



**THE L.E. MYERS CO.
401 CHESTNUT STREET
SUITE 120
CHATTANOOGA, TN 37402**

I, _____, have read and understood that as an
(print name)
employee of The L.E. Myers Co. working on TVA (Tennessee Valley Authority)

property, I am able to do the following:

- **PASS CHEMICAL SCREENING (DRUG & ALCOHOL)**
- **OSHA 10 QUALIFIED**
- **ABLE TO WORK IN ADVERSE WEATHER CONDITIONS**
- **ABLE TO WORK IN ADVERSE TEMPERATURE CONDITIONS**
- **ABLE TO WORK IN AIREAL LIFTS AND HEIGHTS**
- **ABLE TO WORK FROM SCAFFOLDS / PLATFORMS**
- **ABLE TO UTILIZE STAIRS AND CLIMB LADDERS**
- **ABLE TO WORK IN DUSTY / DIRTY CONDITIONS**
- **ABLE TO LIFT AND CARRY 50 LBS. OR 25% OF MY BODY WEIGHT, WHICHEVER IS LESS.**

I also hereby state that I am not taking any medications that would prevent me from safely performing the assigned work.

(signature of employee)

Date _____

NON-CDL

36-1517230



New Hire Information

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074
2010

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Type or print your first name and middle initial. Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. ◆ Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ◆ This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)

MYR Group Inc. is herein referred to as the "Company."
 Home Phone Number: _____ Date of Birth _____
 Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.
 Yes No
 Name of person to contact in case of emergency: _____ Phone Number: _____

AFFIRMATIVE ACTION

Government agencies require periodic reports on the gender, race, color, and national origin of applicants and employees. This information is for statistical analysis with respect to the success of the Company's affirmative action program under Executive Order 11246. Submission of this information is voluntary.

- Check one: Male Female
 Check one: White/Caucasian Hispanic/Latino Black/African American
 Asian (not Hispanic or Latino) Two or more races (not Hispanic or Latino) American Indian / Alaskan Native
 Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) Other

The Company is also a government contractor subject to both the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("VEVRAA"), which requires government contractors to take affirmative action to employ and advance in employment disabled veterans, recently separated veterans, and other protected veterans, and section 503 of the Rehabilitation Act of 1973, as amended ("Rehabilitation Act"), which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities. If you are a disabled veteran, recently separated veteran, or other protected veteran under VEVRAA, or a qualified individual with a disability under the Rehabilitation Act, we would like to include you under our affirmative action program. If you would like to be included, please tell us. See VEVRAA Section on page 2 for more information.

- Disabled Veteran Recently Separated Veteran one and three years Vietnam Era
 Qualified Individual with a Disability Armed Forces Service Medal Veteran Special Disabled Veteran
 Other Protected Veteran

Driver's License Information

A. License No. _____ B. State: _____ C. Class: _____
 D. Expiration Date: _____
 E. Restrictions: _____

I Do I Do Not hold a Commercial Driver's License (CDL)
 Are you a "new entrant" CDL holder having received your CDL for the first time after 7-20-03? Yes No
 If "Yes," did you receive Entry Level Driver's Training from one of your previous employers? Yes No

Member of Union? Yes No Classification: _____ Local: _____ Rate: _____
Electrical License/Permit No. _____ Exp. Date: _____ Type: JW or Master _____ Issuing State: _____

Have you ever worked for any MYR Group Inc. company? Yes No

A. When: _____

B. Where: _____

C. Reason for Leaving: _____

D. Did you have any safety violations while employed by any MYR Group company? Yes No

VEVRAA

Under VEVRAA, the term "disabled veteran" refers to (i) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability. The term "recently separated veteran" refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty. The term "other protected veteran" refers to (i) a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense, or (ii) a person who, while serving on active duty, participated in a military operation for which a service medal was awarded.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways consistent with VEVRAA or the Rehabilitation Act. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans or qualified individuals with a disability, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment, and (iii) government officials engaged in enforcing laws administered by OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

The Company affirmatively seeks the employment and advancement in employment of disabled veterans, recently separated veterans, other protected veterans, and qualified individuals with disabilities. Such affirmative action applies to all employment practices, including hiring, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Company employs various outreach and positive recruitment practices that are designed to attract disabled veterans, recently separated veterans, other protected veterans, and qualified individuals with disabilities not currently in the work force who have requisite skills.

If you are a disabled veteran under VEVRAA or an individual with a disability under the Rehabilitation Act, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.

PERFORMANCE OF ESSENTIAL FUNCTIONS

Can you perform all of the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If "YES" with a reasonable accommodation, please explain:

If "NO," please explain:

HOW DID YOU HEAR ABOUT THIS POSITION?

- Newspaper Employee Referral: _____ Job Fair Placement Firm
 Website Other : _____

RETURN

Document No. W410.06

Rev. 1-29-2009

EMPLOYMENT HISTORY

All driver applicants to drive a commercial motor vehicle (390.5 less than 26,001 lbs.) in intrastate / interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code. All applicants possessing a Commercial Driver's License (CDL) to drive a commercial motor vehicle shall also provide an additional 7 years information on all employers. List complete mailing address, street number, city, state, and zip code.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.
RESUME MUST ALSO BE ATTACHED.

LAST EMPLOYER NAME: _____

ADDRESS: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 Yes No

LAST EMPLOYER NAME: _____

ADDRESS: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 Yes No

LAST EMPLOYER NAME: _____

ADDRESS: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 Yes No

LAST EMPLOYER NAME: _____

ADDRESS: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: _____

Job was designed as a Safety Sensitive Function subject to drug/alc testing 49 CFR Part 40 Yes No

DRIVER'S LICENSES - PAST THREE YEARS

DRIVERS LICENSES	STATE	LICENSE NO.	CLASS	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

B. Has your license, permit, or privilege to drive ever been suspended or revoked? Yes No

If the answer to A or B is yes, give details:

List all states you have worked in and driven in during the past five years:

List any special courses or training you have had that will help you as a driver:

RETURN

Document No. W410.06

Rev. 1/1/2010

**TRAFFIC CONVICTIONS AND FORFEITURES - PAST THREE YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATIONS	DATE	CHARGE	PENALTIES

DRIVING EXPERIENCE

	TYPE OF EQUIPMENT	APPROXIMATE DATE	APPROX. NO. OF TOTAL MILES	EXPIRATION DATE
Straight Truck				
Truck with Trailer				
Tractor with Trailer				
Doubles / Triples				
Other				

ADDRESSES - PAST THREE YEARS

Street _____ City _____ State & Zip Code _____
 How Long? _____

Street _____ City _____ State & Zip Code _____
 How long? _____

CURRENT D.O.T. HEALTH CARD: _____

Exp. Date: _____

ACCIDENT RECORD - PAST THREE YEARS

	DATES	Nature of Accident (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES / INJURIES
Last Accident			
Next Previous			
Next Previous			

GENERAL COMPANY POLICIES

It is mandatory that any employee who is unable to report to work notify the Company. Notification should be made as required within your departmental assignment. Direct notice to your supervisor is requested. When it is necessary to leave the information with the receptionist or answering service, make sure both your departmental assignment and the name of your supervisor are stated in the message.

