. Employer's instructions for completing this form.

(For the purpose of completion of this form, the term "employer" applies to employers and those who recruit or refer for a fee.)

Employers must complete this section by examining evidence of identity and employment authorization, and:

- · checking the appropriate box in List A or boxes in both Lists B and C;
- · recording the document identification number and expiration date (if any);
- recording the type of form if not specifically iden ified in the list;
- signing the certification section.

NOTE: Employers are responsible for reverifying employment eligibility of eliens upon expiration of any amployment authorization documents, should they desire to continue the alian's amployment.

Copies of documentation presented by an individual for the purpose of establishing identity and employment eligibility may be copied and retained for the purpose of complying with the requirements of this form and no other purpose. Any copies of documentation made for this purpose should be maintained with this form.

Employers may photocopy or reprint this form, as necessary, for their use.

## RETENTION OF RECORDS.

After completion of this form, it must be retained by the employer during the period beginning on the date of hiring and endine:

- O three years after the date of such hiring, or;
- one year after the date the individual's employment is terminated, whichever is later.

U.S. Department of Justice **Immigration and Naturalization Service** 

OMB #11154136 Form 1-9 (03. 38:87)



#### GUIDELINES FOR COMPLETING I-9'S FOR NEW ENROLLEES

- 1. The I-9 is to be completed the day the enrollee reports for work.

  A delay in the I-9 being received in personnel may delay the
  enrollee's pay chack. It is illegal to have any employee work in
  the United States lithout the completion and verification of the I9.
- 2. If the enrollee can provide the required documentation, the I-9 form is completed in the same manner as I-9 forms for other employees (Instructions are on the reverse side of the I-9 form).
- 3. Attached is a list of acceptable types of documentation for the I-9 form.
- 4. If an enrollee is under age 16 and is unable to provide list "A" or "B" document, the enrollee's parent or legal guardian would write minor and under "Age 16" in the space for the minor's signature and then complete preparer/translator certification section of the I-9 form. The project leader would write "Minor under age 16" in the document identification number space for list "B". A list "C" document is still required.
- 5. The document identification number must be provided in the Employer Review and Verification section of the I-9 form.
- 6. The I-9 form must be completed by the project leader or an approved administrative support staff. it cannot be completed by clerical support staff, social service assistants, etc.



## Youth Conversation Corps (TCC) Enroliee Personnel and Payroll Information Sheet

| Host Area                             | Area Organization 4 Digit Code (N<br>5 Digit Code (F        |
|---------------------------------------|-------------------------------------------------------------|
| Enrollee Name: (Last                  | First Middle Initial)                                       |
| Enrollee Mailing Address:             | (Street or P.O. Box)                                        |
| City                                  | State                                                       |
| Zip Code                              | Area Code Phone Number                                      |
| Social Security Number                | Sex () Female                                               |
| Date of Birth (Yr/Mo/Day)             | U.S. Cirizen                                                |
| Enrollee Entrance on Duty (Yr/Mo/Day) | Enrollee Termination Date<br>(Yr/Mo/Day) Not To Exceed 9/30 |
| () Yes () No Enrollee Leader          | Salary or Pay Rate Per Hour                                 |
| School Grades Completed               | Handicapped Code (See SF-256)                               |
| Preparers Signature                   |                                                             |



## YOUTH CONSERVATION CORPS (YCC) ENROLLEE ORGANIZATIONAL COVER SHEET

| TO: CEN     | TRAL PAYROLL OFFICE                                              | DAIE:                                                                      |
|-------------|------------------------------------------------------------------|----------------------------------------------------------------------------|
|             |                                                                  | Date YCC Enrollee Entered on Duty                                          |
| FROM:       |                                                                  |                                                                            |
| R           | legion                                                           | Organization Code Number                                                   |
| Enrolle     | e's Name                                                         | Social Security #                                                          |
| PLEASE      | PROCESS/ANALYZE THE FOLLOWING: (ch                               | eck appropriate line)                                                      |
|             | PP-24 Request for Official Corres                                | spondence, Net Check, Residence                                            |
|             | SF: Department of Interior                                       |                                                                            |
|             | State/City Tax form                                              | (Attached for action)                                                      |
| <del></del> | Lost/Missing Check/Bond. Enrolled                                | e received check/bond issued in pay perior ondence from enrollee attached) |
|             | Check/Bond issued in pay period reattached)                      | not received. (Correspondence                                              |
|             | Garnishment of wages for tax levy                                | /child support. (Documentation attached)                                   |
|             | Request is made for a pay audit (                                | explain in remarks)                                                        |
|             | Problem exists on payroll deduction                              | on (explain in remarks)                                                    |
|             | W-2 problem. 19 W-2 never rece<br>Forward to current address of: | ived. Duplicate W-2 requested for 19                                       |
|             | W-2 for 19 in error (explain in                                  | remarks)                                                                   |
|             | Other (explain in remarks)                                       |                                                                            |
| REMARKS     | S:                                                               |                                                                            |
|             |                                                                  |                                                                            |
|             |                                                                  |                                                                            |
|             |                                                                  |                                                                            |



1

## YOUTH CONSERVATION CORPS (YCC) DEMOGRAPHIC REPORT

The following is voluntary and is requested solely for the purpose of determining compliance with Federal Civil Rights Laws. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.

#### CIRCLE ONE LETTER FOR RACE AND ETHNIC BACKGROUND:

A - American Indian or Native Alaskan

B - Asian or Pacific Islander

C - Black, not of Hispanic Origin

D - Hispanic

E - White, not of Hispanic Origin

P - Vietnamese

F - Asian Indian Q - All other Asian or

G - Chinese Pacific Islanders

H - Filipino R - Not Hispanic in Puerto J - Guamanian Rico

9 - Not reported

#### CIRCLE ONE NUMBER INDICATING POPULATION OF YOUR HOME COMMUNITY:

1 - Under 2.500

2 - 2,501 to 10,000

3 - 10,001 to 25,000

4 - 25,001 to 50,000

5 - 50,001 and up

6 - Not reported

#### CIRCLE CNE NUMBER FOR FAMILY INCOME RANGE:

1 - Below \$10,000

2 - Between \$10,001 and \$20,000

3 - Between \$20,001 and \$30,000

4 - Ove: \$30,000

5 - Not reported

#### CIRCLE ONE TO INDICATE YEARS OF EDUCATION COMPLETED:

1 - Under seven grades
7 - Seven grades
12 - Twelve grades
13 - Thirmson grades

8 - Eight grades 13 - Thirteen grades

9 - Nine grades 10 - Ten grades



## SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Secul Security Human Fre Home. Weste Inch ENTER CODE HERE-

DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through \$4). In the case of multiple impairments, choose the code which describes the impairment that would result in the mos, substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

- Q1 I do not wish to identify my handicap status. (Please read the employee note above and the reverso side of this form before using this code ) (Note Your personnel officer may use this code if, in his or her judgment, you
- PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including leas, arms, and/or trunk )

- 61 One hand
- 67 One side of body, including one arm and one leg
- 62 One arm, any part
- 63 One leg, any part
- 64 Both hands
- 68 Three or more major parts of the body (arms and legs)

Exhibit 9

- 65 Both legs, any part
- 66 Both arms, any part

05 I do not have a hand-cap

used an incorrect edds )

**OS** I have a handicap but it is not littled below

#### SPEECH IMPAIRMENTS

13 Severe speech melfunction or inability to speek, hearing is normal (Examples: defects of articulation [unclear language sounds]: stuffening: aphene (impaired language function), laryngactomy (removal of the "voice

#### COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and corebral paley. There is a complete loss of ability to move or use a part of the body. including leas, arms, and/or trunk.)

