ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHE ITERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

	ACTIONS	ACTION EFF. DATE
A1		

COMPANY/ORGANIZATION NAME	COMPANY/ORGANIZATION ID NO.
ENRON CORP	0-011

LAST ACTION DATE	EMPLOYEE NAME
01/01/97	LAY, KENNETH L

LAST ACTION(S)	DEPARTMENT NAME/ADDRESS
09	CHAIRMAN CEO EB 5004 HOUSTON

SOCIAL SECURITY NUMBER: [redacted]

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY, KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART-TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	04/01/94		06/08/84	01/01/74	

	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890000	E				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		003971	10/10/90	CHMN AND CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFFICE USE ONLY) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT./EMP. TIME RPT.
-E	50,000.000	A		100.00%	S1	00890000	E	N

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA-RATIO (OFFICE USE ONLY) (DNKP)
-F	00.000.000	01/01/97	100.000.00	01/01/97		000.0

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	41,250.000	100.00%	05/01/93	12/31/96
-2	[redacted]	REG	50,000.000	100.00%	01/01/97	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RAT	REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	1	04/01/93	01/01/97	0	7,500.00	21.202						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC.	% FULLTIME	POSITION #	STATUS	TYPE	R/T	F/P	JOB DEPT. NO.
1	09	01/01/97	003971		50,000.000	S1	100		A	E	R	F	00890000
1	11	06/24/93	003971		41,250.000	S1	100		A	E	R	F	00890000
1	09	05/01/93	003971		41,250.000	S1	100		A	E	R	F	00890000
1	09	05/01/92	003971		37,500.000	S1	100		A	E	R	F	00890000
1	09	05/01/92	003971		3,125.000	S1	100		A	E	R	F	00890000
1	09	05/01/91	003971		34,375.000	S1	100		A	E	R	F	00890000

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

999-32 (11/93)

Distribution: Supervisor, Retain Pink (Last) Copy. Forward White & Canary Copies to Human Resources

EC36936A0010003

ECML000656094

EXH024-00058

Those sections not defined, refer to Human Resour[illegible]eference Guide.
Dates must be entered in MM/DD/YY format.
Enter changes in white section of Personnel Action Form (PAF).
For Name Change and other personal information, use Personal Data Form (PDF).
Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1

Status
A - Active
L - Leave of Absence without pay
P - Leave of Absence with full or partial pay
T - Terminated status.

Status Effective Date
MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active

Cont. Serv/Emp. Date
MM/DD/YY - Date the employee began continuous employment.

Separation Reason
01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job (Competitor)
41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date
MM/YY-Month/Year the employee is expected to return from leave of absence

Leave of Absence (LOA) Reason
02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary
R - Regular
T - Temporary

Full-Time/Part-Time
F - Full-Time
P - Part-Time

C2

Type
E - Exempt
N - Non-Exempt

Benefit Code
Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.

C3

Drug Test Indicator
N - Not covered by DOT regulations
P - Pipeline covered employee
T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code
P - Pay Period Amount
H - Hourly

Pay Cycle
S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report
P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report
D - Department
E - Employee
N - No Time Report (ESP Users)

-F

Shift Indicator
Blank - Non Shift
CT - EOC 12-Hour Shift
TH - EOC 10-Hour Shift
GE - EOC Rotating 8-Hour Shift
GO - EOC Offshore Shift
GT - EOC 12-Hour Shift
LE - EOC Rotating 8-Hour Shift
LT - EOC 12-Hour Shift
DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010004

C4

Increase Type
M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease
B - Skill Block Verification
F - Failed Reverification
N - Lump Merit
Q - Lump Promotion
J - Lump Hierarchical Promotion

ECML000656095

ENRON CORP

Personnel Action Form

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ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

A1 | ACTIONS | ACTION EFF. DATE

COMPANY/ORGANIZATION NAME: ENRON CORP	COMPANY/ORGANIZATION ID NO.: 0-011
LAST ACTION DATE: 01/01/97	EMPLOYEE NAME: LAY, KENNETH L
LAST ACTION(S): 09	DEPARTMENT NAME/ADDRESS: CHAIRMAN CEO EB 5004 HOUSTON
SOCIAL SECURITY NUMBER: [redacted]	

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY, KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART-TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	04/01/94		06/08/84	01/01/74	

	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890000	E				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		003971	10/10/90	CHMN AND CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFF. Use Only) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT./EMP. TIME RPT.
-E	50,000.000	P		100.00%	S1	00890000	E	N

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA-RATIO (OFFICE USE ONLY) (DNKP)
-F	00,000.000	01/01/97	100,000.00	01/01/97		000.0

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	41,250.000	100.00%	05/01/93	12/31/96
-2	[redacted]	REG	50,000.000	100.00%	01/01/97	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RAT	REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	L	04/01/83	01/01/97	O	7,500.00	21.202						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC	% FULLTIME	POSITION #	STATUS	TYPE	R/T	FIP	JOB DEPT. NO.
1	09	01/01/97	003971		50,000.000	S1	100		A	E	R	F	00890000
1	11	06/24/93	003971		41,250.000	S1	100		A	E	R	F	00890000
1	09	05/01/93	003971		41,250.000	S1	100		A	E	R	F	00890000
1	09	05/01/92	003971		37,500.000	S1	100		A	E	R	F	00890000
1	09	05/01/92	003971		3,125.000	S1	100		A	E	R	F	00890000
1	09	05/01/91	003971		34,375.000	S1	100		A	E	R	F	00890000

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

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999-32 (11/93)

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EC36936A0010005

ECML000656096

EXH024-00060

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Action Number	Completion Card
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03	Leave of Absence Without pay, A1, C1, C2
04	Return from Leave of Absence, A1, C1, C2, -F
05	Separation, A1, C1, C2, -D
06	Promotion, A1, C2, C3, -D, -F, C4
07	Job Reclassification, A1, C2, C3, -D
08	Demotion, A1, C2, -D, -E, -F, -2, C4
09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10	Company/Org Transfer, A1, C1, C2, C3
11	Other Data Change (see HR Reference Guide)
12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1

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MM/DD/YY - Date the employee began continuous employment.

