

ACRS 20524

NRC FORM 148
(6-2002)
NRCMD 10.6

U.S. NUCLEAR REGULATORY COMMISSION

UNIT (OCFO use only)

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

JOHN D. SIEBER

Ex. 6

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
TANYA WINFREY
ACRS/ACNW
T2E26-X7998

STREET ADDRESS

Information in this record was deleted
in accordance with the Freedom of Information
Act, exemptions 6

FOIA/PA-2004-0205

CITY	STATE	ZIP CODE
ROCKVILLE	MD	20852

DESCRIPTION OF CLAIM (All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949			
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	09/09/2002	09/20/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	3,488	24
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	56	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/>	TOTAL AMOUNT CLAIMED		3,488	24

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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT
VERIFIED
CORRECT

SIGNATURE - CLAIMANT <i>John D. Sieber</i>	DATE 10-7-02
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SIGNATURE	DATE
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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.

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)

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 10/7/02
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[Signature] 10/15/02

C-5

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING		
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE
\$	\$ 62.29	TIME SERVICES PERFORMED (indicate a.m. or p.m.)							
DATE	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS				
09/09/2002					4.00	S00018			
					4.00	S00037			
09/10/2002					8.00	S00037			
09/11/2002					8.00	S00078			
09/12/2002					2.00	S00037			
					1.50	S00077			
					1.50	S00020			
					3.00	S00070			
09/13/2002					2.00	S00022			
					2.00	S00027			
					4.00	S00070			
09/14/2002					2.00	S00037			
					1.00	S00020			
					5.00	S00070			
09/20/2002					8.00	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).

- 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.
- PRINCIPAL PURPOSE(S):** To claim compensation for official authorized personnel services rendered by government consultants.
- 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.
- 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.
- 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 COMPENSATION WORKSHEET

ACRS 20545
M-1
L-1

To: Tanya Winfrey
 From: John D. Sieber
 Subject: ACRS' SCNW Compensation Claim
 Date: 9-20-02
 Period covered: 9-9-02 to 9-20-02

Date	Nature of Work	Account no.	Hours
			TOTAL
9-9-02	S/C Plant Ops. ROP	S00018	4
9-9-02	Preparation, Virginia (Naval Reactors)	S00037	4
9-10-02	S/C Naval Reactors, Virginia	S00037	8 M
9-11-02	S/C Fire Protection	S00078	7
9-12-02	ACRS 495, Naval Reactors	S00037	4
9-12-02	ACRS 495, HF and HRA	S00077	1.5
9-12-02	ACRS 495, GSI-185	S00020	1.5
9-12-02	ACRS 495, Committee reports	S00070	3
9-13-02	ACRS 495, 10CFR69	S00021	2
9-13-02	ACRS 495, Code Reviews	S00027	1.5
9-13-02	ACRS 495, Committee Reports	S00070	4
9-14-02	ACRS 495, Committee Reports	S00070	2
9-14-02	Travel, TWFN/Home	S00070	6
9-20-02	Fill out Timesheets, travel reconciliation	S00070	6
	Mar 17-25 16		
	Apr 16 18		
	May 31 37		

8M
8M
8M
8M
8P

Signature: John D. Sieber Date: 9-20-02

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 JOHN D. SIEBER	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998		STREET ADDRESS Ex. 6	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	06/07/2002	09/08/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,478	16
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	104	@ \$ 62.29		
RETIRED ANNUITANT: <input type="checkbox"/>	TOTAL AMOUNT CLAIMED		6,478	16

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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE		
AMOUNT VERIFIED CORRECT		
SIGNATURE	DATE	

SIGNATURE - CLAIMANT <i>John D. Sieber</i>	DATE 10-7-02
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APPROVAL

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

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 1169A ATTACHED
- DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED
- TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER <i>Tanya Winfrey</i>	DATE 10/7/02
---	------------------------

[Handwritten signature] **10/15/02**

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED						
PER DAY	PER HOUR							
\$	\$ 62.29							
DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASKS	PROCEDURE
06/07/2002					4.00	S00070		
					2.00	S00078		
					2.00	S00000		
06/08/2002					8.00	S00070		
07/06/2002					2.00	S00039		
					1.50	S00053		
					1.50	S00054		
					1.50	S00055		
					1.50	S00056		
					8.00	S00070		
07/08/2002					8.00	S00021		
07/09/2002					2.00	S00053		
					2.00	S00054		
					2.00	S00055		
					2.00	S00056		
07/13/2002					8.00	S00070		
08/25/2002					8.00	S00070		
08/26/2002					8.00	S00037		
08/27/2002					8.00	S00037		

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.

