

**BOP III SECOND SUPPLEMENTAL BACKPAY QUESTIONNAIRE**

Please type or print legibly in ink. Please complete the questionnaire fully and to the best of your ability, then sign and date the last page. Make a copy for yourself and mail this to Attn: BOP3, Alan Banov, Esq., Alan Banov & Associates, 1400 K Street, N.W., Suite 1000, Washington, D.C. 20005-2403. **Your completed, signed questionnaire will be presented to the Government attorneys and the BOP in response to its discovery requests and possibly to the Court to support your claims. Therefore, it is imperative that you answer this completely, honestly, and legibly.**

I. IDENTIFYING INFORMATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NOS: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

II. EMPLOYMENT STATUS WITH THE BUREAU OF PRISONS (BOP) OR UNICOR

Are you currently employed by the BOP or UNICOR?

\_\_\_ Yes.

\_\_\_ No.

Date employment ended: \_\_\_\_\_

Last position held: \_\_\_\_\_

Last institution worked at: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Note: To complete the rest of this questionnaire, you will need to refer to your original Backpay Questionnaire and Supplemental Questionnaire (if you did not complete a BPQ3). For any answers requiring more space, please type additional information on an attachment or copy the pages of this questionnaire you need and renumber the pages by hand.

If you have not previously forwarded copies to us, **please attach** to your questionnaire copies of any documents to which you referred in answering these questions. Also, if you have not already forwarded copies of the documents listed below, please attach copies of them to your questionnaire, check the type of document, and mail them to us:

\_\_\_ Earnings and leave statements during the period(s) for which you are making claims

\_\_\_ Pay stubs and other salary documents during the period(s) for which you are making claims

\_\_\_ SF-50s during the period(s) for which you are making claims

\_\_\_ Documents referring to any overtime you were instructed, directed, or ordered to work

\_\_\_ Documents showing any time spent in preshift or postshift activities

\_\_\_ Documents you have made of time spent in meetings held outside your regular duty hours for which you are making claims

\_\_\_ Documents you have made of time spent responding to emergencies outside your regular duty hours for which you are making claims

\_\_\_ Documents referring to any travel activities for which you are making claims

\_\_\_ Other documents are enclosed (please specify) \_\_\_\_\_

III. EMPLOYMENT HISTORY AT BOP

List every non-bargaining unit position which you have held since May 1, 1994, and for which you are making a claim in this suit, including any new BOP non-bargaining unit positions since you submitted your BPQ. (Remember: you can be employed in a bargaining unit position without necessarily being a member of a union.) Please list the positions in chronological order, ending with your most recent position for which you are making a claim.

No.	POSITION TITLE	START DATE (Mo/Day/Yr)	END DATE (Mo/Day/Yr)	GRADE/STEP	INSTITUTION NAME	END SALARY
Example:	Lieutenant	11/1/97	present	GS-11/05	FCI-Milan	\$ 51,592
1.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		
2.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		
3.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		
4.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		
5.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		
6.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		
7.	_____	___/___/___	___/___/___	___/___	_____	\$ _____
	Did you supervise the work of other BOP employees?		_____ Yes	_____ No		
	Is this position listed in your prior questionnaires?		_____ Yes	_____ No		

If you did not list a position in your prior questionnaires, please complete Section VI for each new non-bargaining position you did not list. For example, if you have transferred to or taken on a new position, please complete Section VI for each new position. If you need additional copies, please copy Section VI and complete it for each new position.

IV. GENERAL JOB INFORMATION

1A. Do you know about the Operations Memorandum No. 214-95, dated November 1, 1995 (Exhibit 1 attached)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked Yes, please describe fully the circumstances in which you became aware of it (i.e., how and when).

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1B. Do you know about Section 610.1 Institution Shift Starting and Stopping Times of the Human Resource Management Manual (Exhibit 2 attached)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked Yes, please describe fully the circumstances in which you became aware of it (i.e., how and when).

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1C. In any of your jobs at BOP, have you consulted or relied upon the BOP Human Resource Management Manual?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked Yes, please describe the circumstances in which you have ever consulted or relied upon the Human Resource Management Manual.