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06 - Reorganization/Surplus
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45 - Quit Without Notice
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47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date

MM/YY-Month/Year the employee is expected to return from leave of absence

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02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary

R - Regular
T - Temporary

Full-Time/Part-Time

F - Full-Time
P - Part-Time

C2

Type

E - Exempt
N - Non-Exempt

Benefit Code

Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.

C3

Drug Test Indicator

N - Not covered by DOT regulations
P - Pipeline covered employee
T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code

P - Pay Period Amount
H - Hourly

Pay Cycle

S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report

P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report

D - Department
E - Employee
N - No Time Report (ESP Users)

-F

Shift Indicator

Blank - Non Shift
CT - EOC 12-Hour Shift
TH - EOC 10-Hour Shift
GE - EOC Rotating 8-Hour Shift
GO - EOC Offshore Shift
GT - EOC 12-Hour Shift
LE - EOC Rotating 8-Hour Shift
LT - EOC 12-Hour Shift
DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010006

C4

Increase Type

M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease
B - Skill Block Verification
F - Failed Reverification
N - Lump Merit
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J - Lump Hierarchical Promotion

ECML000656097

ENRON CORP

Personnel Action Form

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A1 ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

ACTIONS	ACTION EFF DATE

COMPANY/ORGANIZATION NAME	COMPANY/ORGANIZATION ID NO.
ENRON CORP	[illegible]

LAST ACTION DATE	EMPLOYEE NAME
01/01/97	LAY KENNETH L

LAST ACTION(S)	DEPARTMENT NAME/ADDRESS
09	CHAIRMAN CEO EB 500 HOUSTON

SOCIAL SECURITY NUMBER
[redacted]

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT SERV/EMP DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART TIME
C1	A	[illegible]	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2			04/01/94		06/08/84	03/21/74	

	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890000	E				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO.	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	[illegible]	06/08/84	99/99/99		003921	10/10/90	CHRM AND CEO

	PAY RATE (OFFICE USE ONLY)	RATE CODE	GRADE	FLSA	STD TIME	PAY CYCLE	JOB DEPT NO. (OFFICE USE ONLY)	TIME REPORT	BENEFIT EMP TIME
-E	[illegible]0,000.000	P			100.00	S	00890000	[illegible]	[illegible]

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA RATIO (OFFICE USE ONLY)
-F	[illegible]000.000	01/01/97	100,000.00	01/01/97		000.0

	ACCOUNT NUMBER (OFFICE USE ONLY)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY)	PERCENT	START DATE	STOP DATE
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-2	[redacted]	REG	50,000.000	100.00	01/01/97	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RAT	REVIEW DATE	INCREASE DATE	INC TYP	INCREASE AMOUNT	% INCREASE	INC TYP	INCREASE AMOUNT	% INCREASE	INC TYP	INCREASE AMOUNT	% INCREASE
C4	[illegible]	01/01/97	01/01/97	3[illegible]	7,500.00	21.20						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY C	STD TIME	POSITION	STATUS	TYPE	REG	FT/PT	JOB DEPT NO.
[illegible]	[illegible]	01/01/97	003921		[illegible]10,000.000	S	100		A	E	R	F	00890000
[illegible]	[illegible]	06/24/93	003970	[illegible]	[illegible]41,250.000	S	100		A	E	R	F	00890000
[illegible]	[illegible]	03/01/93	003971	[illegible]	[illegible]	S	100		A	E	R	F	00890000
[illegible]	[illegible]	05/01/92	003971		37,500.000	S	100		A	E	R	F	00890000
[illegible]	[illegible]	05/01/92	003971		[illegible]	S	100		A	E	R	F	00890000
[illegible]	[illegible]	05/01/91	003971		[illegible]	S	100		A	E	R	F	00890000

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

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EC36936A0010007

ECML000656098

EXH024-00062

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Action Number	Completion Card	Action Number	Completion Card
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04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
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06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status
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02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
C1 07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
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41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other, Medical
70 - Military
80 - Death

LOA Return Date
MM/YY-Month/Year the employee is expected to return from leave of absence.

Leave of Absence (LOA) Reason
02 - Military
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04 - Personal
05 - Illness
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07 - Education
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10 - STD Employee
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13 - LTD Insurance
14 - Layoff without pay

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T - Temporary

Full-Time/Part-Time
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C2

Drug Test Indicator
C3 N - Not covered by DOT regulations
P - Pipeline covered employee
T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code
P - Pay Period Amount
H - Hourly

Pay Cycle
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W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
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Time Report
P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report
D - Department
E - Employee
N - No Time Report (ESP Users)

Shift Indicator
-F
Blank - Non Shift
CT - EOC 12-Hour Shift
TH - EOC 10-Hour Shift
GE - EOC Rotating 8-Hour Shift
GO - EOC Offshore Shift
GT - EOC 12-Hour Shift
LE - EOC Rotating 8-Hour Shift
LT - EOC 12-Hour Shift
DR - Incentive Truck Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010008

Increase Type
C4
M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease
B - Skill Block Verification
F - Failed Reverification
N - Lump Merit
Q - Lump Promotion
J - Lump Hierarchical Promotion

ECML000656099

ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

	ACTIONS	ACTION EFF. DATE
A1	09	1 1 97

COMPANY/ORGANIZATION NAME	COMPANY/ORGANIZATION ID NO.
ENRON CORP	0-0111

LAST ACTION DATE	EMPLOYEE NAME
05/01/93	LAY, KENNETH L

LAST ACTION(S)	DEPARTMENT NAME/ADDRESS
09	CHAIRMAN/CEO EB 5003 HOUSTON

SOCIAL SECURITY NUMBER: [redacted]