- 70 One hand
- 78 Lower helf of body, including leas
- 71 Both hands
- 72 One arm
- 77 One side of body, including one arm and one lea
- 73 Both arms
- 74 One les
- 78 Three or more major parts of the body (arms and legs)
- 75 Both leas

AG IMPAIRMENTS

- 15 Hard of hearing (Total dealness in one ear or inability to hour ordinary conversation, correctable with a hearing aid?
- 16 Total dealness in both ears, with understandable speech
- 17 Total dealness in both ears, and unable to speak clearly

### OTHER KAPAIRMENTS

- 80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)
- \$1 Heart disease with restriction or limitation of activity
- \$2 Convulsive disorder (e.g., epilepsy)
- 83 Blood diseases (e.g., sickle cell anomia, loukemia, homophilia)
- **84** Diabetes
- \$6 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema. aethmai
- 87 Kidney dystunctioning (e.g., if dialysis [Use of an artificial kidney machine] as required)
- 88 Cancer—a history of cancer with complete recovery
- 89 Cancer—undergoing surgical and/or medical treatment
- 90 Mental retardesion (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)
- \$1 Mental or emotional illness (A history of treatment for mental or emotional problems)
- \$2 Severe distortion of limbs and/or spine (e.g. dwarfism, kyphosis (severe distortion of back])
- 93 Distigurement of face, hands, or feet (e.g., distortion of feetures on skin such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc []
- 94 Learning disability (A dicorder in one or more of the processes involved in understanding, perceiving, or using language or concepts (spoken or written). e g . dyslexia)

#### VISION IMPAIRMENTS

- 22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual held to the extent that mobility is affected-"Tunnel vieton")
- 23 Inability to read ordinary size print, not correctable by glasses (Can rand oversized print or use assisting devices such as glass or projector modifier).
  - I Slind in one eye
  - 5 Blind in both eyes (No usable vision, but may have some light perception)

#### ISSING EXTREMITIES

- 7 One hand
- A One arm.
- 29 One look 32 One leg

H

- 33 Both hands or arms
- 34 Both feet or leas
- 35 One hand or arm and one foot or leg
- 36 One hand or arm and both feet or legs
- 37 Both hands or arms and one foot or leg
- 38 Both hands or arms and both feet or legs

#### RALYTIC ORTHOPELIC IMPAIRMENTS

of chronic pain, stiffness, or weakness in bones or juints, there is son. Las of ability to move or use a part or parts of the body )

- 44 One or both hands
- 47 One or both legs 48 Hip or pelvis
- 45 One or both feet 4ª 📆 -- both arms
- 49 Back
- $\mathbf{S}_{\mathrm{ERIC}}$  meination of two (ir more parts of the body

The Rehebilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Govern-. ment to establish definite programs that will facilitate the hiring, placement, and advancement of handicasped individuals. The best means of determining agency progress in this respect is through the production of reports at cartern intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPN), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advencement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnal Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, with the exception of employoes appointed under Schodule A, section 213,3142(1) (Menirdellen); Schedule A, section 213.3182(v) (Severely Physically Handicapped); and Schodule B, section 213.2003(k) (Montally Restored). These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to iden --trly their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded autside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.31(2(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

#### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hinng, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9387, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees fixed under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or merlical documentation submitted to justify the appointment.



## YCC WORK PROJECT PLAN

Form 4

| 1 PARK/STATION/FOREST          | 2 ORGANIZATION COD                        | E 3 LOCATION              |                     |
|--------------------------------|-------------------------------------------|---------------------------|---------------------|
| 4 PROJECT TITLE                | S PROJECT CODE                            | 6 PROJECT NO.             |                     |
| 7 DESCRIPTION OF PROJECT (when | e, what, how, why, type, number of staff  | ; etc.)                   |                     |
|                                |                                           |                           |                     |
|                                | ,                                         |                           |                     |
|                                |                                           |                           |                     |
|                                |                                           |                           |                     |
|                                |                                           |                           |                     |
|                                |                                           |                           |                     |
| 8 UNIT OF NEASURE              | 9 ESTINATED QUARTITY                      | 10 ACTUAL QUAN            | !ITY                |
|                                | OF PROJECT \$ 12 ACTUAL APPRI             |                           |                     |
| 13 MATERIALS, SUPPLIES, EQUIPM | MENT, TECHNICAL SERVICES AND SAFETY, ETC. | . (ITEMIZE) QUANTITY      | COST/UNIT COST      |
|                                |                                           |                           |                     |
|                                |                                           |                           |                     |
|                                |                                           |                           |                     |
|                                |                                           |                           | Total               |
|                                |                                           |                           |                     |
| 14 ENVIRONMENTAL AMARENESS OF. | SECT 1452                                 |                           |                     |
|                                |                                           |                           |                     |
|                                |                                           |                           |                     |
| 15 SAFETY COMPLETE THE JOB I   | MAZARD AMALYSIS IN ACCORDANCE WITH YCC R  | EQUIREMENTS AND AGENCY PO | LICY                |
| 6 EST. ENROLLEE HOURS          | 17 EST. STAFF HOURS                       | 18 PROJECT                | START DATE          |
| > ACTUAL ENROLLEE HOURS        | 20 ACTUAL STAFF HOURS                     | 21 PRO                    | JECT FINISH DATE    |
| 22 EST. ENROLLEE SALARIES \$   | 23 EST. STAFF SALARIES \$ 26              | EST. OTHER \$ 25 I        | ST. TOTAL YCC S     |
| 26 ACTUAL ENROLLEE SALARIES \$ | 27 ACTUAL STAFF SALARIES 3                | 28 ACTUAL OTHER \$ 25     | ACTUAL TOTAL YCC \$ |
| 30 ESTIMATED BENEFIT/COST RA   | TIO 31 ACTUAL BENEFIT/COS                 | T RATIO                   |                     |
| 32 EST. ENROLLEE HOUR VALUE    | •                                         | S ACTUAL EMROLLEE HOUR VA |                     |
|                                |                                           |                           |                     |
| <del></del>                    | DATE APPE                                 | NOVED BY                  | DATE                |
| TITLE                          |                                           | REGIONAL YCC C            |                     |
| ONCURRED:                      | DATE                                      |                           |                     |
| TITLE                          | <del></del>                               |                           |                     |



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## Instructions for Completing .TGC Form 4 (Work Project Proposal)

All projects must be activities which have previously been approved for the organizational unit under Service requirements. Remember also to complete the Job Hazard Analysis!