VOUCHER FOR PROFESSIONAL SERVICES

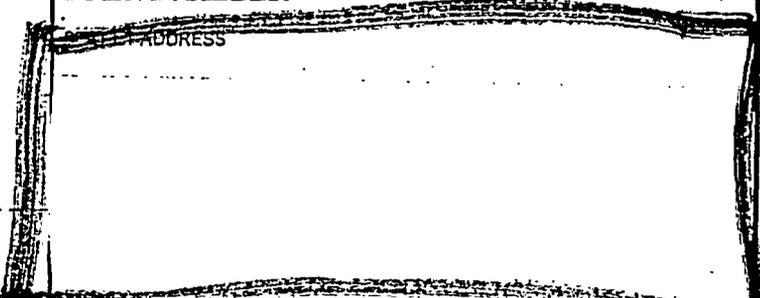
INSTRUCTIONS

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TO:
U. S. Nuclear Regulatory Commission
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
TANYA WINFREY
ACRS/ACNW
T2E26-X7998

FROM: NAME OF CLAIMANT
JOHN D. SIEBER *Ex. 6*

CITY **STATE** **ZIP CODE**
ROCKVILLE **MD** **20852**



DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
			DOLLARS	CENTS
PERIOD COVERED (Dates)	FROM 07/10/2002	TO 07/12/2002		
	NUMBER OF DAYS	PER DAY		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF HOURS	@ \$ PER HOUR	1,494	96
	1,494	@ \$		

RETIRED ANNUITANT: *Ex. 6* **TOTAL AMOUNT CLAIMED** **1,494** **96**

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**
John D. Sieber **9-14-02**

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 **7/12/02**

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)

ACRS 20477
19/16/02

SERVICES PERFORMED

RATE OF COMPENSATION PER DAY PER HOUR PL (S) WORK PERFORMED

PER DAY
\$ 498.32

PER HOUR
\$

DATE	TIME SERVICES PERFORMED (indicate a.m. or p.m.)					LABOR REPORTING		
	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS	ACTIVITY	TASK	PROCEDURE
07/10/2002	8:30	A	10	A	1.50	S00058		
	10	A	11	A	1.00	22		
	11	A	4:15	P	4.25	70		
	4:15	P	5:15	P	1.00	22		
	5:15	P	7:30	P	1.75	70		
07/11/2002	8:30	A	10	A	1.50	39		
	10	A	11:45	A	1.75	19		
	11:45	A	1:15	P	1.50	23		
	1:15	P	5:15	P	3.00	70		
07/12/2002	8:30	A	10	A	1.50	57		
	10	A	3	P	4.00	70		
	5	P	6	P	1.00	19		
	6	P	7	P	1.00	70		

PRIVACY ACT STATEMENT

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VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

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TO: U. S. Nuclear Regulatory Commission		FROM: NAME OF CLAIMANT JOHN D. SIEBER <i>Ex. 6</i>	
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE TANYA WINFREY ACRS/ACNW T2E26-X7998		OFFICE ADDRESS	
CITY ROCKVILLE	STATE MD	ZIP CODE 20852	

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	04/30/2002	06/06/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,474	80
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	120	@ \$		
RETIRED ANNUITANT: <i>[] Ex. 6</i>	TOTAL AMOUNT CLAIMED		7,474	80

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.

OFFICE OF THE CHIEF FINANCIAL OFFICER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT: *John D. Sieber* DATE: **10/7/02**

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.

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)

SIGNATURE - APPROVING OFFICER: *Tanya Winfrey* DATE: **10/7/02**

[Signature] **10/13/02**

SERVICES PERFORMED

RATE OF COMPENSATION		PLACE(S) WORK PERFORMED					LABOR REPORTING			
PER DAY	PER HOUR						ACTIVITY	TASK	PROCEDURE	
\$	\$ 62.29	DATE	FROM	a.m. p.m.	TO	a.m. p.m.	TOTAL HOURS			
		04/30/2002					4.00	S00070		
							4.00	S00052		
		05/01/2002					8.00	S00070		
		05/02/2002					2.00	S00070		
							3.00	S00052		
							3.00	S00069		
		05/03/2002					2.00	S00052		
							6.00	S00070		
		05/04/2002					8.00	S00070		
		05/28/2002					2.00	S00018		
							6.00	S00021		
		05/29/2002					8.00	S00070		
		05/30/2002					4.00	S00037		
							4.00	S00018		
		05/31/2002					8.00	S00021		
		06/01/2002					8.00	S00070		
		06/02/2002					4.00	S00078		
							4.00	S00057		
		06/03/2002					8.00	S00070		

PRIVACY ACT STATEMENT

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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.