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY, KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	04/01/94		06/08/84	01/01/74	

	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890-000	E				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		003971	10/10/90	CHMN AND CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (Off. Use Only) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT./EMP. TIME RPT.
-E	41,250.000	P		100.00%	S1	00890-000	E	C

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA-RATIO (OFFICE USE ONLY) (DNKP)
-F	82,500.000 100,000.00	05/01/93 1 1 97	$82,500.00 100,000.00	05/01/93 1 1 97		000.0

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	37,500.000	100.00%	05/01/92	04/30/93
-2	[redacted]	REG	41,250.000	100.00%	05/01/93	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	PAT	REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	1	04/01/93	05/01/93 1 1 97	M O	3,750.00 17,500.00	10.00% 21.2						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC.	% FULLTIME	POSITION #	STATUS	TYPE	W/C	FP	JOB DEPT NO.
1	09	05/01/93	003971		41,250.000	S1	100		A	E	R	F	00890000
1	09	05/01/92	003971		37,500.000	S1	100		A	E	R	F	00890000
1	09	05/01/92	003971		3,125.000	S1	100		A	E	R	F	00890000
1	09	05/01/91	003971		34,375.000	S1	100		A	E	R	F	00890000
1	09	10/10/90	003971		31,250.000	S1	100		A	E	R	F	00890000
1	09	09/01/89	003000		31,250.000	S1	100		A	E	R	F	00890000

COMMENTS: code increase as 'other' per Pat Edwards

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
				[signature] 1/17/97		[signature] 1/17/97	

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999-32 (11/89)

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EC36936A0010009

ECML000656100

EXH024-00064

Those sections not defined, refer to Human Resc Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status

A - Active
L - Leave of Absence without pay
P - Leave of Absence with full or partial pay
T - Terminated status.

Status Effective Date

MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active.

Cont. Serv/Emp. Date

MM/DD/YY - Date the employee began continuous employment.

Separation Reason

C1

01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job (Competitor)
41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date

MM/YY-Month/Year the employee is expected to return from leave of absence

Leave of Absence (LOA) Reason

02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary

R - Regular
T - Temporary

Full-Time/Part-Time

F - Full-Time
P - Part-Time

Type

C2

E - Exempt
N - Non-Exempt

Benefit Code

Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met

Drug Test Indicator

C3

N - Not covered by DOT regulations
P - Pipeline covered employee
T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code

P - Pay Period Amount
H - Hourly

Pay Cycle

S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report

P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report

D - Department
E - Employee
N - No Time Report (Liquids Commission Drivers)

Shift Indicator

-F

Blank - Non Shift
CT - Cogen 12-Hour Shift
TH - GPG 10-Hour Shift
GE - GPG Rotating 8-Hour Shift
GO - GPG Offshore Shift
GT - GPG 12-Hour Shift
LE - Liquids Rotating 8-Hour Shift
LT - Liquids 12-Hour Shift
DR - Liquids Commission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010010

Increase Type

C4

M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease

ECML000656101

ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

COMPANY/ORGANIZATION NAME	ENRON CORP
COMPANY/ORGANIZATION NO.	[illegible]
LAST ACTION DATE	[illegible]
EMPLOYEE NAME	[illegible]
LAST ACTION(S)	09
DEPARTMENT NAME/ADDRESS	CHAIRMAN/CEO EB 5003 HOUSTON
SOCIAL SECURITY NUMBER	[redacted]

A1 ACTIONS: 09 ACTION EFF. DATE: 1 1 97

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	SUFFIX	PREFIX
B1	[illegible]		

STATUS INFORMATION (SCREEN 003)

C1	STATUS / STATUS EFFECTIVE DATE / CONT. SERV./EMPL. DATE: [illegible]	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY: R	FULL/PART TIME: [illegible]	
C2	TYPE / PAY STATUS / NEXT REVIEW DATE: [illegible]	BENEFIT CODE	BENEFIT CODE DATE: [illegible]	ORIGINAL HIRE DATE: [illegible]	LAST DATE WORKED		
C3	DEPARTMENT NUMBER: [illegible]	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4	

JOB ASSIGNMENT INFORMATION (SCREEN 004)

-D	JOB NO. / ACTION: [illegible]	BEGIN DATE: [illegible]	END DATE: 99/99/99	POSITION NO.	JOB CLASS NUMBER: 003971	CLASS ENTRY DATE: 10/10/90	JOB ASSIGNMENT TITLE: CHMN AND CEO	
-E	PAY RATE (OFFICE USE ONLY) (DNKP): 91,250.000	RATE CODE: [illegible]	GRADE (OFF. USE ONLY) (DNKP)	% FULL TIME: 100.00%	PAY CYCLE: S1	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP): 00890-000	TIME REPORT	DEPT. EMP. TIME RPT.
-F	MONTHLY/HOURLY SALARY: [illegible] *100,000.00*	SALARY EFFECTIVE DATE: 05/01/93 *1 1 97*	BENEFIT RATE: [illegible] *100,000.00*	BENEFIT EFFECTIVE DATE: 05/01/93 *1 1 97*	SHIFT IND.	COMPA RATIO (OFFICE USE ONLY) (DNKP): 000.00		

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	[illegible]7,500.000	100.00%	05/01/92	[illegible]
-2	[redacted]	REG	91,250.000	100.00%	05/01/93	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RAT.	REVIEW DATE	INCREASE DATE	INCR. TYP.	INCREASE AMOUNT	% INCREASE	INCR. TYP.	INCREASE AMOUNT	% INCREASE	INCR. TYP.	INCREASE AMOUNT	% INCREASE
C4	1	[illegible]	[illegible]	M	[illegible]	[illegible]						
			1 1 97	*M°*	*17,500.00*	*21.2*						

