

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:
U. S. Nuclear Regulatory Commission
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

FROM: NAME OF CLAIMANT
W J SHACK

Ex. 6

CITY STATE ZIP CODE

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 6
FOIA/PA-2004-0205

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 07/14/2002	TO 09/29/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,301	37
	NUMBER OF HOURS 53	PER HOUR @ \$ 62.29		
RETIRED ANNUITANT: []	TOTAL AMOUNT CLAIMED		3,301	37

CERTIFICATION
I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT DATE
10/10/02

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

APPROVAL
I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER DATE
10/10/02

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
☐ TREASURY CHECK (For one-time payments only)

C-4

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED							
PER DAY	PER HOUR								
\$	\$ 62.29	DATE					LABOR REPORTING		
TIME SERVICES PERFORMED (indicate a.m. or p.m.)		FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
07/14/2002						2.00	S00019		
07/28/2002						2.00	S00070		
08/04/2002						2.00	S00070		
08/11/2002						2.00	S00020		
08/25/2002						3.00	S00021		
09/01/2002						2.00	S00020		
09/11/2002						5.00	S00070		
						3.20	S00021		
09/12/2002						3.00	S00037		
						2.00	S00070		
						2.00	S00020		
						1.00	S00018		
09/13/2002						2.00	S00022		
						2.00	S00027		
						4.00	S00070		
09/14/2002						2.00	S00037		
						1.00	S00020		
						5.00	S00070		

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

- 1. AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
- 2. PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 3. ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you. Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence, to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.
- 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
- 5. SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

[illegible]

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission (NRC) on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 65 *Federal Register* 56429 (September 18, 2000); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, 11555 Rockville Pike, Rockville, MD, or located in the NRC's Agencywide Document Access and Management System (ADAMS).

1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
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4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
5. **SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

ACRS MEMBER'S COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: DILL SHACK

SIGNATURE:

Note: For Activity Codes, see reverse side]

[illegible]

(6-2002)
NRCMD 10.6

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO:
U. S. Nuclear Regulatory CommissionFROM: NAME OF CLAIMANT
WILLIAM J. SHACK

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE

TANYA WINFREY
ACRS/ACNW
T2E26-X7998CITY
ROCKVILLESTATE
MDZIP CODE
20852

DESCRIPTION OF CLAIM

(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 06/16/2002	TO 07/12/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	4,173	43
	NUMBER OF HOURS 67	PER HOUR @\$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL AMOUNT CLAIMED		4,173	43

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT

DATE

8/7/02

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE

DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

DATE

Tanya Winfrey 8/7/02
8/13/02

METHOD OF PAYMENT (Claimant -- Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary

- ☐ DIRECT DEPOSIT FORM SF 1189A ATTACHED
☐ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
☐ TREASURY CHECK (For one-time payments only).

[illegible]

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1. **AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1966; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
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4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information; however, failure to supply the information may result in the denial of your claim for compensation. The social security number (SSN) is used to accurately maintain an individual's records by confirming their identity.
5. **SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$ 498.32	\$								
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS			
07/10/2002	8:30	A	10	A	1.50	S00058			
	10	A	11	A	1.00	S00022			
	11	A	4:15	P	4.25	S00070			
	4:15	P	5:15	P	1.00	S00022			
	5:15	P	7:30	P	1.75	S00070			
07/11/2002	8:30	A	10	A	1.50	S00039			
	10	A	11:45	A	1.75	S00019			
	11:45	A	1:15	P	1.50	S00023			
	1:15	P	5:15	P	3.00	S00070			
07/12/2002	8:30	A	10	A	1.50	S00057			
	10	A	3	P	4.00	S00070			
	5	P	6	P	1.00	S00019			
	6	P	7	P	1.00	S00070			

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- AUTHORITY:** Pub. L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5 U.S.C. 6334 (1996); 31 U.S.C. 716, 1104, 1108, 1114, 3325, 3511, 3512, 3701, 3711, 3717, 3718 (1996-2000); Executive Order 9397, November 22, 1943.
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- SYSTEM MANAGER AND ADDRESS:** Chief, Payroll and Labor Reporting Branch, Division of Accounting and Finance, Office of the Chief Financial Officer, U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001.