- Every employee has an obligation to himself and his co-workers to be familiar with and use safe working procedures. The Company maintains a full-time safety department for the purpose of monitoring and implementing safe working practices. Employees are encouraged by the management and all supervisory personnel to use the safety materials available in our program.
- Employees who operate company vehicles and equipment are responsible for operating them at all times in a safe and law-abiding manner. A valid driver's license representative of the weight and class of vehicle to be driven must be held by anyone who drives a company vehicle. Violations of state and local driving laws are also violations of company policy.
- Company owned equipment is to be operated for work related purposes and only with the knowledge and approval of supervisory personnel.
Any employee determined to be in violation of safe working practices will be subject to disciplinary action and/or termination.

NOTICE TO EMPLOYEES

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,001 pounds, and to any vehicle, regardless of weight, transporting hazardous materials.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier AND state which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial motor vehicle (382.107) driver who possesses a commercial driver's license must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial vehicle, or who is disqualified from operating a commercial vehicle, must advise the motor carrier the next business day after receiving notification.

PENALTIES

Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any privilege to operate a commercial vehicle can result in criminal penalties not to exceed \$5,000 and/or 90 days in jail.

NOTICE (49 CFR Parts 380, 390, and 391)

1. If a driver refuses to provide written consent to contact their previous employers, he/she will not be allowed to operate any vehicles greater than 10,000 lbs. GVW/GCVW.
2. A driver has the right to review the information provided by the previous employers, the right to have errors corrected by the previous employers, and the right to have a rebuttal statement attached to the alleged erroneous information. This request must be submitted in writing to the prospective employer, which may be done when applying, or as late as 30 days after being employed.

Previous employers who fail to respond to request for inquiry will be reported to the FMCSA in accordance with procedures specified in 386.12. All requests for information will be retained in drivers investigation file as a good faith effort documentation to obtain required information.

ACKNOWLEDGEMENT TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on and information in are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my driving record, drug/alcohol testing record, employment history and other related matters as may be necessary for my employment. I hereby release employers, schools or persons from liability in responding to inquiries in connection with my application. I understand that false or misleading information given on this application can result in a denial of employment or discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by law. I further certify that I have read the "Notice to Employees" on this application and understand the driver provisions of the Commercial Vehicle Safety Act of 1986, including additional provisions added in 2004. I also certify that I have received a copy of the following Company Policies and understand that failure to comply with any aspect of these policies may result in disciplinary action, up to and including termination.

MYR Group Inc. General Company Policies, Code of Ethics Policy, Drug Free Workplace Policy, Disciplinary Policy

NOTHING IN THIS APPLICATION OR ANY OTHER POLICY, PROCEDURE, PRACTICE OR BENEFIT IS INTENDED TO CREATE AN EXPRESS OR IMPLIED CONTRACT, GUARANTEE, PROMISE, OR COVENANT. EXCEPT WHEREVER EXPRESSLY WRITTEN, EMPLOYMENT BY THE COMPANY IS AT WILL, MEANING IT MAY BE TERMINATED BY THE EMPLOYEE OR THE COMPANY AT ANY TIME WITHOUT NOTICE, CAUSE, OR ANY SPECIFIC PROCEDURES.

Date

Date

Employee Signature

Supervisor Signature

EQUAL OPPORTUNITY EMPLOYER

The Company does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

RETURN

Document No. W410.06

Rev. 1/1/2010

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What is the filing fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Blank Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Authority for Collecting Information

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 08/07/09) Y Page 2



An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) The L.E. Myers Co., 401 Chestnut Street Suite #120, Chattanooga, TN 37402		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p>	<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>		<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>3. School ID card with a photograph</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>4. Voter's registration card</p>	<p>5. Native American tribal document</p>
	<p>5. U.S. Military card or draft record</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
	<p>6. Military dependent's ID card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
	<p>8. Native American tribal document</p>	
	<p>9. Driver's license issued by a Canadian government authority</p>	
	<p>For persons under age 18 who are unable to present a document listed above:</p>	
<p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>	<p>10. School record or report card</p>	
	<p>11. Clinic, doctor, or hospital record</p>	
	<p>12. Day-care or nursery school record</p>	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form I-9 (Rev. 08/07/09) Y Page 5

ATTACHMENT X

**CERTIFICATION REQUIRED FOR SUBSISTENCE ALLOWANCE PAYMENTS FOR WORK
PERFORMED UNDER TVA PROJECT LABOR AGREEMENTS
(Page 1 of 2)**

I understand that TVA and The L. E. Myers Co. rely on the following information for determining eligibility for Subsistence Allowance Payments made to me under Contract 27657.

In order for The L. E. Myers Co. to be entitled to reimbursement from the Tennessee Valley Authority (TVA) for payments to me of Subsistence Allowance Payments during my employment at a TVA work location, I understand that:

- a) Employees engaged in construction, maintenance, and modification of transmission facilities, whose temporary work location is changed throughout the work area, will be eligible for a subsistence allowance (as specified in the TVA Project Labor Agreements Other Payments, a copy of which has been provided to me) for each night when the foreman/supervisor determines that the temporary work location board town is more than 55 miles from the city or town of the employee's permanent residence (no receipt will be required).
- b) The employee and foreman/supervisor will sign the timesheet certifying that all eligibility requirements are met for the travel subsistence.

Note: Required Lodging - At any time the contractor specifies that overnight lodging is required, the employee will be paid the subsistence allowance for each night lodging is obtained and occupied while working on that assignment regardless of distance to permanent residence.

Name: _____

Permanent Residence Address: _____

County: _____

Phone with Area Code: _____

I hereby certify that the permanent residence address provided above is my Permanent Residence.

I hereby certify that the permanent residence address provided above is my legal residence in accordance with the laws of the state in which my permanent residence is located.

I understand that Post Office Box Numbers are not acceptable as a permanent residence address.

I understand that I will be required to provide The L. E. Myers Co. with a copy of my driver's license or other documentation as proof of permanent residency address.

**CERTIFICATION REQUIRED FOR SUBSISTENCE ALLOWANCE PAYMENTS FOR WORK
PERFORMED UNDER TVA PROJECT LABOR AGREEMENTS
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I understand that I must recertify eligibility if there are any changes which affect the validity and accuracy of the information provided herein, and I will immediately notify The L. E. Myers Co. by submitting a revised certification. I also understand that I must recertify eligibility on an annual (anniversary) basis or as required by The L. E. Myers Co. to continue to receive Subsistence Allowance Payments.

I acknowledge that in addition to any statutory penalties which may be imposed, I agree to reimburse TVA or Contractor for any Subsistence Allowance Payments made to me as a result of any false statement willfully and knowingly made herein. I will also reimburse TVA or Contractor for payments made to me for which I am not eligible as a result of my failure to notify The L. E. Myers Co. of a change in the information provided herein which affects my eligibility for Subsistence Allowance Payments.

I understand that TVA is an agency of the United States Government; that this certification is made to The L. E. Myers Co. and TVA; and that I am subject to criminal prosecution under 18 U.S.C. § 1001 for any false statements contained herein.

X _____
Printed Name of Employee (or Subcontractor)

X _____
Employee No. or SSN (as applicable)

X _____
Signature

X _____
Date



Contractor Review/Approval Date

MYR GROUP

Human Resource Policy Statement

Topic: Drug Free Work Place
Section: HR 04.50

DFWP Acknowledgement of Receipt of Policy and Consent to Testing

I certify that I have received and understand the Company's Drug-Free Workplace Policy.