#### The Form is completed as follows:

- 1. PARK/STATION/FOREST Identify hosting unit by name.
- 2. ORGANIZATION CODE FWS (5 digit), NPS (4 digit), or FS (10 digit) organization code.
- 3. LOCATION Name of physical location, e.g. "Bozeman MT."
- 4. PROJECT TITLE Use appropriate title as listed on Work Project Codes listing (Exhibit 12).
- 5. <u>PROJECT CODE</u> Use Gode for the Project Type closest to predominant function performed. Project Codes <u>must</u> be identical to the Codes listed in Work Project Codes listing (Exhibit 12).
- 6. PROJECT NUMBER Number determined by the completer. Should be in sequence by priority with two digits, e.g., 01, 02, 03, etc.
- 7. <u>DESCRIPTION OF PROJECT</u> Completely describe, in detail, all work to be accomplished, including length, size, number, etc. of project and its location.
- 8. <u>UNIT OF MEASURE</u> Use only unit of measure given for the project code in No. 5 above. (<u>These must correlate</u>.) These are found in the work Project Codes listing (Exhibit 12).
- 9. ESTIMATED QUANTITY Number of units estimated to be accomplished.
- 10. ACTUAL QUANTITY Number of units actually accomplished when project is complted.
- 11. ESTIMATED APPRAISED VALUE OF PROJECT Enter the estimated appraised value of project based on current costs if the work were not done by YCC but by means normally used, including all costs. If for example, a structure is to be built which normally would be done by a contractor, indicate the approximate remuneration that the contractor would require, including work supplies, materials, transportation, equipment, and labor.
- 12. ACTUAL APPRAISED VALUE OF PROJECT At completion of project, show the value of the work accomplished. Appraised value is the total value of a completed project, including material, labor, etc. if the project were done, not by YCC, but by a means normally used.



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- 13. MATERIALS. SUPPLIES. EQUIPMENT. ETC. List all estimated items of expense (supplies, materials, equipment, technical services, etc.) which are to be charged to the TGC Program.
  - a. Materials, Supplies Estimated items to complete project.
  - b. Quantity Estimated number of each needed to complete project.
  - c. Cost/Unit Estimated cost per item.
  - d. Total Cost Sum of cost column.
- 14. ENVIRONMENTAL AWARENESS OBJECTIVES Describe environmental concepts are be taught/gained by the enrolless when they do this project. Consider how this project will "tie in" with other projects and the organizational unit purposes as well as overall Service objectives.
- 15. SAFETY For each project a Job Har and Analysis must be prepared in accordance with YGC safety requirements and any Service requirements.
- 16. <u>ESTIMATED ENROLLEE HOURS</u> Estimate the total number of hours needed to complete the project by enrollees including Environmental Awareness time.
- 17. <u>ESTIMATED STAFF HOURS</u> Estimate the total number of staff hours needed by non-enrollee staff to complete the project, both regular personnel and staff expressly hired for YCC.
- 18. PROJECT START DATE Indicate the projected starting date of the project.
- 19. ACTUAL ENROLLEE HOURS Upon completion of the project, enter the total number of work/education hours spent by all youth on the project, including time spent traveling to and from the project. Do not include staff time in this block.
- 20. STAFF HOURS Enter the total number of staff hours spent on this project by regular personnel and TCC staff hired expressly for YCC.
- 21. PROJECT FINISH DATE Enter the projected completion date of the project.
- 22. ESTIMATED ENRULIEE SALARIES Estimate the total amount to be paid in salaries and benefits for enrollees to complete the project (estimated hours X [hourly wage + F.I.C.A.]).
- 23. ESTIMATED STAFF SALARIES Estimate the total dollar amount reflected by the hours listed in item 17.
- 24. ESTIMATED OTHER Enter from the total column of item 13.
- 25. ESTIMATED TOTAL YCC Enter the sum of items 22, 23, and 24.
- 26. <u>ACTUAL ENROLLEE SALARIES</u> Enter the total amount of enrollee salaries for the project. This is obtained by multiplying the hourly rate (salary plus F.I.C.A.) by the Actual Enrollee Hours.



- 27. ACTUAL STAFF SALARIES Enter the salaries of all staff who contributed time to project and whose salaries for that time were coded to the YCC Program.
- 28. ACTUAL OTHER Include the actual costs of materials, supplies, equipment, prorated utilities, rentals, wehicle costs, maintenance of equipment, etc., charged to the YCC Program.
- 29. ACTUAL TOTAL YCC The sum of items 26, 27 and 28.
- 30. ESTIMATED BENEFIT/COST RATIO Divide the Estimated Appraised Value by the Total Estimated Costs (Material Costs plus Estimated Enrollee Salaries and Staff Salaries) for the project and enter here. The result should be greater than \$1.00. Over the past few years the actual benefit/cost has been \$1.62 returned for each dollar expended. If the benefit cost for this project is below \$1.00, it may not be worth doing, especially if the average benefit/cost of all projects does not meet or exceed the one to one ratio.
- 31. ACTUAL BENEFIT/COST RATIO Divide the Actual Appraised Value by the Total YCC Costs for the project and enter here (divide item 12 by item 29). The result should be greater than \$1.00.
- 32. ESTIMATED ENROLLEE HOUR VALUE Divide the Estimated Appraised Value (item 11) by the Estimated Enrollee Hours (item 16) on the project and enter result here. If the result does not equal at least the current enrollee salary we probably should not be doing this project with YCC enrollees. If it exceeds \$12.99/hour either the appraised value or number of estimated enrollee hours may need to be recalculated and/or justified.
- 33. ACTUAL ENROLLEE HOUR VALUE Divide the Actual Appraised Value (item 12) . by the Actual Enrollee Hours (item 19) on the project and enter result here.

#### OTHER ITEMS

SUBMITTED FY/DATE - Enter the name of the person completing the form and the date completed.

REVIEWED BY/APPROVED BY - If Regional Office review and/or approval is required, enter appropriate signatures here.