ACRS COMPENSATION WORKSHEET

To: Tanya Winfrey
 From: John D. Sieber
 Subject: ACRS'SCNW Compensation Claim
 Date: 9-20-02
 Period covered: 4-25-02 to 6-6-02

*MT98
 Prep
 Legal 15*

*ACKS
 20543*

Date	Nature of Work	Account no.	Hours TOTAL
4-30-02	Preparation - Brunswick EPU	Brunswick	4
4-30-02	Preparation - High Burnup Fuel	S00052	4
5-1-02	Travel, Home/TWFFN (492 ACRS)	S00070	6
5-2-02	492 ACRS - Brunswick EPU	Bill to Brunswick	2
5-2-02	492 ACRS - High burnup fuel	S00052	3
5-2-02	492 ACRS - Safeguards and Security	S00069	3
5-3-02	492 ACRS - PHEBUS	S00052	2
5-3-02	492 ACRS - Committee business	S00070	6
5-4-02	492 ACRS - Committee business	S00070	2
5-4-02	Travel TWFFN/Home (492 ACRS)	S00070	6
5-28-02	Preparation - ROP	S00018	2
5-28-02	Preparation 10CFR 50.46	S00021	6
5-29-02	Travel - Home/TWFFN	S00070	6
5-30-02	Prep (TWFFN) Virginia	S00037	4
5-30-02	Pit Ops S/C - ROP	S00018	4
5-30-02	Pit Ops S/C - 10CFR50.46	S00021	6
6-1-02	Travel, TWFFN/home	S00070	6
6-2-02	Preparation, Fire Protection	S00078	4
6-2-02	Preparation, CRDM cracks	S00057	4
6-3-02	Travel home/TWFFN	S00070	6
6-4-02	Fire Protection S/C meeting	S00078	6
6-5-02	Pit Ops S/C - CRDM cracks/leaks	S00057	6
6-6-02	493 ACRS - CRDM cracks/leaks	S00057	2
6-6-02	493 ACRS, GSI 189	S00020	21
6-6-02	493 ACRS, GSI, 168	S00020	1
6-6-02	493 ACRS, ROP	S00018	1
6-6-02	493 ACRS, Advanced Reactors	S00039	1
6-6-02	493 ACRS, reports	S00070	2

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3/

Signature: */s/ John D. Sieber* *John D. Sieber* Date: 9-20-02

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 J D SIEBER Ex. 6
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26		ADDRESS
CITY WASHINGTON	STATE DC	ZIP CODE 20555

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949	07/01/2099	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	03/12/2002	04/24/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	6,976	48
	14	@ \$ 498.32		
	NUMBER OF HOURS	PER HOUR		
		@ \$		
RETIRED ANNUITANT:		Ex. 6	TOTAL AMOUNT CLAIMED	6,976
				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 <i>John D. Sieber</i>	DATE 5-2-02
---	-----------------------

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 <i>Thomas Winfrey</i>	DATE 7/6/02
--	-----------------------

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 1189A 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.	
03/12/2002	7:00	✓		3:00		✓	8.00
03/13/2002	8:00	✓		5:00		✓	8.00
03/14/2002	6:00	✓		3:00		✓	8.00
04/02/2002	8:00	✓		5:00		✓	8.00
04/08/2002	9:00	✓		3:00		✓	8.00
04/09/2002	8:00	✓		5:00		✓	8.00
04/10/2002	8:00	✓		5:00		✓	8.00
04/11/2002	8:00	✓		5:00		✓	8.00
04/12/2002	8:00	✓		7:00		✓	8.00
04/13/2002	9:00	✓		3:00		✓	8.00
04/16/2002	8:00	✓		5:00		✓	8.00
04/22/2002	8:00	✓		3:00		✓	8.00
04/23/2002	8:00	✓		5:00		✓	8.00
04/24/2002	9:00	✓		3:00		✓	8.00
							112.00