ACKS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Bill Shack SIGNATURE: _____

LABOR CATEGORIES:

AP-1000 = MA8871

Reactor Oversight Programs

Power Upgrades (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7192

MOX Fuel

Revised Source Term Document = MA2149

Annual Research Report

Risk-Informed Regulations

Naval Reactors = MA5509

Generic Safety Issues

License Renewal (Docket #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
5/16	Prep 800053, 54, 55, 56	HOME		7:00	10:00	3
6/22	Prep P.T.S 800058	HOME		9:00	11:00	2
6/23	Prep 800062 RISK INFORM	HOME		8:30	10:30	2
7/7	Prep P.T.S 800058					2
	Reactor Safety 800070					4
July 9	Prep					8
6/17	Travel (Watts Key Visit)	KNOXV		1:30	5:00	4
6/18	Mtg Reactor Safety	Watts Key	500078			8
6/19	Mtg + Travel	ATLANTA				8
	Mtg 5					
	Prep 3.375					
	Legal 11					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26			FROM: NAME OF CLAIMANT W J SHACK STREET ADDRESS ARGONNE NATL LAB/9700 CASS AVE CITY ARGONNE STATE IL ZIP CODE 60439 SOCIAL SECURITY NUMBER [REDACTED] Ex. 6		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852			

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 03/03/2002	TO 06/08/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	9,966	40
	NUMBER OF HOURS 160	@ \$ PER HOUR @ \$ 62.29		
RETIRED ANNUITANT:	[REDACTED] Ex. 6	TOTAL AMOUNT CLAIMED	9,966	40

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT [Signature] DATE 6/5/02

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER [Signature] DATE 6/10/02

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE

DATE

METHOD OF PAYMENT (Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED

☒ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

☐ TREASURY CHECK (For one-time payments only)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$ 498.32	\$ 62.29	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)					
DATE	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
3 MAR	7P-10P			PREP			3
6	2P-11P			PREP & TRAV			8
7	8:30A-5P			ACRS FC			8
8	"			"			8
9	6A-11P			TRAV			5
10	7P-10P			PREP			3
12	12P-7P			TRAV			8
13	8:30A-8P			TURKEY POINT			8
7 APR	7P-10P			PREP			3
9	6A-5P			TRAV/MOX			8
10	8:30A-6P			MOX			8
11	8:30A-6P			ACRS FC			8
12	8:30A-11P			FC & TRAV			8
12 MAY	7P-9P			PREP			2
19	4P-6P			"			2
26	7P-9P			"			2
29	2P-11P			TRAV & PREP			8
30	8A-5P			REL&PRA&PLT OPS & M/M ETC			8
31	8:30A-10P			" "			8
2 JUNE	7P-11P			PREP			4
4	2P-10P			TRAV			8
5	8:30A-6P			M/M & PLT OPS			8
6	"			ACRS FC			8
7	"			"			8
8	"			"			8
TOTAL							160

PRIVACY ACT STATEMENT

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1. **AUTHORITY:** 31 U.S.C. 716, 1114, 6325, 3511 1988); Executive Order 9397, dated November 22, 1943.

2. **PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.

3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State, and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.

Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.

4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.

5. **SYSTEM MANAGER AND ADDRESS:**
Chief, Payroll Branch
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Rick Stack

SIGNATURE: [Signature]

LABOR CATEGORIES:

AP-1000 = MA8871

Reactor Oversight Programs

Power Upgrades (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7192

MOX Fuel

Revised Source Term Document = MA2149

Annual Research Report

Risk-Informed Regulations

Naval Reactors = MA6509

Generic Safety Issues

License Renewal (Docket #)

ACRS 2012

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAG NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
2/12	TRAVEL + Prep		70/59	2:00	7:00	8
2/13	MTG THP/Intero-Plant 5 Res.		59	8:30p	5	8
2/14	MTG		4	8:30	5	8
2/15	MTG + TRAVEL		6/20	8:30	7	8
2/17	Prep		22	7	9	2
2/21	TRAVEL + Prep		22/20	9	7	8
2/22	MTG + Prep Rel/PR		22	8:30	7	8
3/3	Prep	ACRS	22/24	7	10	3
3/6	TRAVEL + Prep		22/26	2pm	7	8
3/7	MTG FC			8:30	5	8
3/8	MTG			8:30	5	8
3/9	TRAVEL		26	6a	11a	5
3/10	Prep Turkey R/LR		3	7	10	3
3/12	TRAVEL Turkey		24	12p	7p	8
3/13	MTG + TRAVEL		3/4/24	8:30	8p	8
4/7	Prep		3	7p	10p	3
4/9	TRAVEL + MTG		26/57	6a	11a	8
4/10	MTG MOX		24	8:30	6	8
4/11	MTG FC			8:30	6	8
4/12	MTG + TRAVEL FC		26	8:30	11	8
2/12 thru 2/22 Overtime						
MTG 4						
Prep 2.250						
Legal 7						