## YOUTH CONSERVATION CORPS WORK PROJECTS

(instructions on reverse)

| FORM 5  |            |                                      | ] NUMBER ]       |             | SUDGET             |                                                  |           |          |        |          |              |                  |
|---------|------------|--------------------------------------|------------------|-------------|--------------------|--------------------------------------------------|-----------|----------|--------|----------|--------------|------------------|
| PARK/S  | TAT I ON/F | OREST                                |                  | ORG. CODE   | ENROLLEES          | STAFF                                            | E         | NROLLEE  | STA    | FF       | SUPPLIES, MA | TOTAL SUDGET     |
| ADDRES  | is .       |                                      |                  |             |                    | DATE PROGRA                                      | VI STARTE |          | /      | DATE     | PROGRAM END  | ED / / /         |
| _       |            | TYPE OF CAMP                         |                  |             |                    | CONTACT:                                         | .4        |          |        |          |              |                  |
|         | _          | -DAY RESIDENTIAL<br>-DAY RESIDENTIAL | □ NON-           | RESIDENTIAL |                    | AREA CODE /                                      |           | ENROLLEE | STAFF  | O S T S  | , MATERIALS  | TOTAL PROJECT CO |
| PROJ.   | PROJ.      | PROJECT TITLE                        | APPRAIS<br>VALUE | ED QUANTITY | UNIT OF<br>MEASURE | CHROLLEES                                        |           | EHNOLLEE | 317.11 |          |              |                  |
|         |            |                                      |                  |             |                    |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             |                    |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             | <u> </u>           |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             |                    |                                                  |           |          |        |          |              |                  |
| · · · - | ļ          |                                      |                  |             | <u> </u>           |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             |                    |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  | _           |                    | <del>                                     </del> |           |          |        | <u> </u> |              |                  |
|         |            |                                      |                  |             | 1                  |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             | <del> </del>       |                                                  |           |          |        |          | -            |                  |
|         |            |                                      | -                |             |                    |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             |                    | 1 1                                              |           |          |        |          |              |                  |
|         |            |                                      |                  |             |                    |                                                  |           | <u> </u> |        |          |              |                  |
|         |            |                                      |                  |             | 1-                 |                                                  |           |          |        |          |              |                  |
|         |            |                                      |                  |             |                    |                                                  |           |          |        |          |              |                  |
|         |            | TOTALS                               |                  | 111111111   |                    |                                                  |           |          |        |          |              |                  |



### YOUTH CONSERVATION COMPS WORK ACCOMPLISHMENT REPORT

| STATION M | ME      | ORGAN CODE | NO. OF<br>ENROLLEES | emrolles<br>Salaries                   | STAFF<br>SALARIES | OTHER 1520<br>COSTS | TOTAL 1520<br>COSTS |
|-----------|---------|------------|---------------------|----------------------------------------|-------------------|---------------------|---------------------|
| ADDRESS   |         |            |                     | NAME AND TELEPH<br>CONCERNING THIS     | ONE NUMBER OF P   | ERSON TO AMSHER (   |                     |
| PROJECT   | PROJECT | ALLE       | QUANTITY U          | MIT OF HEASURE                         | APPRAISED VAL     | PAID ENROLLI        | PE VALUE PEI        |
|           |         |            |                     |                                        |                   |                     |                     |
|           |         |            |                     | :                                      |                   |                     |                     |
|           |         |            |                     |                                        |                   |                     |                     |
|           |         |            |                     |                                        |                   |                     |                     |
|           |         |            |                     |                                        |                   |                     |                     |
|           |         |            |                     |                                        |                   |                     |                     |
|           |         |            |                     |                                        |                   |                     |                     |
|           |         |            |                     | ×××××××××××××××××××××××××××××××××××××× |                   |                     | 2000000             |

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#### YOUTH CONSERVATION CORPS FORM 5 INSTRUCTIONS

PARK/STATION/FOREST - Organizational name of hosting site.

ORGANIZATION CODE - 5 digit FWS, 4 digit MPS, or 10 digit FS code.

MARKER OF EMPOLLEES - Total number of paid enrollee hours worked divided by 329. Round your answer to the nearest tenth.

MANUER OF STAFF - Total number of paid staff hours worked divided by 320. Round your answer to the nearest tenth.

SUBSET INFORMATION - Enter the following values as decided upon by your unit and/or provided by your Regional Office: Enrollee Salaries; Staff Salaries; Supplies, Reterials and Other costs; and Total Subjet for the camp.

ANDRESS - Full address of hosting station.

TYPE OF CAMP - Indicate the type of camp which describes your program.

BATE PROGRAM STARTED - Enter the octual starting date of camp in the format ma-dd-yy. Example 06-19-89.

BATE PROCESS'S EINCED - Enter the actual ending date of camp in the format wm-dd-yy. Example 08-18-89.

CONTACT - Enter the name of a responsible instricted who has detailed knowledge of the form 5 AND who will be available after the camp cloring for any questions.

MEA CODE AND PROME WAVER - Area code and phone number of the individual listed above.

PROJECT MANNER - Enter the two digit project number from the YCC Form 4.

PROJECT COSE - Enter the code as listed in the Work Project Codes listing(Exhibit 3). So not use general codes without first determining that no specific project code is appropriate. If you are using the YCC computer program, selection of the report generator will provide s table of projects and codes.

PROJECT TITLE - Use the Project Titles listed in the Work Project Codes listing.

APPRAISED VALUE - Enter the total Latue of the project if it were completed, not by YCC's, but by the means normally used.

CLANITATY - This figure is the number of units of measure completed. (Scathe Work Project Codes listing for Unit of Measure.) For example, if projects are used as the Unit of Measure, then state how many projects are done.

UNIT OF MEASURE - Enter the Unit of Measure Listed for each project Code in the Work Project Codes Listing. The Unit of Measure as disted must be utilized. Do not utilized by Academic other than the one Listed for that particular Project Title. (The unit of measure must be typed as shown -- for example, "projects", not "project").

PAID PROJECT NOWES - EMPCLEE - Enter the total number of hours worked on the project by excellers. If it was an eight hour project and four enrollers worked all day on it, it would have 32 paid enroller hours.

PAID PROJECT NOVIS - STAFF - Enter the total number of hours worked on the project by staff, either those dedicated full time to the YCC program or those utilized on an as needed basis.

COSTS - SUMPLIEE - Enter the total funds utilized for enrollee salaries, including FICA. Multiply the FICA rate times the selary per hour; add the result to the salary per hour; and multiply that times the total hours worked.

COSTS - STAFF - Enter the saleries paid for staff or supervision on YCC projects.

COSTS - SUPPLIES, MATERIALS AND OTHER COSTS - Enter any other expenses, such as vehicle costs or rental, supplies, materials, atc. paid for from YCC funds.

COSTS - TOTAL PROJECT COSTS - Enter total of Enrollee Salaries, Staff Salaries and Other YCC Costs.

YALUE PER HOUR - This figure is for your benefit to see if your figures are realistic. Divide the Appreciaed Value by the Paid Enrollee Hours. If the figure is less than the YCC hourly salary, it means that the enrollees are being paid more than the project is worth. If it is \$50.00 it means either the project is an outstanding one that made the enrollees work worth \$50.00 per hour or else someone made a mistake in their figuring of either the appreciaed value or the number of enrollee hours it took to do the project.