I agree to comply with the company's policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination.

I consent to submit to drug and/or alcohol testing as outlined in the company's policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have urine specimens tested for drugs at a U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (DHHS/SAMHSA)-certified laboratory.

I consent to the release of the drug and/or alcohol test results in accordance with the company policy to the selected Medical Review Officer (MRO), to the company's third-party administrator (currently Pinkerton Services Group-Health Services Division), to and within the company on a need-to-know basis, and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I will be given an opportunity to discuss a positive drug test result with the MRO before the result is reported to the company as a verified positive.

In the event of a post-accident test, the drug and/or alcohol test result(s) may also be provided to the workers' compensation insurance carrier.

Employee Name: _____ Date: _____

Employee Social Security Number: _____

Employee Signature: _____

Company Name: _____

I am the parent/guardian of _____, and I acknowledge that I understand the company's Drug-Free Workplace Policy. I hereby consent to his/her participation in the company's Drug-Free Workplace Program.

Parent/Guardian Signature: _____ Date: _____

NOTE: THIS CERTIFICATE SHOULD BE RETAINED IN A SECURED FILE.

Prepared by: D.K. Shaw	Approved by: W. A. Koertner	Date Issued: 12/04/09	Supersedes: 07/20/06	Page: 9 of 11
				

**Certificate of Compliance
MYR Group Inc. Code of Ethics
(Policy HR 4.40)**

Personal Statement of Compliance:

Each employee of MYR Group Inc. or any of its subsidiary companies (hereinafter MYR Group Inc. and its subsidiary companies are collectively referred to as the "Company") is responsible for complying with MYR Group Inc.'s Code of Ethics (Policy Statement HR 4.40). Each employee is obligated to report any activities that may conflict with this policy and failure to do so will be considered a violation of the policy. A copy of the policy is attached. By checking the "yes" box below, I specifically acknowledge and agree that:

- a. I have read the policy and fully understand its contents;
- b. I have had the opportunity to ask any questions to and/or seek clarification from appropriate Company representatives regarding the policy; and
- c. To the best of my knowledge and belief, I have not engaged in any activities over the last twelve months which are inconsistent with or are in conflict with the guidelines set out in the policy.

I understand that submission of this statement at this time does not relieve me of the responsibility to disclose promptly at other times any actual or potential exception to the policy statements.

Yes No If you checked "No" or have any information to disclose, please explain:

Personal & Family Business Relations with the Company:

The Company respects the rights of its employees to engage in activities outside the normal scope of their employment, provided such activities do not conflict with the employees' ability to perform their job duties. In order to confirm compliance and advise employees on potential or perceived conflicts of interest, we ask that if you have employment or business interests other than the Company, do you own any interest in or receive any compensation from any other business entity which does business or is seeking to do business with the Company as an owner, supplier, contractor, subcontractor, customer, leasing company, etc.?

Yes No

If yes, please give the name of the business: _____

To the best of your knowledge, does a member of your immediate family (spouse, children, parents, spouse's parents, brother, sister, spouse's brother, spouse's sister) or any member of your household serve as a director, officer, employee, consultant, or agent of an organization which has or seeks to have a business relationship with the Company as an owner, supplier, contractor, subcontractor, customer, leasing company, etc.? Yes No

If yes, please give the name of the business: _____

Compliance of Others:

Each employee has the responsibility to report conflict of interest situations and actual or suspected violations of the Code of Ethics. You can report any suspected violations to the Code of Ethics which you perceive involve other employees by either responding to the questions below or if you wish to remain anonymous, reporting any items by calling the Employee Hot Line, My Safe Workplace (1-800-736-8873) and leave the boxes below unchecked.

Do you have any knowledge of: (Please provide an explanation for any "yes" answers)

- Any significant unreported conflict of interest situations? Yes No
- The use of corporate assets for any unlawful purpose? Yes No
- Any improper or unlawful failure to disclose or record assets or liabilities of the Company? Yes No
- Any false entries made on the books or records of the Company? Yes No
- The unlawful use of Company funds or assets for political purposes? Yes No

If you answered "yes" to any of the above questions, please explain your answer below.

Name (Print): _____ Signature: _____ Date: _____

MYR GROUP

Human Resource Policy Statement

Topic: Drug Free Work Place

Section: HR 04.50

PURPOSE AND COVERAGE

MYR Group Inc. and its subsidiary companies (the "Company") values its employees and customers and recognizes the need for a safe, productive and healthy work environment. Employees who abuse drugs and/or alcohol are less productive, less dependable, and are a critical threat to the safety, security and welfare of the Company, its employees, customers, and vendors as well as the public. The establishment of a Drug-Free Workplace Policy (the "Policy") is consistent with the Company's desire to provide a safe, productive work environment for its employees, and is in compliance with 41 U.S.C. §§ 701-707.

Accordingly, it is the policy of the Company to maintain a workplace free from the use and abuse of drugs and alcohol. **To do so, the Company requires that all employees and applicants for employment comply with the terms of this Policy as a condition of employment and continued employment.**

This Policy will supplement any existing drug and alcohol policy that is required by a client and/or mandatory testing by a Federal or State Agency or a collective bargaining agreement. Where this policy becomes a supplement, the more stringent requirement of the two policies will prevail, if allowed by the other document. Employees who are leased or subcontracted to clients may be required to be tested if required under the client's policy, and the policy complies with applicable law. **This Policy, by its terms, also covers applicants insofar as applicants, after a conditional offer of employment has been made, are required to consent to, take and participate in a pre-employment test.** Applicants, however, are not entitled to participate in any Employee Assistance or Rehabilitation Program offered by the Company to its employees. If questions arise regarding this Policy, please direct them to your supervisor or Human Resources.

NON-DISCRIMINATION

In accordance with the requirements of the Americans with Disabilities Act, the Company does not discriminate against employees or applicants who are qualified individuals with a disability who are not currently engaged in use of illegal drugs and who do not otherwise violate the provisions of this Policy, including but not limited to individuals who: 1) have successfully completed or who are currently participating in a supervised rehabilitation program and are no longer engaging in such use; or 2) have otherwise been rehabilitated successfully and are no longer engaging in such use.

INSPECTIONS

The Company reserves the right to inspect all Company vehicles, premises (including all work sites), and property (including offices, desks, lockers and other repositories), and the employee's personal effects (such as lunch boxes/bags, purses, gym bags, backpacks, handbags, briefcases, packages or coats) where there is reasonable cause to believe that an employee has violated this Policy. This Policy will extinguish and eliminate any continuing expectation of privacy where reasonable cause exists to believe that there has been a Policy violation. Where reasonably practical, inspections will be conducted in the presence of the employee implicated in the potential Policy violation.

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Human Resource Policy Statement

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Section: HR 04.50

DEFINITIONS

Drug means a controlled substance, as defined in Schedules I through V of Section 202 of the Controlled Substances Act, 21 U.S.C. § 812, including cocaine, opiates, marijuana, amphetamines, phencyclidine (PCP). The term "illegal drug" does not include the use of a drug obtained and taken under supervision by and in accordance with prescriptions issued by a licensed health care professional and other drugs otherwise authorized to be used under the Controlled Substances Act.