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

ACKS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM:

SIGNATURE:

LABOR CATEGORIES:

AP-1000 = MA8871

ⁿ) Reactor Oversight Programs

Power Updates (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7182

PMOX Fuel

Revised Source Term Document = MA2149

Annual Research Report

4) Risk-Informed Regulations

Naval Reactors - MA6509

Generic Safety Issues

(7) License Renewal (Docket #)

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
5/12	PREP (5)	HOME	22	7	9	2
5/19	PREP (5)	HOME	22	4	6	2
5/26	PREP (5)	HOME	22	7	9	2
5/29	TRAVEL, PREP (2)	HOME	22/24	7	7	2
5/30	MEETINGS		18	8	5	8
5/31	MEETING / TRAVEL ^{Kel + RA + Pst Op} ^{M/M - TH/PI/Kel + RA}		22	8:30	10 PM	8
6/2	PREP (5)	HOME	38	7	11	4
6/4	TRAVEL (5)		26	2	10	8
6/5	MTG (5) M/M PLT Qs		38	8:30	6	8
6/6	MTG (5) FC			8:30	1	8
6/7	MTG (5) II			8:30	6	8
6/8	MTG + TRAVEL		26	8:30	6	8
	MTG - 17 - 4 = 13					
	Phon. 9.25 - 2.25 = 7					
	Travel 32 - 7 = 25					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26			FROM: NAME OF CLAIMANT W J SHACK STREET ARGONNE NATL LAB/9700 CASS AVE CITY ARGONNE STATE IL ZIP CODE 60439 SOCIAL SECURITY NUMBER [REDACTED] Ex. 6		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852			

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/12/2002	TO 02/22/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY		
	NUMBER OF HOURS	@ \$ PER HOUR	3,011	50
RETIRED ANNUITANT:	30 Ex. 6	@ \$ 60.23	TOTAL AMOUNT CLAIMED	3,011 50

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT
[Signature] DATE
6/5/02

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE

DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER
[Signature] DATE
6/5/02

METHOD OF PAYMENT
(Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

DIRECT DEPOSIT FORM SF 1189A ATTACHED



DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

SERVICES PERFORMED

RATE OF COMPENSATION

PLACE(S) WORK PERFORMED

PER DAY 20423

PER HOUR

\$

\$

481.84

60.23

DATE

TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)

FROM

a.m.

p.m.

TO

a.m.

p.m.

TOTAL HOURS

12 FEB

2P-11P

PREP & TRAV

8

13 8:30A-5P THP/FUTURE PLT DES

8

14 " " "

8

15 8:30A-7P " & TRAV

8

17 7P-9P PREP

2

21 2P-11P PREP & TRAV

8

22 8:30A-7P REL & PRA SC

8

TOTAL : 50

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 58 Federal Register 36469 (July 7, 1993); or the most recent Federal Register publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, 2120 L Street NW, Lower Level, Washington, D.C.

1. AUTHORITY: 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.

2. PRINCIPAL PURPOSE(S): Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.

3. ROUTINE USES: Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.

Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION: It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.

5. SYSTEM MANAGER AND ADDRESS:

Chief, Payroll Branch
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT W J SHACK		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26			ARGONNE NATL LAB/9700 CASS AVE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY ARGONNE	STATE IL	ZIP CODE 60439
			SOCIAL SECURITY NUMBER [redacted] 7 Ex. 6		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 01/06/2002	TO 02/10/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	7,829	90
	NUMBER OF HOURS 130	PER HOUR \$ 60.23		
RETIRE ANNUITY:	Ex. 6	TOTAL AMOUNT CLAIMED	7,829	90