TOTALS - Be sure to enter the totals for the Approised Value and Paid Encollee and Staff Hours and the Costs.



#### YOUTH CONSERVATION CORPS WORK PROJECT CODES

| Project<br><u>Code</u> | Project Title                         | Type of Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit of Measur | <u>re</u>     |
|------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| 100                    | Paid Regular Hours fo<br>Holiday      | r a Enrollee paid<br>Day, July 4th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | Holiday Hours |
|                        | Timber Management                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |               |
| 200                    | Timber Management                     | Projects not o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | covered by 200 | Projects      |
| 230                    | Timber Stand Improvement              | Remove undesir<br>pruning crop t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -              | Acres         |
| 240                    | Timber Harvesting                     | Removal for the contract or conducted the contract of the cont | imber, pulp,   | Acres         |
| 250                    | Pest Control                          | Insect & diseated for trees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                | Acres         |
| 260                    | Debris & Slarh<br>Disposal            | Fire control 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | projects       | Acres         |
| 270                    | Fire Break, Lines, Ro<br>Construction | eds - Clearing of ve<br>fire control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | egetation for  | Acres of Line |
| 275                    | Fire Break, Lines, Ro<br>Maintenance  | eds - Howing of veg<br>fire control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | station for    | Acres of Line |
| 280                    | Fire Break Rehabili-<br>tation        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Acres of Line |
|                        | Recreation Developmen<br>Maintenance  | t &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |               |
| 300                    | Recreation Projects                   | Projects not of series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | covered in 300 | Projects      |
| 320                    | Recreation Surveys                    | Surveys of re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | creation needs | Projects      |

| Project<br>Code | Project Title Type of                                   | Project Unit of Measu                                           | re                              |
|-----------------|---------------------------------------------------------|-----------------------------------------------------------------|---------------------------------|
| 330             | Camp Ground/Picnic Facility Construction                | Construction of camp<br>grounds/picnic facil-<br>lies           | Family Unit                     |
| 335             | Camp Ground/Picnic Facility<br>Maintenance              | Maintenance of camp<br>grounds/picnic facil-<br>ities           | Family Unit                     |
| 340             | Recreation Building &<br>Shelter Construction           | Construction of recreational buildings, shelters, cabins etc.   | Number of Buildin<br>Structures |
| 345             | Recreation Building &<br>Shelter Maintenance            | Construction of recreational buildings, shelters, cabins, etc.  | Number of Buildin<br>Structures |
| 350 ·           | Water Recreation Facility<br>Construction               | Construction of beach areas, boat ramps etc.                    | Number of Facili                |
| 360             | Observation Site & Vista<br>Clearing                    | Construction, clearing & maintenance                            | Number of Sites or Pr           |
| 370             | Litter Pick-up or Removal                               | General clean-up of trails, picnic areas, camp sites, etc.      | Projects                        |
| 380             | Decorative Fencing<br>Construction                      | Construction of all decorative fencing                          | Linear Feet                     |
| 385             | Decorative Fencing<br>Maintenance                       | Maintenance of all decorative fencing                           | Linear Feet                     |
|                 | Visitor Services:<br>Historic Restoration &<br>Research |                                                                 |                                 |
| 400             | Visitor Services                                        | All projects not covered in this series                         | Projects                        |
| 410             | Visitor Information<br>Center/Construction              | Construction of contact stations, kiosks, visitor centers, etc. | Projects                        |
| 415             | Visitor Information<br>Center/Maintenance               | Maintenance of contact stations, kiosks, visitor centers, etc.  | ërojects                        |



| Project<br>Code | Project Title                                                           | Type of | Project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unit of Measu | Ke                             |
|-----------------|-------------------------------------------------------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------|
| 420             | Visitor Information & Assistance                                        | Guide   | Assistance to vi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -             | Number of Visito               |
| 430             | Restoration, Improvements, Repair of Historical Dwellings, Ar Monuments |         | Restoration of h<br>sites and monume<br>up and repair of<br>areas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nts. Clean    | Number of Dwellin<br>Monuments |
| 435             | Restoration or Repro-<br>duction of Historical<br>Artifacts             |         | Restoration or a duction of histoartifacts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | Number of Artifa               |
| 440             | Archeologic 1 or Historical Research                                    |         | Exploration of a facts or other a logical/historic research project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rcheo-<br>al  | Projects                       |
| 450             | Landscaping, Beauti-<br>fication & Planting                             |         | Seeding lawn are trees etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | es, shrubs,   | Acres                          |
| 460             | Site Rehabilitation,<br>Ramoval of Structures<br>Facilities             | or      | Removal of obsolutions of structures and structures are structured |               | Acres                          |
|                 | Range Management                                                        |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                |
| 500             | Range Management                                                        |         | All projects not this series                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | covered in    | Projects                       |
| 510             | Range Vegetation Cont                                                   | rol     | Defoliation, lawed removal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nd clearing,  | Acres                          |
| 520             | Range Revegetation                                                      |         | Planting grass manipulating ve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | Acres                          |
| 530             | Spring or Catchment<br>Construction                                     |         | Stock or wildlifacility constr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •             | Number of Spring Catchments    |
| 535             | Spring or Catchment<br>Maintenance                                      |         | Stock or wildli<br>facility mainte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | Number of Spring Catchments    |
| 540             | Range Fence Construct                                                   | ion:    | Construction of protective fenc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Linear Feet                    |



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| Project<br>Code | Project Title Type of                            | Project Unit of Measu                                                       | <u>ire</u>                 |
|-----------------|--------------------------------------------------|-----------------------------------------------------------------------------|----------------------------|
| 545             | Range Fence Maintenance                          | Maintenance of stock or protective fencing                                  | Linear Feet                |
| 550             | Cattleguard Construction                         | Construction of cattle guards                                               | Number of Cattle guards    |
| 555             | Cottleguard Maintenance                          | Maintenance of cattle guards                                                | Number of Cattle<br>guards |
|                 | Wildlife Management                              |                                                                             |                            |
| 600             | Wildlife Management                              | All other projects not covered in this series                               | Projects                   |
| 610             | Waterfowl Habitat<br>Construction or Improvement | Construction, rehab. & repair of ponds, marshes, lakes etc.                 | Acres                      |
| 615             | Waterfowl Control Structure<br>Maintenance       | Maintenance of spillways & water control structures                         | Number of Struct           |
| 620             | Bird Banding & Marking                           | Banding for purpose of censusing, movements, recovery, etc.                 | Number of Birds            |
| 625             | Banding Facility<br>Construction & Maintenance   | Construction and maintenance of banding facilities                          | Projects                   |
| 630             | Bird Mesting Facilities<br>Construction          | Artificial nesting facilities construction                                  | Number of Facili           |
| 635             | Bird Mesting Facilities<br>Maintenance           | Artificial nesking facilities maintenance                                   | Number of Facil-<br>ities  |
| 640             | Fish Habitat Improvement                         | Construction, rehab. & repair of streams, ponds, lakes & realing facilities | Acres                      |
| 650             | Fish Tagging & Marking                           | Tagging & marking of fish for research                                      | Projects                   |
| 655             | Fish Culture (rearing)                           | Rearing of all types of fish culture                                        | Projects                   |