JOB HISTORY INFORMATION

JOB NO.	ACTIONS	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC.	% FULL TIME	POSITION	STATUS	TYPE	R/T	F/P	JOB DEPT. NO.
[illegible]	[illegible]	[illegible]	003971	[illegible]	91,250.000	S1	100	[illegible]	A	[illegible]	R	F	[illegible]
[illegible]	[illegible]	05/01/92	003971	[illegible]	37,500.000	S1	100	[illegible]	A	[illegible]	R	F	[illegible]
[illegible]	[illegible]	05/01/92	003971	[illegible]	[illegible]	S1	100	[illegible]	A	[illegible]	R	F	[illegible]
[illegible]	[illegible]	[illegible]	003971	[illegible]	[illegible]	S1	100	[illegible]	A	[illegible]	R	F	[illegible]
[illegible]	[illegible]	10/10/90	003971	[illegible]	31,250.000	S1	100	[illegible]	A	[illegible]	R	F	[illegible]
[illegible]	[illegible]	[illegible]	003000	[illegible]	31,250.000	S1	100	[illegible]	A	[illegible]	R	F	[illegible]

COMMENTS: *code increase as 'other' per Pat Edwards*

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
				[signature]	*1/17/97*	*[signature]*	*1/17/97*

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EC36936A0010011

ECML000656102

EXH024-00066

Those sections not defined, refer to Human Res Reference Guide.
Dates must be entered in MM/DD/YY format.
Enter changes in white section of Personnel Action Form (PAF).
For Name Change and other personal information, use Personal Data Form (PDF).
Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

Status
A - Active
L - Leave of Absence without pay
P - Leave of Absence with full or partial pay
T - Terminated status.

Status Effective Date
MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active

Cont. Serv/Emp. Date
MM/DD/YY - Date the employee began continuous employment.

C1

Separation Reason
01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job (Competitor)
41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date
MM/YY-Month/Year the employee is expected to return from leave of absence

Leave of Absence (LOA) Reason
02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary
R - Regular
T - Temporary

Full-Time/Part-Time
F - Full-Time
P - Part-Time

C2

Type
E - Exempt
N - Non-Exempt

Benefit Code
Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.

C3

Drug Test Indicator
N - Not covered by DOT regulations
P - Pipeline covered employee
T - Motor carrier covered employee (truck driver)

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code
P - Pay Period Amount
H - Hourly

Pay Cycle
S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report
P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report
D - Department
E - Employee
N - No Time Report (Liquids Commission Drivers)

-F

Shift Indicator
Blank - Non Shift
CT - Cogen 12-Hour Shift
TH - GPG 10-Hour Shift
GE - GPG Rotating 8-Hour Shift
GO - GPG Offshore Shift
GT - GPG 12-Hour Shift
LE - Liquids Rotating 8-Hour Shift
LT - Liquids 12-Hour Shift
DR - Liquids Commission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010012

C4

Increase Type
M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease

ECML000656103

ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

	ACTIONS	ACTION EFF. DATE
A1		

COMPANY/ORGANIZATION NAME	COMPANY/ORGANIZATION ID NO.
ENRON CORP	0-011
LAST ACTION DATE	**EMPLOYEE NAME**
05/01/91	LAY,KENNETH L
LAST ACTION(S)	**DEPARTMENT NAME/ADDRESS**
09	CHAIRMAN/CEO EB 5003 HOUSTON
SOCIAL SECURITY NUMBER	
[redacted]	

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY,KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART-TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	05/01/89		06/08/84	01/01/74	

	DEPARTMENT NUMBER	DRUG TEST	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890-000	N				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		003971	10/10/90	CHMN AND CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFF. Use Only) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT./EMP. TIME RPT.
-E	34,375.000	P		100.00%	S1	00890-000	E	D

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA-RATIO (OFFICE USE ONLY) (DNKP)
-F	68,750.000	05/01/91	$68,750.00	05/01/91		000.0

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	31,250.000	100.00%	09/01/89	04/30/91
-2	[redacted]	REG	34,375.000	100.00%	05/01/91	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RAT	REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	1	09/01/89	05/01/91	M	6,250.00	10.00%						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC	% FULLTIME	POSITION #	STATUS	TYPE	RIT	FPE	JOB DEPT NO.
1	09	05/01/91	003971		34,375.000	S1	100		A	E	R	F	00890000
1	09	10/10/90	003971		31,250.000	S1	100		A	E	R	F	00890000
1	09	09/01/89	003000		31,250.000	S1	100		A	E	R	F	00890000
1	11	05/01/89	003000		29,375.000	S1	100		A	E	R	F	00890000
1	11	12/17/88	003000		27,604.170	S1	100		A	E	R	F	00890000
1	11	12/06/88	003000		27,604.170	S1	100	11111	A	E	R	F	00890000

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

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999-32 (11/89)

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EC36936A0010013

ECML000656104

EXH024-00068

ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

	ACTIONS	ACTION EFF. DATE
A1	09	10/10/90

COMPANY/ORGANIZATION NAME	ENRON CORP
COMPANY/ORGANIZATION ID NO.	0-011
LAST ACTION DATE	02/15/89
EMPLOYEE NAME	LAY, KENNETH L
LAST ACTION(S)	11
DEPARTMENT NAME/ADDRESS	CHAIRMAN/CEO EB 5003 HOUSTON
SOCIAL SECURITY NUMBER	[redacted]

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME: LAST, FIRST, MIDDLE INITIAL	SUFFIX	PREFIX
B1	LAY, KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART-TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	05/01/89		06/08/84	01/01/74	

	DEPARTMENT NUMBER	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890-000				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		~~003000~~ 003971	10/10/90	~~CHMN OF BRD & CEO~~ Chairman & CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFFICE USE ONLY) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORTER	DEPT/EMP TIME RPT
-E	27,604.170	P		100.00%	S1	00890-000	E	D