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT [Signature] DATE 3/8/02

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

3/13/02

SIGNATURE - APPROVING OFFICER [Signature] DATE 3/9/02

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE

DATE

METHOD OF PAYMENT
(Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED

☒ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

☐ TREASURY CHECK (For one-time payments only)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
01/06/2002	4:00			10:00		✓	5.00
01/13/2002	1:00		✓	10:00		✓	8.00
01/14/2002	2:00		✓	11:00		✓	8.00
01/15/2002	8:30	✓		5:00		✓	8.00
01/16/2002	8:30	✓		6:00		✓	8.00
01/20/2002	1:00		✓	10:00		✓	8.00
01/22/2002	2:00		✓	10:00		✓	8.00
01/23/2002	7:00		✓	5:00		✓	8.00
01/24/2002	8:30	✓		5:00		✓	8.00
01/25/2002	8:30	✓		5:00		✓	8.00
01/26/2002	8:30	✓	✓	4:00		✓	8.00
02/03/2002	8:00	✓		4:00		✓	8.00
02/06/2002	2:00		✓	11:00		✓	8.00
02/07/2002	8:30	✓		5:00		✓	8.00
02/08/2002	8:30	✓		5:00		✓	8.00
02/09/2002	7:00	✓		12:00		✓	5.00
02/10/2002	2:00		✓	10:00		✓	8.00
							130.00

PRIVACY ACT STATEMENT

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1. **AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 (1988); Executive Order 9397, dated November 22, 1943.

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3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.

Information from this form may also be disclosed, in the course of discovery under a protective order issued by a court of competent jurisdiction, and in presenting evidence to a Congressional office to respond to their inquiry made at your request, or to NRC-paid experts, consultants, and others under contract with the NRC, on a need-to-know basis.

4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.

5. **SYSTEM MANAGER AND ADDRESS:**

Chief, Payroll Branch
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: BILL SHACK

SIGNATURE: [Signature]

LABOR CATEGORIES:

AP-1000 = MA8871

Reactor Oversight Programs

Power Upgrades (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7192

MOX Fuel

Revised Source Term Document = MA2149

Annual Research Report

Risk-Informed Regulations

Naval Reactors = MA6509

Generic Safety Issues

License Renewal (Docket #)

ACRS 20244

DATE 02	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
1/6	PREP OPTION 2, PTS (S)	HOME	21/22	4	6	2
1/13	PREP PTS (S)	"	22	7	10	3
1/14	TRAVEL + PREP (S)		22	2	7	5
1/15	MFG - MARS SUB	DC	58	8:30	5	8
1/16	MFG + TRAVEL	DC	23/24	8:30	6	8
1/20	PREP ROP (S)	DC	22	7	10	3
1/22	TRAVEL		26	2	10	8
1/23	MFG - NAVAL REACTORS	FL	37	7	5	8
1/24	MFG - RETREAT	FL	28	8:30	5	8
1/25	MFG	FL	28	8:30	5	8
1/26	MFG + TRAVEL	FL	28/26	8:30	11	8
2/3	PREP RS IMPLEMENTATION (S)	HOME	22			8
2/6	TRAVEL + PREP		26/22	2	7	8
2/7	MFG - FULL			8:30	5	8
2/8	MFG			8:30	5	8
2/9	TRAVEL		26	7	12	5
2/10	PREP Power Upgrades AND CLINTON	50-513 50-461	23/59	2	10	8
	MFG 8					
	PREP 8.250					
	Legal 17					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT W J SHACK		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26			ADDRESS X ARGONNE NATL LAB/9700 CASS AVE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY ARGONNE	STATE IL	ZIP CODE 60439
			SOCIAL SECURITY NUMBER [] Ex.6		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 11/12/2001	TO 12/09/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	5,902	54
	NUMBER OF HOURS 98	PER HOUR @\$ 60.23		
RETIRED ANNUITANT:	Ex.6	TOTAL AMOUNT CLAIMED	5,902	54