| Project<br>Code | Project Title Type                                             | of Project Unit of Measu                                             | ire         |
|-----------------|----------------------------------------------------------------|----------------------------------------------------------------------|-------------|
| €30             | Fish Stocking Or Transfer                                      | Stocking or transfer of fish to lakes, streams or ponds              | Pounds      |
| 670             | Fish Population Surveys                                        | Survey population habitat in lakes, streams, ponds etc.              | Projects    |
| 680             | Raceway Construction                                           | Fish raceway construction                                            | Linear Feet |
| 685             | Raceway Maintenance                                            | Fish raceway maintenance                                             | Linear Feet |
| 690             | Other Wildlife Habitat Improvement                             | Any activity to improve wildlife habitat                             | Acres       |
| 695             | Wildlife Surveys, Studies<br>or Population Control<br>Projects | Population and habitat quality research projects                     | Projects    |
|                 | Engineering and Construction                                   |                                                                      |             |
| 70 <b>0</b>     | Engineering and Construction                                   | All other projects not covered in this series                        | Projects    |
| 710             | Topographic Surveys                                            | Engineering surveys to determine topography                          | Acres       |
| 715             | Engineering Surveys Roads,<br>Trails, Cadastral & Land<br>Line | Any engineering survey such as roads, trials, boundaries & cadastral | Miles       |
| 718             | Corner Search & Monumentation Survey                           | Any engineering survey for corner search & monumentation             | Projects    |
| 720             | Vehicular Bridge<br>Construction                               | Construction of vehicular bridges                                    | Projects    |
| 725             | Vehicular Bridge<br>Maintenance                                | Maintenance of vehicular bridges                                     | Projects    |
| 730             | Telephone or Electrical<br>Line Construction                   | Right of way clearing, pole and line erection and construction       | Linear Feet |



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| Project<br><u>Code</u> | Project Title Type or                            | f Project Unit of Mess                                                                             | vre              |
|------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------|
| 735                    | Telephone or Electrical<br>Line Maintenance      | Maintenance of right of ways, poles and lines                                                      | Linear Feet      |
| 740                    | General Purpose & Fire Road<br>Construction      | Construction of dirt or macadam roads for access, scenic drives, etc:                              | Linear Feet      |
| 745                    | General Purpose & Fire Road<br>Maintenance       | Maintenance (cleaning, repair, etc.) of dirt or macadam roads                                      | Linear Feet      |
| 750                    | Trail Construction                               | Foot, bicycle and horse trail construction                                                         | Linear Feet      |
| 755                    | Trail Maintenance & Improvements                 | Foot, bicycle and horse trail maintenance or improvement                                           | Linear Feet      |
| 760                    | Foot, Bicycle or Horse<br>Bridges - Construction | Foot, bicycle and horse bridges construction                                                       | Number of Bridge |
| 765                    | Foot, Bicycle or Horse<br>Bridges - Maintenance  | Foot, bicycle and horse bridges maintenance                                                        | Number of Bridge |
| 770                    | soundary Line Posting                            | Fosting and signing of U.S. owned land boundaries                                                  | Projects         |
|                        | Water and Soil Conservation                      |                                                                                                    |                  |
| 800                    | Water & Soil Conservation                        | All other projects not covered in this series                                                      | Projects         |
| 810                    | Irrigation or Drainage<br>Ditch Construction     | Construction of irrigation or drainage ditches; to include digging, layout, lining, culverts, etc. | Linear Feet      |
| 815                    | Irrigation or Drainage<br>Ditch Maintenance      | Maintenance of irrigation or drainage ditches and culverts to include cleaning/repair              | Linear Feet      |



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| Project<br>Code | Project Title                    | Type of Project                                          | Unit of Measure      |             |
|-----------------|----------------------------------|----------------------------------------------------------|----------------------|-------------|
| 820             | Flood Control Project            | Dams, dikes (<br>sions (const:<br>maintenance)           | <u> </u>             | cts         |
| 830             | Watershed Protection<br>Projects | Construction maintenance of protection                   |                      | cts         |
| 840             | Erosion Control Project          |                                                          | lanting, etc.        | ets         |
| 850             | Stream & Channel Improvements    | Stream clear:<br>widening                                | ing and Linea        | r Feet      |
| 860             | Water Supply Production          | on Projects not<br>870 cr 872                            | covered under Proje  | cts         |
| 870             | Water Facility Constr            | uction Gonstruction<br>springs or w<br>facilities f      | stering ities        | r Of Facil- |
| 872             | Water Facility Mainter           | nance Maintenance of wells, sp watering fac human use    | rings or ities       | r of Facil- |
| 874             | Water Quality Project            | Water qualiting, streamf<br>surements, p<br>control proj | low mea-<br>ollution | ects        |
| 876             | Surface Rehabilitation           | n Land fills,<br>created or m                            | <del>-</del>         | 3           |
| 880             | Shoreline Erosion Con            | trol Shoreline st                                        |                      | r Feet      |
| 885             | Dune and Sand Control            | Dune and san<br>zation, plan                             |                      | 3           |



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| Project<br>Code | Project Title Type of                      | Project Unit of Meas                                                  | ure                    |
|-----------------|--------------------------------------------|-----------------------------------------------------------------------|------------------------|
| 890             | Drift or Protective Fence<br>Construction  | Slat or wire fencing construction to prevent snow, soil or sand drift | Linear Feet            |
| 895             | Drift or Protective Fence<br>Maintenance   | Maintenance of slat or wire fencing                                   | Linear Feet            |
|                 | Other YCC Programs                         |                                                                       |                        |
| 910             | Agency & Bureau Support<br>(General)       | Assistance provided service including clerical                        | Projects               |
| 920             | Facility Maintenance                       | Repair, painting,<br>maintenance of admin-<br>istrative sites         | Projects               |
| 930             | Environmental & Field<br>Research or Plans | Projects related to field or environmental research improvements      | Projects               |
| 940             | Sign Protection or<br>Maintenance          | Sign painting, protect-ive coverings, maintenance                     | Number of Signs        |
| 950             | Field Trips, Camping Etc.                  | Field trips for environmental education                               | Number of Trips        |
| 960             | Volunteer Projects                         | Volunteer projects for or with local community members                | Projects               |
| 970             | First Aid or CPR Training                  | Training of enrollees in basic or advanced first aid or CPR           | Number of<br>Enrollees |
| 972             | Defensive Driving                          | Training of enrollees in defensive driving techniques                 | Number of<br>Enrollees |