Under the influence of alcohol means (1) the presence of alcohol in the individual's system which equals or exceeds a blood alcohol content (BAC) of .04; or (2) behavior, appearance, speech, or bodily odors that lead a supervisor or manager to reasonably suspect that the employee is impaired by alcohol during working time or on the Company premises.

Under the influence of drugs means (1) the presence of any detectable amount of an illegal drug or its metabolites demonstrated by a verified positive drug test result, or (2) behavior, appearance, speech, or bodily odors that lead a supervisor or manager to reasonably suspect that the employee is impaired by illegal drugs or is using illegal drugs during working time or on the Company property.

During working time means time during which the employee is being paid to work for or represent the Company or the employee is in fact representing the Company's interests. The terms also include all paid break and meal periods and anytime while operating Company vehicles or equipment.

Safety-sensitive position means a job, including any supervisory or management position, in which impairment caused by drug or alcohol usage, would threaten the health or safety of any person.

TESTING

The Company reserves the right, within the limits of federal and state laws, to examine and test for the presence of drugs and/or alcohol. Under the conditions of this Policy, **applicants for employment or employees may be asked to submit to a medical examination and/or submit to urine, saliva, breath, and/or blood testing for drugs and/or alcohol.** The types of testing performed by the Company include, but are not limited to, the following:

Pre-Employment/Pre-Placement

The Company makes all offers of employment subject to and conditioned on the applicant's: 1) consent to taking a drug and/or alcohol test; and 2) a negative test result. Applicants will be required to voluntarily submit to urinalysis, breath, blood or saliva drug and/or alcohol testing and sign a consent and testing appointment agreement. If the tests are positive or if the applicant refuses to undergo testing, the offer of employment will be withdrawn, provided that, where an

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offer is withdrawn on the basis of a positive alcohol test, the withdrawal is job-related and consistent with business necessity.

Post-Accident

A drug and/or alcohol test will be conducted on all employees involved in accidents occurring during work time or on the Company property. Covered accidents include, but are not limited to, accidents that the employee caused or contributed to that involves: 1) personal injury to employees or others which necessitates medical attention; or results in lost work time; and/or 2) damage to the Company, Client or Private property. Employees are expected to make themselves available for post-accident testing. If circumstances require an employee to leave the scene of an accident, the employee must make a good faith attempt to be tested and to notify the Company of his or her location. Any employee who fails to report any work-related accident is in violation of this Policy and is subject to disciplinary action, up to and including termination. Under certain state laws, employees testing positive may be ineligible for workers' compensation benefits. Alcohol and drug tests shall be administered within two (2) hours of an accident. If for any reason the test cannot be completed within the specified time limit, a written explanation must be sent to the Drug Program Coordinator immediately. Failure to comply with this section or failure to submit to the drug/alcohol will be construed as a positive test and may result in discipline, up to and including discharge.

Random

All employees will be subject to unannounced drug and/or alcohol tests on a random selection basis. Random selection basis means a mechanism for selection of employees that: 1) results in an equal probability that any employee from a group of employees subject to the selection mechanism will be selected, and 2) does not give the Company discretion to waive the selection of any employee selected under the mechanism.

Reasonable Cause

Employees will be asked to submit to a drug and/or alcohol test if reasonable cause exists indicating that the employee is under the influence of illegal drugs or alcohol. Reasonable cause means a basis for forming a belief based on specific facts and rational inferences drawn from those facts. The attached "Drug and Alcohol Suspicion Checklist" will be utilized when a reasonable cause exists. Any supervisor that questions employees for reasonable cause should have at least sixty (60) minutes of training on alcohol misuse and sixty (60) minutes of training on controlled substance use.

Mandatory

All employees will be subject to drug and/or alcohol testing on or about the effective date of this Policy.

POLICY PROHIBITIONS

Employees are strictly prohibited from engaging in the conduct listed below. Any violation of this Policy may result in discipline up to and including termination of employment.

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1. With respect to illegal drugs, employees violate this Policy by engaging in the following conduct, whether or not during work time or on the Company's or a client's premises or property:
 - a) bringing and/or storing (including in a desk, locker, automobile, or other repository) illegal drugs or drug paraphernalia on the Company's premises or property, including the Company's owned or leased vehicles, in vehicles used for the Company purposes or a customer's premises;
 - b) having possession of, being under the influence of, testing positive for, or otherwise having in one's system, illegal drugs;
 - c) using, consuming, transporting, distributing or attempting to distribute, manufacturing, selling or dispensing illegal drugs;
 - d) a conviction or plea of guilty relative to any criminal drug offense. All employees must notify the Company in writing of any criminal drug conviction no later than five (5) calendar days after such conviction;
 - e) abuse of prescription drugs which includes exceeding the recommended prescribed dosage or using others' prescribed medications;
 - f) switching, tampering with or adulterating any specimen or sample collected under this Policy, or attempting to do so;
 - g) refusing to cooperate with the terms of this Policy which includes submitting to questioning, drug testing, medical or physical tests or examinations, when requested or conducted by the Company or its designee, is in violation of the Company's Policy and subject to disciplinary action, up to and including termination. A refusal to test includes conduct obstructing testing such as failure to sign necessary paperwork, failing to report to the collection site at the appointed time and failing to be reasonably available for a post-accident test;
 - h) failure to consent to, participate in and abide by the terms and recommendations of any Employee Assistance Program (EAP) or rehabilitation program to which the Company makes a referral, including but not limited to, failure to follow recommendations, if any, regarding behavior modification and abstinence. These failures are a violation of this Policy, as is any failure to be available for any prescribed continuing or follow-up sessions;
 - i) failure to advise a supervisor or manager of the use of a prescription or over-the-counter drug which may alter the employee's ability to perform the essential functions of his or her job is a violation of this Policy; or
 - j) failure of employees to notify his or her supervisor before going to work if he or she believes that he or she is under the influence of drugs.

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2. With respect to alcohol, employees violate this Policy by engaging in the following conduct during work time or on the Company's or client's premises or property:
- a) bringing and/or storing (including a desk, locker, automobile, or other repository) alcohol on the Company premises or property (for the purposes of consumption on Company premises or during working hours). For purposes of this policy, Company property includes Company owned or leased real estate, Company owned or leased vehicles or customer's premises.
 - b) having possession of, being under the influence of, testing positive for or having in one's system, alcohol;
 - c) using, consuming, transporting, distributing or attempting to distribute, manufacturing, selling or dispensing alcohol;
 - d) a conviction or plea of guilty relative to any criminal alcohol offense. All employees must notify the Company in writing of any criminal alcohol conviction no later than five (5) calendar days after such conviction;
 - e) switching, tampering with or adulterating any specimen or sample collected under this Policy, or attempting to do so;
 - f) refusing to cooperate with the terms of this Policy which includes submitting to questioning, alcohol testing, medical or physical tests or examinations, when requested or conducted by the Company or its designee, is in violation of the Company's Policy and subject to disciplinary action, up to and including termination. A refusal to test includes conduct obstructing testing such as failure to sign necessary paperwork, failing to report to the collection site at the appointed time and failing to be reasonably available for a post-accident test;
 - g) failure to consent to, participate in and abide by the terms and recommendations of any Employee Assistance Program (EAP) or rehabilitation program to which the Company makes a referral, including but not limited to, failure to follow recommendations, if any, regarding behavior modification and abstinence. These failures are a violation of this Policy, as is any failure to be available for any prescribed continuing or follow-up sessions; or failure of employees to notify his or her supervisor before going to work if he or she believes that he or she is under the influence of alcohol.