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2A. What is your understanding of the provisions in BOP Operations Memorandum No. 214-95 (Exhibit 1) and section 610.1 of the Human Resource Management Manual (Exhibit 2), which state:

Shift starting and stopping times for employees who work inside an institution shall be scheduled to begin and end at the point employees pick-up and drop-off equipment (keys, radios, body alarms, work detail pouches, etc.) at the control center. Therefore, employees who pick-up equipment at the control center shall have their shifts scheduled to include reasonable time to travel from the control center to their assigned duty post and return (at the end of the shift). . . An institution employee whose shift starts at 7:30 a.m. must be at the control center and have received his/her equipment no later than 7:30 a.m. to be considered "on time" for the start of his/her shift. . . . If that same employee's shift ends at 4:00 p.m., he/she should drop-off his/her keys/equipment in the control center at 4:00 p.m., the scheduled quitting time.

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2B. In your work for the BOP have you followed the BOP directive quoted in part 2A?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered No, why did you not follow the BOP directive?

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3A. Since May 1996, have you been involved in scheduling the shift starting and stopping times for any other BOP employees.

\_\_\_\_\_ Yes \_\_\_\_\_ No (If no, please skip to Question 5.)

If you checked Yes, please describe your involvement in scheduling the shift starting and stopping times of any other BOP employees.

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3B. Identify the positions which you have had since May 1994 and in which you have been involved in scheduling the shift starting and stopping times, and the time period(s) in which you have been involved in scheduling the shift starting and stopping times for such employees.

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3C. Have you complied with the BOP directives quoted in 2A above in scheduling the shift starting and stopping times for BOP employees?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered No, please explain why.

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4. Since January 1, 1994, you ever filed a petition in bankruptcy?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer is yes, state the date and court in which the petition was filed, and whether you received a discharge in bankruptcy and the date of discharge and please send us copies of your bankruptcy documents.

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If you object to our providing this information to the Government, please state why.

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V. SPECIFIC JOB INFORMATION BY POSITION NUMBER

Part A. Job Information for Position 1:

Copy from Section III above (p. 2), the job you listed as Position 1: \_\_\_\_\_.

The following seven questions refer to Position 1 and your work in Position 1:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

\_\_\_\_\_

3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

\_\_\_\_\_

4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

\_\_\_\_\_

7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

Part B. Job Information for Position 2:

Copy from section III above (p. 2), the job you listed as Position 2: \_\_\_\_\_.

The following seven questions refer to Position 2 and your work in Position 2:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

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2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

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7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

Part C. Job Information for Position 3:

Copy from section III above (p. 2), the job you listed as Position 3: \_\_\_\_\_.

The following seven questions refer to Position 3 and your work in Position 3:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

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2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

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7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

Part D. Job Information for Position 4:

Copy from section III above (p. 2), the job you listed as Position 4: \_\_\_\_\_.

The following seven questions refer to Position 4 and your work in Position 4:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

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2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

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7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

Part E. Job Information for Position 5:

Copy from section III above (p. 2), the job you listed as Position 5: \_\_\_\_\_.

The following seven questions refer to Position 5 and your work in Position 5:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

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2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

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7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

Part F. Job Information for Position 6:

Copy from section III above (p. 2), the job you listed as Position 6: \_\_\_\_\_.

The following seven questions refer to Position 6 and your work in Position 6:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

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2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

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7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

Part G. Job Information for Position 7:

Copy from section III above (p. 2), the job you listed as Position 7: \_\_\_\_\_.

The following seven questions refer to Position 7 and your work in Position 7:

1. Identify all your claims relating to your work for this position, and the time period and nature of each of your claims (e.g., lieutenants' meetings, closeouts, department head meetings, picking up or dropping off keys or other equipment at the control center on way to or from duty post, responding to emergencies on your days off) for this position. **Be Specific.**

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2. Did you pick up keys or other equipment from the control center on your way to your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from control with your keys or other equipment to your assigned duty post or duty area to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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3. Did you return keys or other equipment to the control center on your way out from your assigned duty post or duty area?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, do you consider the time you spent walking from your duty post or duty area to the control center to be part of your 8-hour tour of duty (i.e., meaning your regularly shift minus meal time)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain the basis for your answer. \_\_\_\_\_

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4. At any time, did you wait in a key line before beginning your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please identify the time period(s) when you waited in key line before beginning your shift? \_\_\_\_\_

If Yes, how much time did you typically wait in the key line before your shift began? \_\_\_\_\_

5. At any time, did you wait in a key line at the end of your shift?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how long did you typically wait in the key line at the end of your shift? \_\_\_\_\_

6. Are you seeking compensation in this lawsuit for time you spent waiting in the key line?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, why do you believe you are entitled to compensation for time you spent waiting in the key line? \_\_\_\_\_

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7. If you traveled for this position, please describe any work for which you were not compensated which you did outside of your regular duty hours while on travel status. \_\_\_\_\_

**VI. Please complete this section if you are listing any new jobs which you did not previously list in your other Backpay Questionnaire and for which you are claiming uncompensated overtime. If you listed more than one new position, please copy this section and complete it for each new position for which you are making a claim.**

SECTION VI, Part A. Job Information for New Position:

1. Copy from III above (p. 2), the job title of the new job you are listing: \_\_\_\_\_  
 All of the questions in this section refer to the new position and your work in the new position.