# JOB HAZARD ANALYSIS

JOB ACTIVITY:

| PERSONAL | . <b>PR</b> OTECTIVE EQUI | MENT REQUIRED: |
|----------|---------------------------|----------------|

QUALIFICATIONS, EXPERIENCE, OR TRAINING REQUIRED:

| BASIC JOB STEPS                                                                                                                                                                                   | HAZARDS                                                                                                                                                                                                                                                                      |  | SAFE JOB PROCEDURE                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Break work down to besic elements (such as remove, lift, carry, stop, start, apply, return, squeeze, cut, weld, saw, walk, hold, grind, place, etc.). Describe what is done - not how it is done. | For each job step, state what accident could occur and/or what hazard is present. To determine this ask yourself, Can the person fall; ownex.rt; be exposed to buses, fumes, rays, gas, etc.; but against; be struck by; come in contact with; be caught in, an, or between? |  | State how each element of work should be performed to prevent the accident or avoid the hazard. What should the person do or not do? Be specific. What precautions should be taken? Ask yourself, What can I do to eliminate, modify, graid identify, or protect against the potential accident or hazard, including such things as how the worker stands, or holds, uses, carries, dresses, etc.? |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| ·                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |  | •                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |

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## YOUTH CONSERVATION CORPS DAILY RECORD SHEET

| CREW LEADER                                                                                           | DATE                               |
|-------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. PERSONS UNDER YOUR SUPERVISION (LIST                                                               | AS GROUP WHEN POSSIBLE):           |
| 2. EXPECTED LOCATIONS OF ACTIVITIES . LOCATION. AT DAY'S END RECORD TH ACCOMPLISHED AT EACH LOCATION. |                                    |
| LOCATION TIME ACTIVITY OR TYP                                                                         | TOTAL E OF WORK ACCOMPLISHED HOURS |
| 3. EDUCATIONAL TERMS, TOPICS, OR CONCEP                                                               | TS INTRODUCED OR DISCUSSED.        |
| 4. ANY INJURIES ARISING AND HOW EACH WA                                                               | S TREATED.                         |
| 5. ANY PERSONAL OR WORK PROBLEMS ARI<br>RESOLVED, WHAT QUESTIONS REMAIN,                              |                                    |



## PARENTAL APPROVAL FORM FOR PARTICIPATION IN YCC SPIKE CAMP

| AGE                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>.                                    </u>                                                                                                   |
|                                                                                                                                                |
| (Business)                                                                                                                                     |
| quiring several days of work which is<br>enrollee's place of residence making<br>will provide transportation to and<br>shown below.            |
| hours a day during the entire spike ing should bring a sufficient supply ation of the spike camp.                                              |
| h the Youth Conservation Corps<br>tion, and give my consent for my<br>ate in the spike camp located at<br>ates of spike camp operation will be |
|                                                                                                                                                |
| 1 care to be performed at the nearest                                                                                                          |
| Date.                                                                                                                                          |
|                                                                                                                                                |



ITEMS NEEDED:

### YOUTH CONSERVATION CORPS SELF STATEMENT OF SWINNING ABILITY

| last                                                   | first               | middle                          |
|--------------------------------------------------------|---------------------|---------------------------------|
| ı,                                                     |                     | ) can swim or<br>) cannot swim. |
| I learned to swim(1) by a c<br>(2) by a c<br>(3) on my | riend or relative o |                                 |
| My swimming abilities are(1                            |                     |                                 |
| I attest that the above statemen                       | ats are true to the | best of my knowledge            |
| Signature or enrollee                                  | Date                | •                               |
|                                                        |                     |                                 |



### YOUTH CONSERVATION CORPS EMBOLLEE EVALUATION FORM

|                                           | est, fire              | t, %iddte Ini                                                     | tisl                                                              |                                                   | Duty Location                                      |                                                                 |                                                             |
|-------------------------------------------|------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|
| OF WORK                                   |                        | ureteVar                                                          | k corefully dene                                                  | Work acception with minor                         |                                                    | e to make mistake                                               | Requires constant checking                                  |
| COMPLETENESS OF WORK                      | Ver                    | y complete                                                        |                                                                   | Ueuslly                                           | _iivustly*needi<br>revision                        | Incomplete;<br>not meet st                                      |                                                             |
| MILITY TO LI                              | EARH                   | Very intellig<br>learns quickl                                    |                                                                   |                                                   | Average &te learn                                  | bilitySementh<br>learn                                          | et slow toSlow to learn                                     |
| 2#2 <del>2#3####</del>                    |                        |                                                                   |                                                                   |                                                   |                                                    |                                                                 | •                                                           |
| CARE OF EQUI                              | PHEXT _                | _Exceilent re                                                     | cordGeed rece                                                     | record                                            | occi                                               | eionelly as care of equipment of                                | •                                                           |
| ***********                               | *********              | ***********                                                       |                                                                   |                                                   | *****************                                  | **************                                                  |                                                             |
| QUANTITY OF 1                             | WORK                   | Very fast; do<br>more than exp                                    |                                                                   |                                                   | out anur-<br>count of work                         | _Slower than ever                                               | egeVery slow                                                |
| ATTENDANCE .                              | alueys                 | ent record;<br>working at<br>ng time                              | Good attendence<br>seldom late                                    |                                                   | casien-                                            | Frequently absent;<br>frequently tardy                          | Poor attendance;<br>often fails to<br>report                |
| **********                                | *********              | ***********                                                       | **************                                                    | <del>(200000000000</del>                          | ***********                                        |                                                                 | ***************************************                     |
| DEPENDABILITY                             | Can                    | eys reliable;<br>be depended<br>n w/out                           | Accomplishes of amount of work                                    | with b                                            | welly reliable<br>at occasionally<br>actes time    |                                                                 |                                                             |
| *********                                 |                        | *********                                                         | ***********                                                       | ***********                                       | *********                                          | ******************                                              | *****************                                           |
|                                           | deal                   | f energy                                                          |                                                                   | Needs some gr<br>n initiating                     |                                                    | nited amount<br>initiative un                                   | o self reliance;<br>able to initiate action                 |
| .22222222                                 | ********               | 500000000000                                                      |                                                                   | ***********                                       | **********                                         | ***********                                                     |                                                             |
| ADAPTABILITY                              | to n                   | sts very easi<br>eu process<br>hange                              | lyAdjusts mod<br>well to non<br>conditions                        | t                                                 | djusts normell<br>o new<br>onditions               | yDoes not adj<br>easily to no<br>conditions                     | ustCan't adjust to<br>m new conditions<br>or changes        |
| *********                                 |                        |                                                                   | *************                                                     | ******                                            | ************                                       | ***************                                                 | **********************                                      |
| 84                                        | bserves e<br>afety rul | es                                                                | y careful\ver                                                     |                                                   | Careless; h<br>to observe                          | rules                                                           | Is a hazard to self and others                              |
| 222222 <u>222</u>                         | 202224481              |                                                                   | *********                                                         |                                                   |                                                    |                                                                 |                                                             |
| ORDERLINESS                               |                        | ce well G                                                         | orkplace seldom .<br>ut of order                                  | Uouslly ke<br>meterials<br>tools in p             | end in god                                         | ece usually not _<br>d order                                    | Sloppy as to the arrangement of tools or materials          |
| *********                                 | *********              | ***********                                                       | **************                                                    | <del>                                      </del> | 622 <del>000000000</del>                           | ***************                                                 | ; <del>;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;</del>           |
| JUDGMENT _                                | good ju                | dement;<br>handle                                                 | Consistently displayed judgment; usually makes the right decision | ,                                                 | lly exercises<br>judgment                          | Mes limited at<br>to evaluate sit<br>and make the d<br>decision | tustions ment,                                              |
| *********                                 |                        | **********                                                        | *********                                                         | **********                                        | *************                                      | ************                                                    | <del>00222222222222</del> 22222222222                       |
|                                           | nore the               | ; does wi                                                         | orker                                                             | good sttit                                        | ude less t                                         | then good l<br>xie e                                            | ndifferent attitude;<br>ittle interest in doing<br>good job |
| ********                                  | -155888 <b>9</b> 01    | +4226848849                                                       | ·                                                                 |                                                   |                                                    |                                                                 |                                                             |
| ASSOCIATION 1<br>THER EMPLOYI<br>THE PUBL | EES<br>IC              | Very well life<br>by all; tact:<br>and willing the<br>help others | ful mest assoc<br>to is friendly<br>a good stt                    | iates; sor<br>y; hes sel<br>itude fri             | s slong ree-<br>nelly well;<br>dom causes<br>ction | Occasionally causes friction sakes little effort to be fr       | causes ill feeling                                          |
| 1224458458                                | -497555                |                                                                   |                                                                   |                                                   |                                                    |                                                                 |                                                             |
| ACCEPTANCE OF RVISION                     | at:                    | very cooper-<br>ive; accepts<br>pervision<br>Lingly               | Consisently<br>displays coop-<br>erative attitu                   |                                                   | tory accept tive                                   | net alwaysL pt construc- e criticism                            | ittle or no coop-<br>ration with supervisor                 |