There may be occasions when it is permissible to consume reasonable amounts of alcohol on the Company property during work time, if an authorized member of the Company's management authorizes the consumption of alcohol, in advance, and in writing to the employees. Examples of occasions that might qualify for exemption include the Company functions or business functions, consumption after business hours (after 5:00 p.m.). Discretion in the use of alcohol is advised and in no event should the person's consumption render the employee to be "under the influence" as described by State limits.

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Notwithstanding the foregoing exceptions, employees understand that it is a violation of this Policy to drive any vehicle if a manager has reasonable cause to believe that an employee authorized to consume alcohol under this section is under the influence of alcohol, or the employee believes that he or she is under the influence of alcohol. Managers or employees who find themselves in these circumstances are expected to ensure that the involved employee or employees do not drive, but instead take a taxicab and/or stay at a hotel.

CONSEQUENCES FOR POLICY VIOLATIONS

Employees who engage in any of the prohibited conduct listed above are in violation of this Policy and are subject to discipline, up to and including termination and at the Company's sole discretion. While the discipline imposed will depend on the circumstances, and the Company reserves the right to determine, at its discretion, discipline imposed; ordinarily drug/alcohol related offenses will result in immediate termination.

Finally, employees for post-accident or reasonable cause testing will be removed from his or her position and receive a non-disciplinary suspension until the Company receives the test results. Employees will not be compensated for time missed from work if the test is positive, but will be compensated if the test is negative.

VOLUNTARY TREATMENT AND COUNSELING

We encourage all employees who need assistance in dealing with alcohol or drug abuse dependency problems to seek counseling through the various private and public agencies that are available. Employees who come forward to request treatment or leaves of absence for treatment will not be subject to discipline. Costs associated with any rehabilitation program may be covered by the employee's medical insurance plan; however, any costs not covered by the employee's medical insurance plan and which are not otherwise required to be paid by any applicable plan are entirely the employee's sole responsibility. The Company will comply with any applicable medical leave law, disability discrimination law or applicable leave policy in the event leave is requested. Except as otherwise required by such laws or policies, the Company cannot guarantee that the employee will return to the same or a comparable position upon return to duty.

Employees may not escape discipline by first requesting such treatment and/or leaves after being selected for testing by the Company's Third Party Administrator (either prior to or after such notification to the employee) for testing or violating the Company's policies and rules of conduct. Nor will such requests, leaves or participation in treatment or counseling excuse employees from compliance with normal standards of performance or conduct. Requests for voluntary treatment or counseling and related matters will be kept confidential in accordance with any applicable federal and/or state law requirements.

CONFIDENTIALITY AND PRIVACY

All drug and alcohol test results are reported to the Company's DPC and will remain and be considered confidential. Results will only be disclosed within the Company and on a need-to-know basis and as

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allowed by law and retained in a secure location with controlled access. Information about an employee's medical condition or history obtained in connection with a drug and alcohol test will be kept in a file separate and apart from the employee's personnel file. The release of an individual's drug and alcohol test results and other information gained in the testing process will only be otherwise disclosed in accordance with an individual's written authorization or as otherwise required by applicable law.

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The Company will attempt to ensure that all aspects of the testing process, including specimen or sample collection, are as private and confidential as reasonably practical. Employees or applicants will not be observed while providing a urine specimen unless there is reason to believe the employee or applicant has tampered with, adulterated, switched or attempted to tamper with, adulterate or switch a urine specimen.

EDUCATION AND TRAINING

The Company has available information, education and training regarding problems associated with drug and alcohol abuse in the workplace and otherwise. One important source of information is the "Employee's Education Manual." We also provide training for supervisors and managers through, among other things, the "Supervisor's Training Manual."

CONSENT

As a condition of continued employment, employees must sign a consent form (a copy of which is attached hereto and made a part hereof).

RESERVATION OF RIGHTS

This Policy supersedes and revokes any other Company practice or policy relating to the use of drugs and alcohol in the workplace and drug and/or alcohol testing. The Company reserves the right to interpret and administer this Policy, and at any time and at its sole discretion, amend, supplement, modify, revoke, rescind or change this Policy, in whole or in part, with or without notice and with or without consideration. This Policy is not an express or implied contract of employment nor is it to be interpreted as such. Additionally, this Policy does not in any way affect or change the status of any at-will employee. At-will employees continue to be free to terminate their employment or resign from employment at any time and the Company continues to be free to terminate employee, with or without cause, with or without notice, for any lawful reason or for no reason at all. Nothing in this Policy is a promise or guarantee or should be construed as a promise or guarantee that the Company will follow in any particular circumstances any particular course of action, disciplinary, rehabilitative or otherwise.

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Human Resource Policy Statement

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DFWP Acknowledgement of Receipt of Policy and Consent to Testing

I certify that I have received and understand the Company's Drug-Free Workplace Policy.

I agree to comply with the company's policy on drugs and/or alcohol and understand failure to comply is grounds for disciplinary action, up to and including termination.

I consent to submit to drug and/or alcohol testing as outlined in the company's policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have urine specimens tested for drugs at a U.S. Department of Health and Human Services/Substance Abuse and Mental Health Services Administration (DHHS/SAMHSA)-certified laboratory.

I consent to the release of the drug and/or alcohol test results in accordance with the company policy to the selected Medical Review Officer (MRO), to the company's third-party administrator (currently Pinkerton Services Group-Health Services Division), to and within the company on a need-to-know basis, and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I will be given an opportunity to discuss a positive drug test result with the MRO before the result is reported to the company as a verified positive.

In the event of a post-accident test, the drug and/or alcohol test result(s) may also be provided to the workers' compensation insurance carrier.

Employee Name: _____ Date: _____

Employee Social Security Number: _____

Employee Signature: _____

Company Name: _____

I am the parent/guardian of _____, and I acknowledge that I understand the company's Drug-Free Workplace Policy. I hereby consent to his/her participation in the company's Drug-Free Workplace Program.

Parent/Guardian Signature: _____ Date: _____

NOTE: THIS CERTIFICATE SHOULD BE RETAINED IN A SECURED FILE.

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ANTI-HARASSMENT POLICY

This policy applies to all employees of the MYR Group Inc. and its subsidiaries including; The L. E. Myers Co., Sturgeon Electric Company, Inc., Harlan Electric Company, and Hawkeye Construction Inc. (hereinafter referred to individually or collectively as the case may be, as the "Company"). It also applies to the employees of any contractor, supplier, business client, vendor, or customer that does business with MYR.

The Company is strongly committed to maintaining a work environment that is free from harassment by any co-worker, supervisor, or other person. This includes freedom from harassment because of a person's gender, age, race, color, national origin, religion or disability.

All harassment is specifically prohibited by the Company including sexual harassment. Sexual Harassment is defined as an unwelcome sexual advance or conduct of a sexual nature which adversely affects the terms and conditions of employment. Such adverse effects occur when:

- Submission to such unwelcome conduct is made either explicitly or implicitly a term or condition of employment.
- Submission to or rejection of such unwelcome conduct is used as the basis for employment decisions affecting an employee or applicant.
- Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive work environment.

