

R/V MELVILLE Dates of Cruise: 8 FEBRUARY - 12 MARCH 2007 CHIEF SCIENTIST: DR. JEFFREY GEE  
NAME: GEE

Last Name	First Name	Employer	Function on Cruise	Status ** 1 - 5	Citizenship	Passport Number	Date of Birth	Gender	Days at Sea	PAWS	D & A FORM	WAIVER	Signature* (Sign on ship prior to sailing)
Cande	Steven	UCSD	Scientist	1				m	35	X	X	N/A	
Carr	Janine	FUGRO	Technician	3				f	35	X	X	N/A	
<b>Gee</b>	<b>Jeffrey</b>	<b>UCSD</b>	<b>Chief Scientist</b>	<b>1</b>				<b>m</b>	<b>35</b>	<b>X</b>	<b>X</b>	N/A	
Hansen	Lars	Univ. Wyoming	Graduate Student	4				m	35	X	X	X	
Heckman	Kathryn	FUGRO	Technician	3				f	35	X	X	N/A	
Kent	Dennis	Rutgers/LDEO	Scientist	3				m	35	X	X	N/A	
Lanci	Luca	Univ. Urbino	Scientist	3				m	35	X	X	N/A	
Linseman	Jesse	FUGRO	Technician	3				m	35	X	X	N/A	
Newman	Kori	LDEO	Graduate Student	4				f	35	X	X	X	
Price	Mathew	FUGRO	Technician	3				m	35	X	X	N/A	
Schultz	Kurt	UCSD	Technician	1				m	35	X	X	N/A	
Vollmer	Beth	UCSD	Technician	2				f	35	X	X	N/A	
Zuschlag	Emelda	UCSD	Technician	1				f	35			N/A	

Cole	Drew	UCSD	Technician	1				m	35		X	N/A	
Laughlin	Jeff	UCSD	Technician	1				m	35		X	N/A	
Snow	Kathleen	UCSD	Technician	1				f	35		X	N/A	

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

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

\* This form is to be signed by every person who sails on any SIO ship, except regularly assigned members of the crew. Each person must sign to confirm designation of status on this cruise. (See reverse for *status* descriptions.) The Captain must not allow any person who has not done so to sail with this ship, without exception.

\*\* Status:

#### (1) PAID UC EMPLOYEE, ON DUTY

Note that at UCSD the decisive factor determining whether or not a person is a paid employee is whether that person receives compensation via the UCSD Payroll System. Students who also receive UCSD payroll compensation (e.g. graduate students with research assistantships) ARE paid employees in this sense. Non-payroll forms of compensation generally do NOT result in a ""paid employee"" with the associated Worker's Compensation coverage. It is the intent of this category to include only persons holding Worker's Compensation coverage. Persons employed at other UC units should verify that their employment status does in fact carry Worker's Compensation coverage.

*I hereby certify that I am a paid employee of the University of California, thus covered by Worker's Compensation, and that my presence aboard this ship for this cruise is in the course of my assigned duties.*

#### (2) UC VOLUNTEER

These persons volunteer their services to UC in order to participate in the work of the cruise. In the UCSD framework they may be from outside UCSD or may be normally employed at another UCSD unit but volunteering for purposes of this cruise. They must be appointed as Staff Volunteers by the business office of the UCSD unit to the benefit of which they are volunteering, because this status entitles them to Worker's Compensation coverage. Persons in volunteer status at other UC units should verify that their status in fact carries Worker's Compensation coverage.

*I hereby certify that I am a Staff Volunteer of the University of California, am covered by Worker's Compensation in that capacity, have submitted the proper forms for appointment as such a Volunteer, and that appointment has been approved.*

(3) EMPLOYEE OF ORGANIZATION OTHER THAN UC, ON DUTY

*I hereby certify that I am an employee (paid or volunteer) of (employer) and am covered by Worker's Compensation or equivalent insurance against injury while in that employment status, that my presence aboard this ship for this cruise is in the course of my assigned duties to that employer, and that that employer is responsible for all pay that may be due me for work done aboard ship. I hereby release the Regents of the University of California, its officers, agents and employees from any and all claims or liabilities for injuries to my person, including death, or property, in any way arising out of my presence on this ship, except such injuries or damage caused solely by the gross negligence or willful misconduct of The Regents of the University of California, its officers, agents, or employees. I agree that I may be asked to perform work aboard ship that is a part of the scientific program, and that I will not be compensated by the University of California for such work.*

(4) STUDENT, BUT NOT PAID UC EMPLOYEE AS IN #1 AND NOT COVERED BY WORKER'S COMPENSATION THROUGH ANOTHER INSTITUTION AS IN #3

Students who neither receive UCSD Payroll System compensation and thus UCSD Worker's Compensation coverage nor are covered by Worker's Compensation or similar insurance through another UC unit or a non-UC institution must sign in this category and complete a UC Waiver of Liability.

*I am a student not entitled to Worker's Compensation coverage and have signed the required UC Waiver of Liability.*

(5) OTHER

This category, which may involve uninsured persons, is to be utilized ONLY when it is IMPOSSIBLE to register the person under any of the other categories. All such persons must have been invited to participate by or with the approval of the Chief Scientist or the Associate Director, SIO, and they must sign a UC Waiver of Liability.

*I do not qualify to enroll in any other category and have signed the required UC Waiver of Liability.*