|                                                                    | Actual data of entrance on duty            | Preeppointment date agreed upon for termination                  | dete                        |               | *************************************** |
|--------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------|-----------------------------|---------------|-----------------------------------------|
| REASON FOR SEPARATION                                              | End of sesson                              | Resignation _<br>(Give resson)                                   |                             |               |                                         |
| Comments on separation and/or differences in reporting/termination |                                            |                                                                  |                             | <u>-</u><br>- |                                         |
| dates                                                              |                                            |                                                                  |                             | _             |                                         |
| ***************************************                            |                                            | tuouseeesseeessessessessesses<br>COOLENTS                        | 903 506 3 0 5 3 C 9 C       |               |                                         |
| Major strong points are                                            |                                            | Major week points are                                            |                             |               |                                         |
| 2                                                                  |                                            | 2                                                                | <del> </del>                |               |                                         |
| 3                                                                  |                                            | 3                                                                |                             |               | <del></del>                             |
| and these can be used a by doing the following:                    |                                            | and these can be stre<br>the following:                          | ingthened by                | doing         |                                         |
|                                                                    |                                            |                                                                  |                             |               |                                         |
| IN SUMARIZIN<br>ALL-ARGUND PERFORMAN                               | IG THE CHECKLIST APPRAI<br>ICE OF THE JOB? | MANCE SURFARY SAL, WHAT IS YOUR ESTIKAT HOME THE BEST YOU HAVE K |                             | ENT'S         |                                         |
| <del></del>                                                        | HORE THAN FULFILLS ES                      |                                                                  |                             |               |                                         |
| 3SATIS                                                             | FACTORY: FULFILLS ESSE                     | NTIAL REQUIREMENTS.                                              |                             |               |                                         |
| 4FAIR:                                                             | SHOWS HEED FOR SOME P                      | URTHER TRAINING OR IMPRO                                         | VEMENT.                     |               |                                         |
| 5LOV:                                                              | SHOWS MEED FOR GENERAL                     | TRAINING OR IMPROVEMENT                                          | •                           |               |                                         |
| Recommended for rel                                                |                                            | mended for rehire                                                | **********                  | ***********   | hes3878\$                               |
| A copy of                                                          | this form has been give                    | ven to me and has been di                                        | scussed with                | <b>ne.</b>    |                                         |
| (1                                                                 | Employee's Signature)                      |                                                                  | Dete)                       |               |                                         |
| Employee Comment                                                   | Concur (                                   | lith RetingDisc                                                  |                             | **********    |                                         |
| This report represents period stated and is b                      | my best judgement of (                     | the value of this employed ervation and knowledge e              | e's .ork ser<br>his/her wor | vice during t | he                                      |
| ATURE OF RATER                                                     |                                            | TITLE                                                            |                             | ATE           | _ <del>_</del>                          |



#### TO FILL OUT THE W-4 FORM - USE 1989 W-4 FORM DO NOT USE THE FORM FROM ANY PRIOR YEAR COMPLETE THE NUMBERED BLANKS AS INDICATED BELOW

- #1 Fill in your full legal name, as it is recorded on your Social Security card, and your address.
- #2 Fill in your Social Security number. Do not use anyone else's!
- #3 Check in the appropriate box if you are single or married.

(<u>If you are married</u>, <u>do not use these instructions</u>. You will need to carefully read the instructions provided by the Internal Revenue Service. You may also want to call or visit an Internal Revenue Service Office for help.)

- (Complete either #4 or #6, NOT BOTH!) Most enrollees must fill in this box. We suggest that you claim one (1) allowance. That way your take-home pay check will be larger, and you will not have to wait until you file your tax return to get most or all the money due you. If you think you want to claim more or less than one allowance, read the form carefully and check with your parent or guardian.
- #5 You will probably want to leave this blank, as putting anything in this space would reduce the size of your take-home check.
- (Complete either #6 or #4, NOT BOTH!) Most enrolless will not be exempt. If you are not exempt, leave this space blank. To be exempt, you must have owed no Federal income tax last year, and must not expect to owe any this year. No enrolless who will be declared by their parents or guardians as dependents vill be exempt if they have any non-wage income (such as interest on bank accounts or dividends from stocks or bonds). Check with the Internal Revenue Service if you have any questions. There is a \$500 penalty for misuse of "exempt" status.
- #7 You only need to check a box here if you are claiming exempt.
- DO NOT FORGET TO SIGN AND DATE THE FORM WHERE INDICATED AT THE BOTTOM.

NOTE: You will need to file a tax return next year for the money you are earning this summer. Your parent or guardian can help you with filling out the tax return forms. That way, if too much tax was taken out of your earnings, you will get it back. Tax returns are due to be submitted on or before April 15 of the next year.