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT
[Signature] DATE
2/7/02

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER
[Signature] DATE
2/4/02

METHOD OF PAYMENT

(Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

<input type="checkbox"/>	DIRECT DEPOSIT FORM SF 1199A ATTACHED
<input checked="" type="checkbox"/>	DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
<input type="checkbox"/>	TREASURY CHECK (For one-time payments only)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
11/12/2001	8:00		✓	10:00		✓	2.00
11/13/2001	7:00		✓	9:00		✓	2.00
11/14/2001	2:00		✓	11:00		✓	8.00
11/15/2001	8:30	✓		5:00		✓	8.00
11/16/2001	8:30	✓		6:00		✓	8.00
11/18/2001	7:00		✓	10:00		✓	3.00
11/25/2001	7:00		✓	9:00		✓	2.00
11/27/2001	2:00		✓	11:00		✓	8.00
11/28/2001	8:30	✓		5:00		✓	8.00
11/29/2001	8:30	✓		6:00		✓	8.00
12/02/2001	7:00		✓	9:00		✓	2.00
12/04/2001	4:30	✓		4:00		✓	8.00
12/05/2001	8:30	✓		6:00		✓	8.00
12/06/2002	8:30	✓		6:00		✓	8.00
12/07/2001	8:30	✓		6:00	✓		8.00
12/08/2001	6:30	✓		10:30		✓	4.00
12/09/2001	7:00		✓	9:00		✓	3.00
							98.00

PRIVACY ACT STATEMENT

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1. **AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.

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5. SYSTEM MANAGER AND ADDRESS:

Chief, Payroll Branch
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

ACRS MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Bill Shack

SIGNATURE: [Signature]

LABOR CATEGORIES:

AP-1000 = MA8871

Reactor Oversight Programs

Power Upgrades (Docket #)

Rulemaking

SRELAP5 Transient Code = MA7192

MOX Fuel

Revised Source Term Document = MA2149

Annual Research Report

Risk-Informed Regulations 22

Naval Reactors = MA6509

Generic Safety Issues

License Renewal (Docket #)

ACRS 2022-29

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
11/12	(5) Commission Briefing		22	8	10	2
11/13	(5) 5046 (3) MOX FUEL		22/24	7	9	2
11/14	TRAVEL + PREP (5) 5046 (3) MOX		26/22/24	2	7	8
11/15	MTG + NA REACTOR MA6509 (2)		5/37	8:30	5:00	8
11/16	MTG + TRAVEL		24/26	8:30	6:00	8
11/18	PREP (5) JH RESEARCH + MAAP		22	7	10	3
11/25	(2) OPTION 2		21	7	9	2
11/27	TRAVEL + PREP (5)		26/22	2	7	8
11/28	MTG		19/13/74	8:30	5	8
11/29	MTG + TRAVEL		75/26	8:30	6	8
12/2	PREP (2) 5044		21	7	9	2
12/4	TRAVEL + MTG (2) OPTION 2		21/24	4:30a	10:30a	8
12/5	7			8:30	6	8
6	7 MEETING			8:30	6	8
7	7			8:30	6	8
12/8	TRAVEL		26	6:30a	10:30a	4
12/9	PREP (MISC)		70	7	10	3
	mtg 9:50 8					
	prep 3:45 4:25					
	Legal 17					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]

VOUCHER FOR PROFESSIONAL SERVICES

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TO: U. S. Nuclear Regulatory Commission ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26			FROM: NAME OF CLAIMANT W J SHACK STREET ADDRESS ARGONNE NATL LAB/9700 CASS AVE CITY ARGONNE STATE IL ZIP CODE 60439 SOCIAL SECURITY NUMBER [REDACTED] Ex. 6		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852			

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/14/2001	TO 11/11/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS 76	PER DAY @ \$ 60.23	4,577	98
RETIRED ANNUITANT:	[REDACTED] Ex. 6	TOTAL AMOUNT CLAIMED	4,577	48

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost-reimbursable contractors.

SIGNATURE - CLAIMANT

DATE

1/15/02

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE

DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER

DATE

1/15/02

METHOD OF PAYMENT

(Claimant - Check one block)

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☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

☐ TREASURY CHECK (For one-time payments only)

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					
PER DAY	PER HOUR						
\$	\$ 60.23						
DATE	TIME SERVICES PERFORMED (INDICATE a.m. OR p.m.)						TOTAL HOURS
	FROM	a.m.	p.m.	TO	a.m.	p.m.	
10/14/2001	7:00		✓	9:00		✓	2.00
10/21/2001	3:00		✓	6:00		✓	3.00
10/25/2001	8:30	✓		5:00		✓	8.00
10/26/2001	8:30	✓		6:00		✓	8.00
10/28/2001	1:00		✓	3:00		✓	2.00
11/04/2001	7:00		✓	10:00		✓	3.00
11/05/2001	2:00		✓	11:00		✓	8.00
11/06/2001	6:00	✓		7:00		✓	8.00
11/07/2001	8:30	✓		2:30		✓	8.00
11/08/2001	8:30	✓		6:00		✓	8.00
11/09/2001	8:30	✓		6:00		✓	8.00
11/10/2001	8:30	✓		4:30		✓	8.00
11/11/2001	4:00		✓	6:00		✓	2.00
							76.00