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

D: TANYA X. G. WINFREY

FROM: John D. Sieber

SIGNATURE: John D. Sieber

ACRS 20358

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS		
			HLW	FROM	TO	TOTAL
3-12	Travel PIT - MIAMI	MIAMI	3/4	7AM	3PM	8
3-13	PLT Lic. Renewal mtg Turkey Pt.	FL City	3/4	8AM	5PM	8
3-14	Travel MIAMI - PIT	PIT	3/4	6 ³⁰ A	2 ³⁰ P	8
4-2	Prep for 491 ACRS Mtg	home	70	8AM	5PM	8
4-8	Travel Home - TWFN	TWFN	24	9A	3PM	6
4-9	PLT OPS Sub/C DAVIS - Boss	"	57	8A	5PM	8
4-10	Fuel S/C - MOX PLANT	"	24	8A	5PM	8
4-11	491 ACRS MTG	"	"	8A	6PM	8
4-12	491 ACRS MTG	"	"	8	7PM	8
4-13	Travel TWFN - Home	home	23	9A	3PM	6
4-16	Prep for BRUNSWICK upgrade	home	23	8A	5P	8
4-22	Travel - home - TWFN	TWFN	23	9A	3P	6
4-23	T/H Sub on Brunswick upgrade	TWFN	23	8A	4 ³⁰ P	8
4-24	Travel TWFN - home	home	23	9A	3P	6
	Mtg 6					
	Prep 8					
	Local 14					

Turkey Point

8

8

8

8

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 J D SIEBER
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26		ADDRESS Ex. 6
CITY WASHINGTON	STATE DC	ZIP CODE 20555

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER AT-(49-24)-1949	DATE 07/01/2099	AMOUNT CLAIMED	
PERIOD COVERED (Dates)	FROM 02/12/2002	TO 03/10/2002	DOLLARS	CENTS
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS 14	PER DAY @ \$ 481.84	6,745	76
	NUMBER OF HOURS	PER HOUR @ \$		
RETIRED ANNUITANT:	Ex. 6	TOTAL AMOUNT CLAIMED	6,745	76

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.

OFFICE OF THE CONTROLLER USE ONLY

DIFFERENCE

AMOUNT VERIFIED CORRECT

SIGNATURE - CLAIMANT
John D. Sieber

DATE
3-10-02

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.

3/13/02

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 payments.

DIRECT DEPOSIT FORM SF 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED.

TREASURY CHECK (For one-time payments only)

SIGNATURE - APPROVING OFFICER
Tanya Winfrey

DATE
3/10/02

3/12/02

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.)						
	FROM	a.m.	p.m.	TO	a.m.	p.m.	TOTAL HOURS
02/12/2002	10:00	✓		4:00		✓	8.00
02/13/2002	8:00	✓		6:00		✓	8.00
02/14/2002	8:00	✓		4:00		✓	8.00
02/15/2002	8:00	✓		5:00		✓	8.00
02/21/2002	8:00	✓		2:00		✓	8.00
02/22/2002	8:00	✓		2:00		✓	8.00
03/01/2002	8:00	✓		2:00		✓	8.00
03/02/2002	8:00	✓		3:00		✓	8.00
03/04/2002	10:00	✓		4:00		✓	8.00
03/05/2002	8:00	✓		3:00		✓	8.00
03/06/2002	8:00	✓		3:00		✓	8.00
03/07/2002	8:00	✓		6:00		✓	8.00
03/08/2002	8:00	✓		5:00		✓	8.00
03/10/2002	9:00	✓		3:00		✓	8.00
							112.00

