**CONTROL FORM FOR DOE/ORO DIRECTIVE**

**PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):**

1. **DIRECTIVE NUMBER, TITLE, AND DATE:**

   **DOE N 351.1, CONTRACTOR EMPLOYEE PENSION AND MEDICAL BENEFITS POLICY, dated 04/27/2006**

2. **PURPOSE OF TRANSMITTAL:** _X_ New Directive ___ Revised Directive

3. **DOES THIS DIRECTIVE CANCEL OR EXTEND ANY OTHER DIRECTIVES?** ___ Yes _X_ No
   **If "Yes,"** list what action (cancel or extend) and list the Directive(s) number(s), title(s), and date(s):

The attached Directive is forwarded for review and action. Complete Part B and forward a completed hard copy of this form to ORO DMG, AD-440, by **05/12/2006**.

**PART B (To be completed by the DIVISION OF PRIMARY INTEREST [DPI]):**

**COMPLETE FOR DOE DIRECTIVES ONLY:**

4. **SUPPLEMENTAL ORO DIRECTIVE REQUIRED?**
   Is a new or revised supplemental ORO Directive required? ___ Yes _X_ No
   **If "Yes,"** target date for submission of supplemental ORO Directive is _____.

**COMPLETE FOR BOTH DOE AND ORO DIRECTIVES:**

5. **CONTRACTOR APPLICABILITY.**

   **Does this Directive affect the work performed by ORO Contractors?** _X_ Yes ___ No

   **If "Yes," whom?** _X_ Bechtel Jacobs Company LLC _X_ ORAU

   _X_ UT-Battelle, LLC ____ ISOTEK (Bldg. 3019, ORNL)

   ___ Other Contractors (list by name)

6. **SUBJECT MATTER EXPERT**: Lisa Carter Contractor Human Resources Group, AD-441
   Name Organization

7. **APPROVED BY**: *Original Signed By* Patricia Howse-Smith, Dir. Human Resources Div., AD-44 04/28/2006
   Signature Organization Date

**PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):**

**APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:**

*Original Signed By*
Wayne H. Albaugh 04/28/2006
DMG Team Leader, AD-440 Date

**INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.** (Revised 02/10/2006)