2. Name(s) and position(s) of your immediate supervisor(s): \_\_\_\_\_  
 \_\_\_\_\_

3. List the posts or duty stations at which you served when you held this position and describe the duties you performed at each post or duty station:

<u>POST/DUTY STATION</u>	<u>DESCRIPTION OF DUTIES</u>
Ex. <u>Maintenance Department</u>	<u>Manage employees who do all maintenance, construction, and landscaping.</u>
a. _____	_____
b. _____	_____
c. _____	_____

4. List the shifts you worked when you held this position and estimate the percentage of time you spent working each particular shift. The total should add up to 100% of your time. If you know the exact periods of time you worked each shift (month and year), please include actual dates, instead of estimating percentages.

<u>SHIFT (INCLUDE START AND STOP TIME)</u>	<u>% TIME SPENT WORKING THIS SHIFT</u>	<u>DATES ON SHIFT</u>
Ex. 8 a.m. – 4 p.m.	50%	6/99-8/99
_____ ----->	_____ %	_____
_____ ----->	_____ %	_____
_____ ----->	_____ %	_____
_____ ----->	_____ %	_____
Total = 100%		

SECTION VI, Part B. Pre-Shift Activity for New Position:

5A. When you held this position, were you required to report to a control center, or other specific location, or perform other assigned work before your work shift began? \_\_\_\_ YES \_\_\_\_ NO

5B. If Yes, indicate work-related activities you were required to perform at your installation **BEFORE YOUR SHIFT BEGAN** and estimate the average time of each activity:

- \_\_\_ Check out equipment -----> \_\_\_ minutes per day (also complete 5D below)
- \_\_\_ Roll call -----> \_\_\_ minutes per day
- \_\_\_ Briefing, instructions -----> \_\_\_ minutes per day
- \_\_\_ Travel time from control center to duty station -----> \_\_\_ minutes per day
- \_\_\_ Reviewing logs -----> \_\_\_ minutes per day
- \_\_\_ Other preshift activities (describe below or on p. 19 if you need more space)  
 \_\_\_\_\_ -----> \_\_\_ minutes per day

5C. **TOTAL PRE-SHIFT TIME FOR ACTIVITIES LISTED ABOVE** \_\_\_\_\_ minutes per day

5D. How often did you check out equipment? (Check one place on each line)

EQUIPMENT	EVERY DAY	ONCE A WEEK	ONCE A MONTH	ONCE A YEAR	OTHER (PLEASE SPECIFY)
KEYS	_____	_____	_____	_____	_____
GUN(S)	_____	_____	_____	_____	_____
TOOLS	_____	_____	_____	_____	_____
RADIO	_____	_____	_____	_____	_____
DETAIL POUCHES	_____	_____	_____	_____	_____
BODY ALARM	_____	_____	_____	_____	_____
MAIL BAGS	_____	_____	_____	_____	_____
OTHER (SPECIFY)	_____	_____	_____	_____	_____

5E. Identify each location in your institution at which you obtained each item listed in 5D, above:

\_\_\_\_\_

\_\_\_\_\_

5F. If the items in 5D varied according to your duty station, shift, or other condition, briefly explain:

\_\_\_\_\_

\_\_\_\_\_

5G. While in this position were you issued 24-hour keys?

\_\_\_ NO

\_\_\_ YES. If Yes, state the periods of time when you were issued 24-hour keys and what the keys opened.

\_\_\_\_\_

\_\_\_\_\_

5H. On any occasion, did you proceed directly to your duty station without reporting to a control center or other specific location?

- NO
- YES

If Yes, about how often did this happen?

- Once a week       Once a month       Twice a month
- Once a year       Other, please specify \_\_\_\_\_
- Daily, beginning \_\_\_\_\_

Please estimate the percentage of days when you proceeded directly to your duty station without reporting to a control center or other specific location: \_\_\_\_\_ % of work days in a year

5I. On any occasion did your shift officially begin at the control center or at any place other than your duty post?

- NO
- YES

If Yes, please provide the date[s] when your shift officially began at the control center or other location besides your duty post and explain why.