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA-RATIO (OFFICE USE ONLY) (DNKP)
-F	55,208.340	05/01/88	$55,208.34	05/01/88		00.0

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	27,604.170	100.00%	05/01/88	99/99/99
-2						

JOB PERFORMANCE INFORMATION (SCREEN 009)

	PAY REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	05/01/88	05/01/88	M	3,125.00	5.99%						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY OC	% FULLTIME	POSITION #	STATUS	TYPE	PAY	FP	JOB DEPT. NO.
1	11	12/17/88	003000		27,604.170	S1	100		A	E	R	F	00890000
1	11	12/06/88	003000		27,604.170	S1	100	11111	A	E	R	F	00890000
1	11	12/01/88	003000		27,604.170	S1	100		A	E	R	F	00890000
							000						
							000						
							000						

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
Pat Poole	10/18/90	[signature]	10/18/90	K. Lawrence	10/18/90		
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
(per Board of Directors 10-10-90)							

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EC36936A0010914

ECML000656105

EXH024-00069

Those sections not defined, refer to Human Reso[illegible]s Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change c.nd other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F
03	Leave of Absence Without pay, A1, C1, C2
04	Return from Leave of Absence, A1, C1, C2, -F
05	Separation, A1, C1, C2, -D
06	Promotion, A1, C2, C3, -D, -F, C4
07	Job Reclassification, A1, C2, C3, -D
08	Demotion, A1, C2, -D, -E, -F, -2, C4
09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10	Company/Org Transfer, A1, C1, C2, C3
11	Other Data Change (see HR Reference Guide)
12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1

Status

A - Active
L - Leave of Absence without pay
P - Leave of Absence with full or partial pay
T - Terminated status.

Status Effective Date

MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active

Cont. Serv/Emp. Date

MM/DD/YY - Date the employee began continuous employment.

Separation Reason

01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job (Competitor)
41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date

MM/YY-Month/Year the employee is expected to return from leave of absence

Leave of Absence (LOA) Reason

02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary

R - Regular
T - Temporary

Full-Time/Part-Time

F - Full-Time
P - Part-Time

C2

Type

E - Exempt
N - Non-Exempt

Benefit Code

Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code

P - Pay Period Amount
H - Hourly

Pay Cycle

S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report

P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report

D - Department
E - Employee
N - No Time Report (Liquids Commission Drivers)

-F

Shift Indicator

Blank - Non Shift
CT - Cogen 12-Hour Shift
TH - GPG 10-Hour Shift
GE - GPG Rotating 8-Hour Shift
GO - GPG Offshore Shift
GT - GPG 12-Hour Shift
LE - Liquids Rotating 8-Hour Shift
LT - Liquids 12-Hour Shift
DR - Liquids Commmission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010015

C4

Increase Type

M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease

ECML000656106

ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

	ACTIONS	ACTION EFF. DATE
A1	09	9 1 89

COMPANY/ORGANIZATION NAME	ENRON CORP
COMPANY/ORGANIZATION ID NO.	0-011
LAST ACTION DATE	05/01/89
EMPLOYEE NAME	LAY,KENNETH L
LAST ACTION(S)	
DEPARTMENT NAME/ADDRESS	CHAIRMAN/CEO EB 5003 HOUSTON
SOCIAL SECURITY NUMBER	[redacted]

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY,KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART-TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	05/01/89		06/08/84	01/01/74	

	DEPARTMENT NUMBER	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890-000				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		003000	06/08/84	CHAIRMAN, PRESIDENT & CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OR Use Only) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT/EMP TIME RPT
-E	29,375.000	P		100.00%	S1	00890-000	E	0

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA RATIO (OFFICE USE ONLY) (DNKP)
-F	58,750.000 62,500.00	05/01/89 09 01 89	58,750.00 * *	05/01/89 * *		114.5

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	27,604.170	100.00%	05/01/88	04/30/89
-2	[redacted]	REG	29,375.000	100.00%	05/01/89	99/99/99

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RAT	REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	1	05/01/88	05/01/89	M	2,541.66	6.42%						
	1	09 01 89	09 01 89	O	3,750.00	6.38						

JOB HISTORY INFORMATION

JOB NO	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC	% FULLTIME	POSITION #	STATUS	TYPE	PAT	EP	JOB DEPT NO.
1	11	05/01/89	003000		29,375.000	S1	100		A	E	R	F	00890000
1	11	12/17/88	003000		27,604.170	S1	100		A	E	R	F	00890000
1	11	12/06/88	003000		27,604.170	S1	100	11111	A	E	R	F	00890000
1	11	12/01/88	003000		27,604.170	S1	100		A	E	R	F	00890000
							000						
							000						

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
Exec Comp of the Board		[signature]	9/1/89	[signature]	9/11/89		
APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE

ECML000656107

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EC36936A0010016

EXH024-00071

Those sections not defined, refer to Human Resou... Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card	Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F	07	Job Reclassification, A1, C2, C3, -D
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F	08	Demotion, A1, C2, -D, -E, -F, -2, C4
03	Leave of Absence Without pay, A1, C1, C2	09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
04	Return from Leave of Absence, A1, C1, C2, -F	10	Company/Org Transfer, A1, C1, C2, C3
05	Separation, A1, C1, C2, -D	11	Other Data Change (see HR Reference Guide)
06	Promotion, A1, C2, C3, -D, -F, C4	12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1

Status

A - Active
L - Leave of Absence without pay
P - Leave of Absence with full or partial pay
T - Terminated status.

Status Effective Date

MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active

Cont. Serv/Emp. Date

MM/DD/YY - Date the employee began continuous employment.