To maintain a suitable work environment, the MYR Group prohibits the following conduct in the workplace:

- Sexual advances, flirtations, requests, threats or intimation for sexual behaviors, lewd comments, graphic verbal commentaries about an individual's body, comments or innuendoes regarding sexual behavior, and other vocal activity, such as catcalls and wolf whistles.
- Sexually suggestive gestures or conduct.
- Display of photographs, cartoons articles or other written materials or objects of a sexual nature in the workplace.
- Ethnic, racial, or religious slurs, offensive "jokes," or other statements or types of behavior which substantially interfere with an employee's work performance or create an intimidating, hostile or offensive work environment.

All acts of harassment in the workplace, whether or not specifically included in the above list, are considered a major offense and will be handled as a disciplinary matter.

In the furtherance of this commitment, the following policy has been established.

The Company disapproves of and will not tolerate harassment in its workplace. Therefore, it is unacceptable for any employee or other person to engage in conduct that includes unwelcome sexual advances, requests for sexual favors or implicit or explicit verbal or physical acts based on sex, or harassment because of an individual's gender, age, race, color, national origin, religion or disability.

Any employee engaging in such conduct will be subject to disciplinary action, including termination of employment. Any supervisor who knows of any type of harassment (including sexual harassment) or has a reasonable suspicion that such harassment is occurring or has occurred and fails to take action pursuant to this policy will be subject to discipline, including termination of employment. Any employee of a contractor, supplier, business client, vendor or customer who violates this policy will subject themselves and their employer to a change in relationship with the Company, including termination of that relationship.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of the Company to recruit, hire, train and promote individuals who are qualified for any position by reason of education, training, experience and personal characteristics, without regard to age, race, color, religion, sex, national origin, handicap when unrelated to performance of a specific job, or veteran status.

Recruitment and Hiring

In the recruitment and selection of employees, it is the policy of the Company to further the principles of equal employment opportunity by seeking talented and competent persons who are suited for the position available by reason of education, training, interpersonal skills and general ability. The Company will make this policy known to employment agencies, Company personnel and all recruiting sources used. In all solicitations and advertisements for employees, the Company will use or require the use of specific reference to its status as "An Equal Opportunity Employer", and will indicate its desire to consider both male and female applicants.

Promotions/Transfers

It is the policy of the Company that promotions are based on past performance and qualifications to perform additional functions and/or assume additional responsibilities, determined by objective standards.

Personnel Actions

It is the policy of the Company that all personnel actions, such as compensation, benefits, transfers, layoffs, return from layoff, Company sponsored training, education, and social programs will be administered without regard to age, race, color, religion, gender, national origin, handicap, when related to performance of a specific job, or veteran status.

Policy Administration

In order to further promote the Company policy of nondiscrimination and to promote the effective utilization of minority groups and female personnel, the Company has adopted and implemented an Affirmative Action Program. This program is periodically reviewed and communicated to all management personnel. In addition, Affirmative Action Programs have been prepared with respect to handicapped persons and veterans. The implementation of the Affirmative Action Plan shall be the responsibility of each manager and supervisor. The coordination and monitoring of the Affirmative Action Program has been entrusted to the Vice President Human Resources, or local Manager Human Resources (where applicable).

Policy Responsibility

All officers and managers are responsible for administration of this policy.

COMPLAINT PROCEDURES

Employees believing they have been unlawfully harassed or discriminated against or have witnessed violations of this policy, should report it immediately to their supervisor or the Vice President Human Resources. If it is the conduct of the supervisor that is being complained, the employee should report it promptly and directly to the Vice President of Human Resources. If for any reason the incident cannot be reported to one of these persons, it should be immediately reported to the Vice President and Chief Legal Officer of the Company.

Employees should refrain from gossip or complaints to persons within the Company other than those identified above.

It is in the best interest of all parties concerned that the identity of individuals who violate this policy are brought to the attention of the appropriate individuals so that the Company may investigate and fully resolve such matters.

Retaliatory action against an employee because the employee has filed a complaint or participated in an investigation pursuant to this policy will not be tolerated. Any employee who feels that retaliatory action has been taken because he or she complained of harassment or discrimination should also immediately report that action to a supervisor or the Director Human Resources.

All allegations will be investigated. The totality of the circumstances, the nature of the harassment, and the context in which the alleged incidents occurred will be considered in making this determination. Following such an investigation, the Company will determine what appropriate action will be taken, including disciplinary action, up to and including discharge.

Confidentiality regarding the individual's identity, as well as the record of the complaint of harassment and investigation will be maintained to every extent possible. Disclosure will only occur when circumstances warrant such as during the investigation of a complaint or in response to legal directives.

No reprisals will be taken against anyone who makes a harassment complaint.

Policy Responsibility

All officers and managers are responsible for administration of this policy.

FAMILY AND MEDICAL LEAVE (FMLA) POLICY

Eligibility for Leave

Any regular full-time or part-time employee, who has been employed by the Company at least twelve (12) months and has worked at least 1,250 hours during the twelve (12) months preceding the commencement of a leave of absence, is eligible for family or medical leave of absence if certain conditions are met. An employee, except for certain highly compensated employees, will be returned to the same or equivalent position.

Types of Leave

An eligible employee may take a leave for one or more of the following reasons:

Medical Leaves

The inability of the employee to perform the functions of his or her position due to a serious health condition or pregnancy disability.

Family Leaves

Father's attendance at birth of child

Parents care of a newborn son or daughter, if within twelve (12) months after birth of child

Placement of a son or daughter with the employee for adoption or foster care, if within twelve (12) months after date of placement

Care for a spouse, child (under 18 years or disabled) or parent of employee who has a serious health condition

Leave Procedures

If the necessity for the leave is foreseeable, an employee must notify the supervisor of the request 30 days prior to the anticipated leave. But in any case, notice is required as soon as practicable. If the leave is foreseeable based on a planned medical leave, the employee also must make a reasonable effort to schedule the treatment so as not to unduly disrupt Company operations. If the leave is unforeseeable, the employee is expected to give notice to the employer of the need for FMLA (Family and Medical Leave Act) leave as soon as practicable under the circumstances, i.e., within one or two working days.

An employee requesting leave must complete an "Application for Leave" and provide appropriate documentation, as may be requested, to verify the reasons for the leave. Any request for leave based on serious health condition, whether it involves the employee or a family member, must be made in a timely manner and be supported by medical certification with information such as the date the condition commenced, the probable duration of the condition and appropriate medical facts relating to the condition.

If the leave results from an employee's medical condition, the medical certificate must specify that the employee is unable to perform the functions of his or her job, including the duration of such a work restriction. For leaves stemming from the medical condition of a family member, the medical statement must specify that the employee is needed to care for the family member. In all cases of leave for serious health condition, the Company reserves the right to request a second medical opinion at Company expense.

Failure to provide notification and appropriate medical certification in a timely basis may result in delayed approval.

Length of Leave

Each employee may be granted an unpaid family or medical leave for a period up to twelve (12) weeks during any twelve (12) month period as defined by the Company, except where both spouses work for the Company. In this case, the spouses are limited to twelve (12) weeks of leave in total during any twelve (12) month period unless the leave is necessitated by the serious health condition of the employee or that of the employee's spouse or child.