\_\_\_\_\_

**SECTION VI, Part C. Post-Shift Activity for New Position:**

6A. When you held this position, were you required to report to a control center, or other specific location other than your duty post, or perform other assigned work after your work shift ended?  YES  NO.

6B. Indicate activities you were required to perform at your BOP installation **AFTER YOUR SHIFT** and estimate the average time of each activity:

- Returning equipment      ----->  minutes per day (also complete 6D below)
- Roll call      ----->  minutes per day
- Briefing, instructions      ----->  minutes per day
- Travel time from duty post to control center      ----->  minutes per day
- Waiting for the count to clear      ----->  minutes per day
- Other post-shift activities (describe below or on p. 19 if you need more space)  
\_\_\_\_\_ ----->  minutes per day

6C. **TOTAL POST-SHIFT TIME FOR ACTIVITIES LISTED ABOVE**  minutes per day

6D. Please check the appropriate line to indicate how often you returned the equipment.

EQUIPMENT	EVERY DAY	ONCE A WEEK	ONCE A MONTH	ONCE A YEAR	OTHER (PLEASE SPECIFY)
KEYS	_____	_____	_____	_____	_____
GUN(S)	_____	_____	_____	_____	_____
TOOLS	_____	_____	_____	_____	_____
RADIO	_____	_____	_____	_____	_____
DETAIL POUCHES	_____	_____	_____	_____	_____
BODY ALARM	_____	_____	_____	_____	_____
MAIL BAGS	_____	_____	_____	_____	_____
OTHER (SPECIFY)	_____	_____	_____	_____	_____



SECTION VI, Part D. Other Overtime Activities for New Position:

8. a. Were you ordered or approved to do any other overtime work-related activities in the institution (besides traveling) while going between the control center or other location and your duty station--for example, to deliver mail, messages, or equipment?

- No  
 Yes. Explain how you were ordered or required to do so and what you did:

\_\_\_\_\_  
 \_\_\_\_\_

b. Estimate the daily time spent in this activity: \_\_\_\_\_ minutes

9. Were you ever paid for the pre- or post-shift activities described in this section (Parts B and C above)?

- No  
 Yes. State the period(s) for which you were paid and whether you were paid straight time, overtime, or comp. time (circle one).

\_\_\_\_\_  
 \_\_\_\_\_

10. Did you have a designated period allowed for your lunch or other meal during your work shift?

- No [Skip Question 11 and go to Part E, on the next page]  
 Yes ---> How long were you allowed for this meal period? \_\_\_\_\_ minutes  
 ---> Were you paid for this meal period?  Yes  No  
 Sometimes; depending on shift, duty station or other condition. Please explain:

\_\_\_\_\_  
 \_\_\_\_\_

11. For those occasions when you had a designated meal period during the work shift, were you allowed to leave your duty station to eat your meal?

- Yes  
 No

If "No," answer the following:

- a. Were you relieved from your duties for a designated meal period?  
 No [Skip Question b]  
 Yes  
 Sometimes. Please explain: \_\_\_\_\_  
 \_\_\_\_\_
- b. When you were relieved from your duties for a meal period, were there any restrictions or requirements on the way you spent your meal period?  
 No  
 Yes. Please explain: \_\_\_\_\_  
 \_\_\_\_\_

If "Yes," answer the following:

- a. Were you required to remain on call during your meal period?  
 Yes  No  Sometimes. Please explain: \_\_\_\_\_  
 \_\_\_\_\_
- b. Were you able to use a cafeteria, dining room, lounge, or other rest area for your meal period?  
 Yes  No  Sometimes. Please explain: \_\_\_\_\_  
 \_\_\_\_\_
- c. Were you allowed to leave the BOP installation during your meal period?  
 Yes  No  Sometimes. Please explain: \_\_\_\_\_  
 \_\_\_\_\_

SECTION VI, Part E. Lieutenants' meetings for New Position:

12. At any time since May 1, 1994, have you been directed or required to attend lieutenants' meetings?

- \_\_\_\_\_ No (Go to question 13)  
 \_\_\_\_\_ Yes (Please answer questions 12A, 12B, and 12C)

12A. Were you required to attend such meetings on your days off?

- \_\_\_\_\_ No  
 \_\_\_\_\_ Yes

If Yes, please list the dates: \_\_\_\_\_

If Yes, approximately how long did the meetings last? \_\_\_\_\_ minutes

If Yes, who directed you to attend these meetings? \_\_\_\_\_

12B. Were you required to attend meetings before or after your regularly scheduled shift?