Separation Reason

01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job (Competitor)
41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date

MM/YY-Month/Year the employee is expected to return from leave of absence

Leave of Absence (LOA) Reason

02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary

R - Regular
T - Temporary

Full-Time/Part-Time

F - Full-Time
P - Part-Time

C2

Type

E - Exempt
N - Non-Exempt

Benefit Code

Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code

P - Pay Period Amount
H - Hourly

Pay Cycle

S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report

P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report

D - Department
E - Employee
N - No Time Report (Liquids Commission Drivers)

-F

Shift Indicator

Blank - Non Shift
CT - Cogen 12-Hour Shift
TH - GPG 10-Hour Shift
GE - GPG Rotating 8-Hour Shift
GO - GPG Offshore Shift
GT - GPG 12-Hour Shift
LE - Liquids Rotating 8-Hour Shift
LT - Liquids 12-Hour Shift
DR - Liquids Commmission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

EC36936A0010017

C4

Increase Type

M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease

ECML000656108

ENRON CORP

Personnel Action Form

INSTRUCTIONS: WHEN ENTERING THE CONTENTS OF THIS FORM, PRINT THE NEW INFORMATION IN THE UNSHADED AREA BELOW THE APPROPRIATE DATA FIELD. SEE BACK FOR ADDITIONAL INFORMATION.

ENTER UP TO THREE PERSONNEL ACTIONS AND THE PERSONNEL ACTION DATE

	ACTIONS	ACTION EFF. DATE
A1	11	02/15/89

COMPANY/ORGANIZATION NAME	ENRON CORP
COMPANY/ORGANIZATION ID NO.	0-011
LAST ACTION DATE	12/17/88
EMPLOYEE NAME	LAY, KENNETH L
LAST ACTION(S)	11
DEPARTMENT NAME/ADDRESS	CHAIRMAN/CEO EB 5003 HOUSTON
SOCIAL SECURITY NUMBER	[redacted]

(CARD COMPLETION INFORMATION ON BACK)

	EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)	SUFFIX	PREFIX
B1	LAY, KENNETH L		

STATUS INFORMATION (SCREEN 003)

	STATUS	STATUS EFFECTIVE DATE	CONT. SERV./EMPL. DATE	SEPARATION REASON	LOA RETURN DATE	LOA REASON	REGULAR/TEMPORARY	FULL/PART-TIME
C1	A	06/08/84	06/08/84				R	F

	TYPE	PAY STATUS	NEXT REVIEW DATE	BENEFIT CODE	BENEFIT CODE DATE	ORIGINAL HIRE DATE	LAST DATE WORKED
C2	E	S	05/01/89		06/08/84	06/08/84 01/01/74	

	DEPARTMENT NUMBER	REPORTING GROUP 1	REPORTING GROUP 2	REPORTING GROUP 3	REPORTING GROUP 4
C3	00890000				

JOB ASSIGNMENT INFORMATION (SCREEN 004)

	JOB NO. (DNKP)	BEGIN DATE	END DATE	POSITION NO.	JOB CLASS NUMBER	CLASS ENTRY DATE	JOB ASSIGNMENT TITLE
-D	1	06/08/84	99/99/99		003000	06/08/84	CHMN OF BRD & CEO

	PAY RATE (OFFICE USE ONLY) (DNKP)	RATE CODE	GRADE (OFF. USE ONLY) (DNKP)	% FULL TIME	PAY CYCLE	JOB DEPT. NO. (OFFICE USE ONLY) (DNKP)	TIME REPORT	DEPT/EMP. TIME RPT.
-E	27,604.170	P		100.00%	S1	00890000	E	D

	MONTHLY/HOURLY SALARY	SALARY EFFECTIVE DATE	BENEFIT RATE	BENEFIT EFFECTIVE DATE	SHIFT IND.	COMPA-RATIO (OFFICE USE ONLY) (DNKP)
-F	55,208.340	05/01/88	$55,208.34	05/01/88		00.0

	ACCOUNT NUMBER (OFFICE USE ONLY) (DNKP)	EARNINGS TYPE	RATE/AMOUNT (OFFICE USE ONLY) (DNKP)	PERCENT	START DATE	STOP DATE
-1	[redacted]	REG	27,604.170	100.00%	05/01/88	99/99/99
-2						

JOB PERFORMANCE INFORMATION (SCREEN 009)

	RATING	REVIEW DATE	INCREASE DATE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE	INCR TYP	INCREASE AMOUNT	% INCREASE
C4	1	05/01/88	05/01/88	M	3,125.00	5.992						

JOB HISTORY INFORMATION

JOB NO.	ACTION	ACTION DATE	JOB CLASS NO.	GRADE	PAY RATE	PAY CYC.	% FULL TIME	POSITION #	STATUS	TYPE	RJT	FP	JOB DEPT. NO.
1	11	12/17/88	003000		27,604.170	S1	100		A	E	R	F	00890000
1	11	12/06/88	003000		27,604.170	S1	100	11111	A	E	R	F	00890000
1	11	12/01/88	003000		27,604.170	S1	100		A	E	R	F	00890000
							000						
							000						
							000						

COMMENTS:

APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE	APPROVED BY	DATE
J. Jannon	2/15/89						
[illegible]	2/15/89						

ECML000656109

RETURN TO YOUR HUMAN RESOURCES DEPARTMENT, P. O. BOX 1188, HOUSTON, TX 77251-1188

999-32 (1/89)

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EC36936A0010018

EXH024-00073

Those sections not defined, refer to Human Resou Reference Guide.

Dates must be entered in MM/DD/YY format.

Enter changes in white section of Personnel Action Form (PAF).

For Name Change and other personal information, use Personal Data Form (PDF).

Card Completion information

Action Number	Completion Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F
02	Leave of Absence (LOA) With pay, A1, C1, C2, -F
03	Leave of Absence Without pay, A1, C1, C2
04	Return from Leave of Absence, A1, C1, C2, -F
05	Separation, A1, C1, C2, -D
06	Promotion, A1, C2, C3, -D, -F, C4
07	Job Reclassification, A1, C2, C3, -D
08	Demotion, A1, C2, -D, -E, -F, -2, C4
09	Salary/Job Assignment Change/Dept. Transfer, A1, C3, -D, -E, -F, C4
10	Company/Org Transfer, A1, C1, C2, C3
11	Other Data Change (see HR Reference Guide)
12	Data Correction (see HR Reference Guide)

STATUS INFORMATION (SCREEN 003)

C1

Status

A - Active
L - Leave of Absence without pay
P - Leave of Absence with full or partial pay
T - Terminated status.