PRIVACY ACT STATEMENT

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5. SYSTEM MANAGER AND ADDRESS:

Chief, Payroll Branch
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

ACNW MEMBER COMPENSATION REPORT

TANYA X. G. WINFREY

Bill Sauer

SIGNATURE

ACR520167

[illegible]

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

This form shall be completed by all NRC consultants for claiming compensation for official authorized personnel services. A signed original and two copies shall be submitted to the NRC office authorizing the service.

TO: U. S. Nuclear Regulatory Commission			FROM: NAME OF CLAIMANT W J SHACK		
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26			ARGONNE NATL LAB/9700 CASS AVE		
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	CITY ARGONNE	STATE IL	ZIP CODE 60439
			SOCIAL SECURITY NUMBER [Redacted] - 7 Ex 6		

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1847	DATE 07/01/1998	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 10/04/2001	TO 10/07/2001	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY @\$	1,565	98
	NUMBER OF HOURS 26	PER HOUR @\$ 60.23		
RETIRED ANNUITANT:	[Redacted] Ex 6	TOTAL AMOUNT CLAIMED	1,565	98

CERTIFICATION

I CERTIFY that the above account is accurate and true in all respects; that my statement of services correctly sets forth the services on official business; that the payment therefor has not been received; and that no compensation for any of the time shown above is payable from or will be claimed from any other source of the Federal Government or its cost reimbursable contractors.

SIGNATURE - CLAIMANT
[Signature] DATE 11/9/01

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE DATE

APPROVAL

I CERTIFY that the above claim is accurate; that the above services were officially requested and performed; and that the expenses claimed are authorized.

SIGNATURE - APPROVING OFFICER
[Signature] DATE 11/01/01

METHOD OF PAYMENT
(Claimant - Check one block)

The Government Management Reform Act of 1994 requires agencies to use Direct Deposit via Electronic Funds Transfer as the method for making recurring Federal wage and salary payments.

- ☐ DIRECT DEPOSIT FORM SF 1199A ATTACHED
☒ DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
☐ TREASURY CHECK (For one-time payments only)

[illegible]

Pursuant to 5 U.S.C. 552a(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Nuclear Regulatory Commission on NRC Form 148. This information is maintained in a system of records designated as NRC-21 and described at 58 *Federal Register* 36469 (July 7, 1993); or the most recent *Federal Register* publication of the Nuclear Regulatory Commission's "Republication of Systems of Records Notices" that is available at the NRC Public Document Room, Gelman Building, 2120 L Street NW, Lower Level, Washington, D.C.

1. **AUTHORITY:** 31 U.S.C. 716, 1114, 3325, 3511 1988); Executive Order 9397, dated November 22, 1943.
2. **PRINCIPAL PURPOSE(S):** Information entered on this form is used to secure payment for authorized claims for compensation of services rendered by government consultants.
3. **ROUTINE USES:** Information on this form is used for transmittal to the U.S. Treasury for payment. It may also be disclosed to the IRS, State and local taxing authorities, Social Security Administration, labor unions, insurance carriers, OPM, or charitable institutions concerning any authorized withholdings or deductions. Information may be disclosed to an appropriate Federal, State, local, or Foreign agency in the event the information indicates a violation or potential violation of law and in the course of an administrative or judicial proceeding. In addition, this information may be transferred to an appropriate Federal, State, local, and Foreign agency to the extent relevant and necessary for an NRC decision about you or to the extent relevant and necessary for that agency's decision about you.
4. **WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:** It is voluntary that you furnish the requested information. If the information is not furnished, you may be denied an identification badge and access to NRC controlled areas.
5. **SYSTEM MANAGER AND ADDRESS:**
Chief, Payroll Branch
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

ACNW MEMBER COMPENSATION REPORT

TO: TANYA X. G. WINFREY

FROM: Dir. C. C. [illegible]

SIGNATURE:

10/2/01

[illegible]