- \_\_\_\_\_ No  
 \_\_\_\_\_ Yes

If Yes, please provide the dates: \_\_\_\_\_

If Yes, approximately how long did the meetings last? \_\_\_\_\_ minutes

If Yes, who directed you to attend these meetings? \_\_\_\_\_

12C. Were you ever compensated for attending these meetings?

- \_\_\_\_\_ No  
 \_\_\_\_\_ Yes, because the meetings were held during my regular shift.

\_\_\_\_\_ Yes, I received compensation in the form of straight time, overtime, comp. time (circle one) during the following periods: \_\_\_\_\_

12D. After May 1, 1994, were you directed to attend any open or "close-out" meetings before or after your scheduled shift, without being compensated for your attendance?

Yes\_\_\_ No\_\_\_

a. If Yes, please list the dates and lengths of these meetings, and identify, by name and position, who directed, assigned, or instructed you to attend them. Attach a typed list if space below is insufficient.

_____	_____	_____
Date of Meeting	Length of Meeting	Supervisor who directed, assigned, or instructed you to attend

_____	_____	_____
Date of Meeting	Length of Meeting	Supervisor who directed, assigned, or instructed you to attend

_____	_____	_____
Date of Meeting	Length of Meeting	Supervisor who directed, assigned, or instructed you to attend

_____	_____	_____
Date of Meeting	Length of Meeting	Supervisor who directed, assigned, or instructed you to attend

b. Was the direction to attend these meetings in writing? Yes\_\_\_ No\_\_\_

12E. Aside from lieutenants' meetings and open or "close-out" meetings which were listed in your answers above, were you directed or assigned to attend **any other** meetings (such as Department Head or Warden's meetings) on your days off or before or after your shift and for which you were not paid overtime pay? If Yes, indicate the length of the meeting, place a check showing when it occurred, and answer (yes or no) if you were compensated for such time.

Yes\_\_\_ No\_\_\_

a. If Yes, please list the dates and lengths of these meetings, and identify, by name and position, who directed, assigned, or instructed you to attend them. Attach a typed list if space below is insufficient.

_____	_____	_____	_____
Type of Meeting	Date of Meeting	Length of Meeting	Who instructed or directed you to attend
_____	_____	_____	_____
Type of Meeting	Date of Meeting	Length of Meeting	Who instructed or directed you to attend
_____	_____	_____	_____
Type of Meeting	Date of Meeting	Length of Meeting	Who instructed or directed you to attend
_____	_____	_____	_____
Type of Meeting	Date of Meeting	Length of Meeting	Who instructed or directed you to attend

b. Was the direction to attend these meetings in writing? Yes\_\_\_ No\_\_\_

If you have them, please attach copies of any written directions, assignments or instructions.

**SECTION VI. Miscellaneous for New Position**

13. Aside your claims in this court case, have you tried to obtain relief for these claims (such as by filing a grievance with BOP or UNICOR, a claim with the Comptroller General, or a claim in a prior BOP court case)?

- \_\_\_\_\_ No (Go to question 15A)
- \_\_\_\_\_ Yes (Please answer question 14)

14. Please identify any type of relief you have sought, the dates you tried to obtain it, explain any outcome, and provide us with any explanatory documentation if you have not already done so.

\_\_\_\_\_

\_\_\_\_\_

15A. Besides yourself, are there any witnesses, friendly or not, who have first-hand knowledge or information which could support your claim for compensation for pre-shift/postshift activities?

- \_\_\_\_\_ No (Go to question 16)
- \_\_\_\_\_ Yes (Please answer question 15B)

15B. If Yes, please specify what each witness could testify to:

Ex.	<u>Joe Smith, Warden</u>	<u>ordered me to work before my shift started</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL NOTES AND COMMENTS

Please add any additional information not asked in this or the previous questionnaires that may help your claims.

VERIFICATION STATEMENT

**In accordance with 29 U.S.C. §1746, I declare under penalty of perjury that the answers in this questionnaire are true and correct to the best of my knowledge, information, and belief. I understand that my questionnaire will be presented to the Government’s attorneys in my court case and may be presented to the Court.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name printed or typed

After signing and dating this questionnaire, make a copy for yourself. Then mail the signed, completed questionnaire, along with any supporting documentation, to:

Attn: BOP3  
Alan Banov, Esq.  
Alan Banov and Associates  
1400 K Street, N.W., Suite 1000  
Washington, D.C. 20005-2403

Please do not fax this questionnaire, since we need the signed original. Questions may be addressed to Norberto Salinas, Nathifa Gregory, or Clinton Cole at 202-842-9332 or ab@banovlaw.com.