Status Effective Date

MM/DD/YY - Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active

Cont. Serv/Emp. Date

MM/DD/YY - Date the employee began continuous employment.

Separation Reason

01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Termination - Other
22 - Unsatisfactory Performance
23 - Misconduct/Violation of Rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job (Competitor)
41 - Accepted New Job (Non-Competitor)
44 - Personal Reasons
45 - Quit Without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied w/Working Conditions
50 - Organization Transfer
62 - Other Medical
70 - Military
80 - Death

LOA Return Date

MM/YY-Month/Year the employee is expected to return from leave of absence

Leave of Absence (LOA) Reason

02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff With Pay
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary

R - Regular
T - Temporary

Full-Time/Part-Time

F - Full-Time
P - Part-Time

C2

Type

E - Exempt
N - Non-Exempt

Benefit Code

Blank - Active Regular Full-Time eligible for all Enron Benefits
X - Not eligible for any Enron Benefits
E - Active Regular Full-Time and "L" status eligible for Retirement Only
P - Active Regular Full-Time and "P" status eligible for Non-Qualified Plans only
T - All Part-Time and Temporaries eligible for Qualified Plans only if requirements met.

JOB ASSIGNMENT INFORMATION (SCREEN 004)

Rate Code

P - Pay Period Amount
H - Hourly

Pay Cycle

S1 - Semi Monthly
W1 - Weekly
M1 - Monthly (Expatriates)
M2 - Monthly (Special Retirees)
B1 - Bi-Weekly

Time Report

P - Positive Time Reporting
E - Exception time reporting

Dept/Emp. Time Report

D - Department
E - Employee
N - No Time Report (Liquids Commission Drivers)

-F

Shift Indicator

Blank - Non Shift
CT - Cogen 12-Hour Shift
TH - GPG 10-Hour Shift
GE - GPG Rotating 8-Hour Shift
GO - GPG Offshore Shift
GT - GPG 12-Hour Shift
LE - Liquids Rotating 8-Hour Shift
LT - Liquids 12-Hour Shift
DR - Liquids Commmission Drivers

JOB PERFORMANCE INFORMATION (SCREEN 009)

C4

Increase Type

M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other
H - Hierarchical Promotion
K - Salary Decrease
L - Return from Salary Decrease

ECML000656110

EC36936A0010019

80 ENRON CORP.

06/08/84 LAY,KENNETH L

09 __ __ CHAIRMAN CHAIRMAN/CEO
EB 5005
HOUSTON

[redacted]

LAY,KENNETH L ____ ____

A 06/08/84 06/08/84 __ _____ __ R F

E S 05/01/89 _ _____ HOUSTN 06/08/84 _____

800890 _____

CHAIRMAN OF BOARD & CEO

1 1 06/08/84 99/99/99 _____ 801001 06/08/84

1 27,604.170 P __ 100.00% S1 800890 E

_ 55,208.340 05/01/88 55,208.34 05/01/88

1 [redacted] REG $27,604.170 _____ 06/08/84 99/99/99

1 _____ ___ _____ _____ _____

05/01/88 M 3,125.00 5.99% _ _____ _ _____

1 05/88

EC36936A0010020

ECML000656111

Personnel Action

Instruction: When altering the contents of this form, print or type the new information in the unshaded area **BELOW** the appropriate data field. See back for additional information.

A1 — Enter up to three personnel actions from the list below and the personnel action date.

Actions	Personnel Action Date
12	2:5:88

Organization ID/Name	
80	ENR CORP.
Last Action Date	**Employee Name**
06/08/84	LAY,KENNETH L
Last Action(s)	**Department Name/Address**
11	CHAIRMAN, CHAIRMAN/CEO TEB 5004 HOUSTON TX 77001
Social Security Number	[redacted]

RETURNED TO

FEB 24 1988

Action Number	Complete Card
01	Initial Employment, A1, B1, C1, C2, C3, -D, -E, -F, -1, -2
02	Leave of Absence (LOA) with pay, A1, B1, C1, -F
03	Leave of Absence (LOA) without pay. A1, B1, C1
04	Return from Leave of Absence (LOA), A1, B1, C1, C2, -F
05	Separation, A1, B1, C1, C2, C3, -D
06	Promotion, A1, B1, C2, C3, -D, -E, -F, -1, -2, C4
07	Job Reclassify, A1, B1, C2, C3, -D
08	Demotion, A1, B1, C2, C3, -D, -E, -F, -1, -2, C4
09	Salary/Job assignment change, A1, B1, C1, C2, C3, -D, -E, -F, -1, -2, C4
10	Transfer, A1, B1, C1, C2, C3
11	Other Data Change *(see PAF Procedure Manual)*
12	Data Correction *(see PAF Procedure Manual)*
13	Request to Fill Vacancy, C3, -D, -E

B1

Employee's Name *(Last, First, Middle Initial)*	Suffix	Prefix
LAY,KENNETH L		

Status Information *(screen 003)*

C1

Status	Status Date	Employment Date	Separation Reason	LOA Return Date	LOA Reason	R/T	F/P	
A	06/08/84	06/08/84				R	F	2

C2

Type	PY St	Next Review Date	Off. Use Only	Office Use Only	Town Name	Orig Hire Date	Last Day Worked	
E	S				HOUSTN	06/08/84		