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

TO: TANYA X. G. WINFREY

FROM: John D. Sieber

SIGNATURE: John D. Sieber

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS			
				HLW	FROM	TO	TOTAL
2002 2-12	Travel - home to TWFN	home	26	10 ⁰⁰ A	4 ⁰⁰ P	6	8 ✓
2-13	Sub-C mtg. AND-2 update	TWFN	40	8 ⁰⁰ A	2 ³⁰ P	6 ³⁰	} 8 hrs
"	Sub C mtg Clinton update	"	59	3 ^{PM}	6 ^{PM}	3	
2-14	Subc mtg. Clinton update	"	59	8AM	4PM	8	—
2-15	Sub C mtg. AP 1000	"	6	8AM	11AM	3	} 8 hrs
"	Travel TWFN to home	"	26	11AM	5PM	6	
2-21	AND-2 letter prep	home	40	8AM	2PM	6	8 ✓
2-22	" " "	home	40	8AM	2PM	6	8 ✓
3-1	" " "	home	40	8AM	2PM	6	8 ✓
3-2	Meeting Prep. 490th ACRS mtg.	"	40	8 A	3PM	7	8 ✓
3-4	Travel home to TWFN	"	26	6A	4PM	6	8 ✓
3-5	AND-2 letter revision	TWFN	40	8A	3PM	7	8 ✓
3-6	meeting prep 490th ACRS mtg	"	70	8A	11PM	8	} 8 ✓
3-7	Sub C mtg. - GE topical on CPPU	"	23	1P	4PM	3	
3-7	490th ACRS mtg	"		8AM	6PM	8	—
3-8	490th ACRS mtg	"		8AM	5PM	8	—
3-10	Travel TWFN - home	home		9AM	3PM	6	8 ✓
	Mtg 8/7						
	Prep 7						
	Legal 14						

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 J D SIEBER
ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE T. WINFREY ACRS/ACNW 415-7998 T2E26		STREET ADDRESS Ex. 6
CITY WASHINGTON	STATE DC	ZIP CODE 20555

DESCRIPTION OF CLAIM (All blocks must be completed)				
CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
	AT-(49-24)-1949	07/01/2099		
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
	11/15/2001	02/09/2002		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	8,673	12
		@ \$		
	NUMBER OF HOURS	PER HOUR		
	144	@ \$ 60.23		
RETIRED ANNUITANT:	<input type="checkbox"/>	Ex. 6	TOTAL AMOUNT CLAIMED	8,673
				12

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: *John D Sieber* DATE: **2-9-02**

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: *Teresa Winfrey* DATE: **2/11/02**

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 1199A ATTACHED

DIRECT DEPOSIT FORM PREVIOUSLY SUBMITTED

TREASURY CHECK (For one-time payments only)

O: TANYA X. G. WINFREY

FROM: John D. Sieber

SIGNATURE: John D. Sieber

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TYPE OF SERVICE	HOURS			
				HLW	FROM	TO	TOTAL
2001							
11-15	Travel Home - TWFN	TWFN	MOX24		9A	3:30P	8
11-16	MOX PLANT - Site meet	"	MOX24		8A	5P	8
11-17	Travel TWFN - home	"	MOX24		8A	3P	8
11-29	mtg prep (ACRS 488th)	home	Rpt prep		8A	4:30A	8
12-4	TRAVEL (Home - TWFN)	TWFN	26		8A	3:30P	8
12-5	ACRS 488th mtg	"	Rx Rep		8A	6P	8
12-6	"	"	"		8A	6P	8
12-7	"	"	"		8A	6P	8
12-8	mtg; travel TWFN - home	"	" 1/16		8A	3:30P	8
	2002						
1-20	meeting prep	home	Rx Rep		8A	4:30P	8
1-23	ACRS 1 Retreat travel	ORLANDO	" 37		11A	5PM	8
1-24	"	"	" 28		8A	6P	8
1-25	"	"	" 28		8A	6P	8
1-26	"	"	" 26		8A	5:30P	8
2-6	Travel	TWFN	" 26		8A	3:30P	8
2-7	489th ACRS mtg	"	"		8A	6P	8
2-8	489th ACRS mtg	"	"		8A	6P	8
2-9	489th ACRS + travel	"	"		8A	3:30	8
	Mtg 16						
	Pran 2						
	Local 18						

VOUCHER FOR PROFESSIONAL SERVICES

INSTRUCTIONS

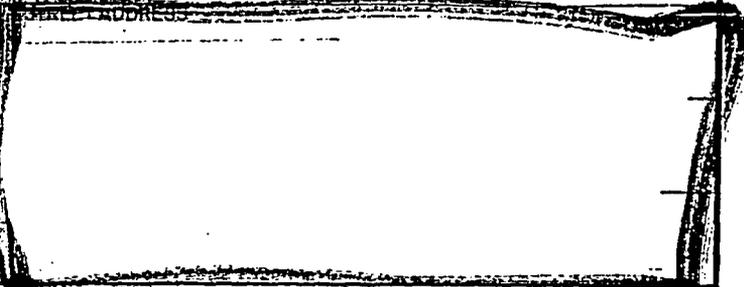
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TO:
U. S. Nuclear Regulatory Commission