Non-Exempt employees must use any earned vacation and paid time off (see Paid Time Off Non-Exempt and Salary Continuation Non-Exempt policies) at the beginning of any family or medical leave of absence. However, this does not extend the leave of absence period. Non-Exempt Employees on leave for their own serious health condition or that of their child, spouse or parent must use accrued sick leave.

Exempt employees are not required to use earned vacation (see Salary Continuation Exempt) at the beginning of any family or medical leave of absence. However, this does not extend the leave of absence period beyond twelve (12) weeks.

Benefits During Leave

An employee on an unpaid family or medical leave of absence will be retained on the Company health plan on the same condition as active employees, except that the employee must make arrangements with the Vice President Human Resources for payment of the employee's portion of the coverage premium. If the employee is on paid leave, appropriate deductions for health insurance will be made from the employee's paycheck.

In the event that an employee fails to return from family or medical leave, the employee will be liable for the premiums paid by the employer to maintain insurance coverage unless: (1) the employee's failure to return to work stems from the continuation, recurrence, or onset of a serious health condition of the employee or a family member; or (2) the failure to return stems from circumstances beyond the control of the employee.

Return From Leave

An employee (except for certain highly compensated employees) returning from leave will be reinstated to the same or an equivalent position upon the employee's return to work. Medical certification is required verifying an employee's ability to return to work. Failure to return to work on the day after the expiration of leave may result in termination of employment.

Reduced Work Schedule/Intermittent Leave

In a limited circumstance as described below, an employee who is eligible for family or medical leave may be permitted to work a reduced schedule or receive periodic time off from work.

In cases of a serious health condition of the employee or a family member, such leave may be permitted in circumstances when medically necessary. Appropriate medical certification will be required. However, where a reduced work schedule or intermittent leave is foreseeable based on planned medical treatment, the Company reserves the right to temporarily transfer the employee to a comparable position that better accommodates the employee's recurring periods of leave.

In other cases in which employees are eligible for family or medical leave, such as pregnancy disability and child care, adoption or placement of a child, the Company may review the individual circumstances involved in considering reduced schedule or intermittent leave requests. The Company may take into account the employee's length of service, number of requests, duties, work load and employee's job performance in making such decisions.

Any time-off, permitted based on a reduced work schedule or intermittent leave, will be treated in the same manner as absences under the family and medical leave policy, and such absences will be applied against the leave permitted under such policy.

USE OF COMPANY EQUIPMENT, VEHICLES AND TOOLS

Employees are prohibited from any unauthorized use of Company owned or leased equipment and vehicles (Company Equipment) or Company owned or leased tools (Company Tools).

Authorized use of Company Equipment shall be limited to:

- The use of the Company Equipment to perform work on behalf of the Company pursuant contract, work order or other work activities of the Company with or for a client or customer of the Company (Company Work);
- Transportation to and from the work site to the Company's office, show up or other location at which the Company Equipment is kept when not in use in performing Company Work; and
- Transportation to and from a location where authorized maintenance is to be performed on the Company Equipment.

Authorized use of Company Tools shall be limited to the performance of Company Work or for performance of authorized repair or maintenance work on Company Equipment or Company owned or leased properties and facilities.

Employees who have been assigned Company Equipment such as owned or leased cars, vans, pick-up trucks or other similar type of vehicle are authorized to use the vehicle for transportation to and from their work site and their residence (or such other location where they may be staying while working away from home, including for meals) and for other Company Work related requirements. Unless allowed by Company Policy, no personal use of such vehicle is permitted without prior written approval is obtained from the Company signed by a Vice President of the Company.

Only an authorized employee is permitted to drive or use Company Equipment including owned or leased cars, vans, pickup trucks or other similar type vehicles. No non-employee is permitted to operate any of these vehicles, unless allowed by Company Policy.

The operation and use of Company Equipment and Tools while under the influence of drugs and/or alcohol is strictly forbidden.

The employee acknowledges that any violation of this policy will result in disciplinary action up to and including termination.

PROPRIETARY INFORMATION

In consideration of my employment by the MYR Group companies, I hereby assign and agree to assign to said corporation all developments relating to the corporations business or to the corporations actual or demonstrably anticipated research or development or resulting from any work performed by me for the corporation. I further agree to disclose promptly to the corporation all such developments and to execute all papers to obtain Letter Patents for said developments in all countries and to vest title thereto in said corporation, its successors or assigns.

Family and Medical Leave (FMLA Leave)

MYR Group Inc. provides up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- Incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
- Serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or called to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Eligible employees may also take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty. The injury or illness must make the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, MYR Group Inc. maintains the employee's health coverage under any group health plan on the same terms as if the employee had continued to work. Employees must continue to pay their portion of any insurance premium while on leave. If the employee is able but does not return to work after the expiration of the leave, the employee will be required to reimburse MYR Group Inc. for payment of insurance premiums during leave.

Upon return from FMLA leave, most employees are restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Certain highly compensated employees (key employees) may have limited reinstatement rights.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave. Paid time off benefits will continue to accrue during the unpaid leave.

Eligibility Requirements

Employees are eligible if they have worked for MYR Group Inc. for at least 12 months and 1,250 hours over the previous 12 months.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a

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condition that either prevents the employee from performing the functions of the employee's job, or prevents a qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive full calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

The maximum time allowed for FMLA Leave is either 12 weeks in the 12-month period as defined by MYR Group Inc., or 26 weeks as explained above. MYR Group Inc. uses the 12-month period measured forward from the first day of an employee's leave. In cases where both spouses work for the company, the spouses are limited to 12 weeks of leave in total during any 12 month period unless the leave is necessitated by the serious health condition of the employee or that of the employee's spouse or child.

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt MYR Group Inc.'s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Employees taking intermittent or reduced schedule leave based on planned medical treatment and those taking intermittent or reduced schedule family leave with MYR Group Inc.'s agreement may be required to temporarily transfer to another job with equivalent pay and benefits that better accommodates that type of leave.

Substitution of Paid Leave for Unpaid Leave

Please refer to MYR Group Inc.'s Salary Continuation Policies (HR01.40 Non-Exempt and HR01.41 Exempt) to review the options available to you regarding MYR Group Inc.'s salary continuation benefits during FMLA.

Non-exempt employees must use all accrued and unused vacation and/or Paid Time Off entitlement prior to salary continuation benefits being paid. Non-exempt employees that do not have enough accrued and unused vacation and/or Paid Time Off available during the waiting period (the first 5 days of leave) will not receive compensation for that time. Use of accrued and unused vacation and/or Paid Time Off does not extend the leave of absence period. Non-exempt employees on leave for the serious health condition of that of their child, spouse or parent must use all accrued and unused vacation and/or Paid Time Off at the beginning of their leave.

Exempt employees are not required to use accrued and unused vacation entitlement at the beginning of any family or medical leave of absence; however, this does not extend the leave of absence period.

FMLA leave is without pay when paid leave benefits are exhausted.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as

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practicable and generally must comply with MYR Group Inc.'s normal call-in procedures.

Employees must provide sufficient information for MYR Group Inc. to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform MYR Group Inc. if the requested leave is for a reason for which FMLA leave was previously taken or certified.

Employees will be required to provide a certification and periodic recertification supporting the need for leave. MYR Group Inc. may require second and third medical opinions at MYR Group Inc.'s expense. Documentation confirming family relationship, adoption or foster care may be required. If notification and appropriate certification are not provided in a timely manner, approval for leave may be denied. Continued absence after denial of leave may result in disciplinary action in accordance with MYR Group Inc.'s attendance guidelines. Employees on leave must contact the Human Resources Department at least two days before their first day of return.