FROM: NAME OF CLAIMANT
J D SIEBER

Ex. 16

ATTENTION: NRC OFFICE AUTHORIZING THIS SERVICE
T. WINFREY
ACRS/ACNW
415-7998 T2E26



CITY	STATE	ZIP CODE
WASHINGTON	DC	20555

DESCRIPTION OF CLAIM
(All blocks must be completed)

CONTRACT:	NUMBER	DATE	AMOUNT CLAIMED	
		AT-(49-24)-1949	07/01/2099	
PERIOD COVERED (Dates)	FROM	TO	DOLLARS	CENTS
		10/1/01		
SERVICES PERFORMED: (Itemize on reverse)	NUMBER OF DAYS	PER DAY	7,709	44
	NUMBER OF HOURS	PER HOUR	7,709	44
		128		

RETIRED ANNUITANT: *Ex. 16*

TOTAL AMOUNT CLAIMED
7,709 44

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**
John D. Sieber 12-7-01

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 **DATE**
Tampa Winfrey 12-9-01

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)

John D. Sieber 12/11/01
D. H. ... 12/13/01

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.	
10/01/2001	8:00	✓		4:30		✓	8.00
10/02/2001	9:00	✓		3:00		✓	8.00
10/03/2001	8:00	✓		4:00		✓	8.00
10/04/2001	8:00	✓		7:00		✓	8.00
10/05/2001	8:00	✓		7:00		✓	8.00
10/06/2001	8:00	✓		7:00		✓	8.00
10/24/2001	9:00	✓		3:00		✓	8.00
10/25/2001	8:00	✓		5:00		✓	8.00
10/26/2001	8:00	✓		7:00		✓	8.00
11/01/2001	8:00	✓		5:00		✓	8.00
11/05/2001	9:00	✓		3:00		✓	8.00
11/06/2001	6:30	✓		6:00		✓	8.00
11/07/2001	8:00	✓		4:00		✓	8.00
11/08/2001	8:00	✓		7:00		✓	8.00
11/09/2001	8:00	✓		7:00		✓	8.00
11/10/2001	8:00	✓		7:00		✓	8.00
							128.00

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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: John D. Sieber

SIGNATURE: John D. Sieber

LABOR CATEGORIES:

- AP-1000 = MA8871
- (1) Reactor Oversight Programs
- Power Upgrades (Docket #)
- (2) Rulemaking
- SRELAP5 Transient Code = MA7192
- (3) MOX Fuel
- Revised Source Term Document = MA2149
- (4) Annual Research Report
- (5) Risk-Informed Regulations
- Naval Reactors = MA6509
- (6) Generic Safety Issues
- (7) License Renewal (Docket #)

ACRS 20082

DATE	NATURE OF WORK (PREPARATION, MEETING NAME, TRAVEL, ETC.)	WHERE	TAC NO. OR DOCKET NO.	HOURS		
				FROM	TO	TOTAL
10-1-0	Meeting Prep (486th)	home	76	8:00	4:30	8
10-2	travel	Res-hotel	26	9:00A	3:00P	6.8
10-3	Plant systems S/C	TWFN	76	8:00A	4:00	8
10-4	486 ACRS mtg	TWFN		8:00A	7PM	8
10-5	486 mtg	TWFN		8:00A	7PM	8
10-6	486 mtg - travel	TWFN-home		8:00A	7PM	8
10-24	travel	vacation TW FN	26	9:00A	3:00P	6.8
10-25	NAVY 3 hrs, T/H sub Presiden 4	TWFN	27/2/26	8:00A	5PM	8
10-26	T/H sub 3hrs, travel 6 hrs	TWFN-RE	37/26	8:00A	7PM	8
11-1	Preparation (487 ACRS mtg)	home	50	8:00A	5PM	8
11-5	travel home - hotel	home	26	9:00A	3PM	6.8
11-6	NAVY - Groton, CT	-	37	6:30A	6PM	8
11-7	NAVY YARD - DC	-	37	8:00A	4PM	8
11-8	487 ACRS	TWFN		8 AM	7PM	8
11-9	487 ACRS	TWFN		8 AM	7PM	8
11-10	487 ACRS - + travel (2)	TWFN		8 AM	7PM	8
	Mtg 11					
	PAAP 5					
	Recpt 16					

[SEE REVERSE SIDE FOR DOCKET NUMBERS]