The Organization's Responsibilities

MYR Group Inc. will inform employees requesting leave whether they are eligible under FMLA. If they are, the notice will specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, MYR Group Inc. will provide a reason for the ineligibility.

MYR Group Inc. will inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If MYR Group Inc. determines that the leave is not FMLA-protected, MYR Group Inc. will notify the employee.

Unlawful Acts

FMLA makes it unlawful for MYR Group Inc. to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against MYR Group Inc.

FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights.

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DISCIPLINE POLICY

Exhibit A

BELOW IS THE SCHEDULE OF OFFENSES THAT ARE CONSIDERED SERIOUS ENOUGH TO WARRANT DISCIPLINARY ACTIONS. THE DISCIPLINE NOTED IS THE MINIMUM TO BE ADMINISTERED. THE "ACTIVE TIME PERIOD" IS THE MINIMUM TIME A VIOLATION IS TO STAY ON AN EMPLOYEES' RECORD.

	VIOLATION	FIRST OFFENSE	SECOND OFFENSE	THIRD OFFENSE	ACTIVE TIME PERIOD
1	SAFETY VIOLATION, LIFE THREATENING	WRITTEN WARNING. INSTRUCTION PRIOR TO RETURN TO WORK. MAY INCLUDE SUSPENSION OR TERMINATION.	TERMINATION		1 st . DNR – REHired ONLY WITH GVP APPROVAL 2 ND /DNR
2.	SAFETY VIOLATION NON-LIFE THREATENING	VERBAL WARNING. INSTRUCTION PRIOR TO RETURN TO WORK. MAY INCLUDE SUSPENSION OR TERMINATION.	WRITTEN WARNING. INSTRUCTION PRIOR TO RETURN TO WORK. MAY INCLUDE SUSPENSION OR TERMINATION	TERMINATION	DNR 12 MONTHS
3	UNDER INFLUENCE OF ALCOHOL OR DRUGS	PER DRUG AND ALCOHOL POLICY			DNR MINIMUM 24 MONTHS REHired ONLY WITH GVP APPROVAL
4	THEFT OF PROPERTY (employer, owner, public)	TERMINATION			DNR
5	FALSIFICATION OF TIME SHEET	TERMINATION			DNR 36 MONTHS
6	INSUBORDINATION	TERMINATION			DNR 12 MONTHS REHired ONLY WITH GVP APPROVAL
7	GROSS MISCONDUCT	TERMINATION			DNR
8	INAPPROPRIATE OR UNPROFESSIONAL CONDUCT	TERMINATION			DNR
9	MAJOR VIOLATION OF OTHER COMPANY POLICIES	TERMINATION			DNR 36 MONTHS REHired ONLY WITH CEO APPROVAL

*suspension is time off without pay
 Revised 12/13/01 for life threatening violations, 1st and second offences
 Revised 5-20-05 for life threatening violations, 1st offense. Must receive instructions prior to returning.
 Revised Non-Life Threatening violation, 1st and 2nd offence, must receive instructions after violations

12-13-01

Revised 7-27-06

DISCIPLINE POLICY

Notes:

1. Policy has been updated on May 20, 2005;
2. Violation #1, Life Threatening situations, now includes mandatory employee instructions prior to the return to the job;
 - a. If suspension or termination on first offense, can only be rehired with GVP approval.
3. Violation #2, Non-Life Threatening situations, now includes mandatory employee instruction prior to the return to the job for first and second offenses
4. The District Manager or his designee is responsible for the employee instruction for the safety violation. Such instruction must be documented in the employee's personnel file and entered into JD Edwards under "Employee Profile Data"; "Safety Training/Events" as "Instruct" with the date, type of instruction and instructor's name.

* suspension is time off without pay
Revised 12/13/01 for life threatening violations, 1st and second offenses
Revised 5-20-05 for life threatening violations, 1st offense. Must receive instructions prior to returning.
Revised Non-Life Threatening violation, 1st and 2nd offense, must receive instructions after violations

12-13-01

Revised 7-27-06

Exhibit B

Potential Life Threatening Examples (Not All Inclusive)

- **Failure to Wear Proper PPE When Required**
 - Rubber Gloves and Sleeves in Voltage Potential Situations
 - Lanyard / Harness when Working in Aerial Lifts
- Failure to Lock Out / Tag Properly
- Failure to Use Proper and Sufficient Line Cover
- Failure to Ground Properly
- Violation of Confined Space Regulations
- Violation of Trenching / Shoring Regulations

MYR GROUP

Human Resource Policy Statement

Topic: Code of Ethics
Section: HR 4.40

Policy

This policy exists to provide employees, vendors, competitors, unions, auditors, government entities and members of the general public with an official statement on how MYR Group Inc. and its subsidiaries (hereinafter referred to individually or collectively as the "Company") will conduct themselves in the marketplace.

The Code of Ethics (the "Code") adopted by the MYR Group Inc. Board of Directors, may from time to time be amended, is applicable to all directors, officers and employees of the Company and its subsidiaries.

A copy of the Code may be obtained by contacting the Company's Human Resources Department or from the Company's website at www.myrgroup.com.

Reporting and Accountability

The Board of Directors or Audit Committee of the Company is responsible for applying the Code to specific situations in which questions are presented to it and has the authority to interpret the Code in any particular situation. Any person who becomes aware of any existing or potential breach of the Code is required to notify their supervisor, the Chairman of the Board of Directors or Audit Committee promptly. Failure to do so is itself a breach of the Code.

Specifically, each person must notify the Company promptly of any existing or potential violation of the Code by reporting such existing or potential violation to their supervisor, manager, the Company's Human Resources Department, the Company's Legal Department or by calling the Company Employee Hotline at 800 461.9330.

Inquiries

All inquiries and questions in relation to the Code or its applicability to particular people or situations should be addressed to the Company's Secretary.

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Material Data Safety Sheet

On the Web at www.3eonline.com

MYR Group Inc. provides free access for all employees to review a comprehensive explanation and listing of the chemicals that employees may come in contact with while at the workplace. To get a copy of the Material Data Safety Sheet on these chemicals, follow the 4 easy steps below.

1. Use this information to Login

User Name: Password: MSDS

Minimum Requirements

Welcome to the NEW
To begin, please enter your
Should you have any questions,
corner or call 3E at 800-451-8346
instantly.

2. Select "Product Name"; "contains" and enter the first 3 or 4 letters of the product name and Click "SEARCH"

Product Name: Contains: Search for:

Product Name: ACETIC ACID, GLACIAL, OR ACETIC ANHYDRIDE
Action: Language: Revision Date: Nov 11, 2004
View: Email: English

3. Click on the MSDS you want to open, then click on the View, E-mail, or Fax window

Product Name: ACETIC ACID, GLACIAL, OR ACETIC ANHYDRIDE
Action: Language: Revision Date: Nov 11, 2004
View: Email: English

4. Fill in the information and Click "Send" or just Click view to open the MSDS for printing

Send MSDS by Fax

Required Field

Your Name:
Your Phone:
Message:
Fax to:
Country:
City/State/Zip:
Fax to:

Send