C3

Department Number	Status Comments
800890	

Job Assignment Information *(screen 004)*

Title: CHAIRMAN OF BOARD & CEO

1D

Job No. (DNKP)	Begin Date	End Date	Position Number	Job Class Number	Class Entry Date	Job Assignment Comments
1	06/01/84 06/08/84	99/99/99		801001	06/01/84 06/08/84	

1E

Pay Rate (office use only) (DNKP)	RT. CD	Range/Grade (DNKP)	Step	% Full Time	Pay Cycle	Job Department Number (office use only)(DNKP)	Time RPT
26,041.670	P			100.00%	SI	800890	E

1F

Monthly/Hourly Salary	Salary Effective Date	Benefit Rate	Benefit Effective Date
52,083.340	05/01/86	52,083.34	01/01/85

1-1

Account Number	Earnings Type	Rate/Amount (office use only)	Percent	Start Date	Stop Date

1-2

Job Performance Information *(screen 009)*

C4

Increase Date	Increase Type	Increase Amount	% Increase	Increase Type	Increase Amount	% Increase	Increase Type	Increase Amount	% Increase
05/01/86	P	4,875.00							

Rating	Review Date	

Comments

ECML000656112

EC36936A0010021

Approvals

By	Date	By	Date
Cindy Arrington	2/5/88		
By	Date	By	Date

Form 79-32 (2/86)

White — Supervisor Yellow — Personnel

Personnel Action

Those sections not defined, refer to Personnel Action Form procedure manual.
Dates must be entered in MM/DD/YY format.
Enter changes in white section of Personnel Action Form (PAF), Form 79-30.
For name change and other personal information use Personal Data Form (PDF) Form 79-794.

(XX) After major heading indicates card number

Status (C1)
A = Active
L = Leave of Absence without pay
P = Leave of Absence with full or partial pay
T = Terminated

Status Date (C1)
MM/DD/YY = Effective date of the employee's current employment status. The date is either a leave begin date, separation date, or the date the individual last returned to active status.

Employment Date (C1)
MM/DD/YY = Date the employee began continuous employment.

Separation Reason (C1)
01 - Position Discontinued
02 - Layoff
04 - Completion of Contract
06 - Reorganization/Surplus
07 - Leave of Absence Expiration
21 - Excessive Unexcused Absence or lateness
22 - Unsatisfactory Performance
23 - Misconduct/Violation of rules
30 - Normal Retirement
31 - Early Retirement
40 - Accepted New Job *(Competitor)*
41 - Accepted New Job *(Non-Competitor)*
44 - Personal Reasons
45 - Quit without Notice
46 - Relocation
47 - Returned to School
48 - Dissatisfied with Working Conditions
50 - Org. Transfer
62 - Other Medical
70 - Military
80 - Death

For Payroll Use Only
51 - Transfer Org. w/same EIN *(ISI)*
52 - Transfer Org. w/different EIN *(ISI)*
53 - Transfer Org. w/same EIN *(Not ISI)*
54 - Transfer Org. w/different EIN *(Not ISI)*

Leave of Absence (LOA) Reason (C1)
01 - N/A
02 - Military
03 - New Child Care
04 - Personal
05 - Illness
06 - Family Obligations
07 - Education
08 - Layoff with pay
09 - N/A
10 - STD Employee
11 - STD Insurance
12 - LTD Employee
13 - LTD Insurance
14 - Layoff without pay

Regular/Temporary (C1)
R = Regular
T = Temporary

Full-Time/Part-Time (C1)
F = Full-Time
P = Part-Time

Type (C2)
E = Exempt
N = Non-Exempt

Pay Status (C2)
H = Hourly
S = Salaried

Rate Code (-E)
P = pay period amount (semi-monthly)
H = hourly

Pay Cycle (-E)
SI = semimonthly

Time Report Code (-E)
P - positive time reporting; listed
E - exception - reporting; not listed

Increase Type (C4)
M - Merit
P - Promotion
R - Rate Structure
C - Cost of Living
D - Demotion
V - Developmental
S - Step Rate
T - Temp. Upgrade
U - Return from Temp. Upgrade
O - Other

ECML000656113

EC36936A0010022

PH file

EXECUTIVES OF HOUSTON NATURAL GAS CORPORATION

As of CRC Acquisition Date - 11/30/84
With Prior CRC Service

	HNG Employment Date	CRC Prior Service Dates
K.L. Lay	06/08/84	01/01/74 - 05/01/81
R.C. Hughes	11/12/84	01/31/78 - 07/31/79
D.L. Parsons	01/31/85	03/19/74 - 04/12/74
R. Workman	11/05/84	12/31/79 - 04/15/83
E.J. Hillings	02/04/85	04/01/80 - 05/03/82
R.C. Kelly	01/14/85	10/21/80 - 04/06/81

RSM-(8/28/87)

HNG 555 4-76

PERSONNEL AUTHORIZATION RECORD

COMPANY Houston Natural Gas Corporation

DATE EFFECTIVE June 8, 19 85 DATE ISSUED June 6, 19 85

NAME Lay, (LAST) Kenneth (FIRST) L. (MI) COMPANY NUMBER 110 EMPLOYEE NUMBER 14202 RESP. NUMBER 890

DISTRICT OR DEPARTMENT Executive-General JOB TITLE Chairman of the Board and CEO JOB NO. 100998 SALARY GROUP 00

ADD TO PAYROLL

- ☐ RE-EMPLOYED
- ☐ NEW EMPLOYEE
- ☐ PART TIME OR TEMPORARY

(1) ☐ MONTHLY (2) ☐ SEMI-MONTHLY (3) ☐ BI-WEEKLY

☐ SALARIED ☐ HOURLY ☐ EXEMPT ☐ NON-EXEMPT $ _____ RATE

Employment Date if different from Effective Date _____

NAME OF PERSON REPLACED _____ RATE WHEN REPLACED $ _____ COUNTY TO WORK IN _____

SALARY OR RATE CHANGE

- ☐ PROMOTION (1)
- ☒ MERIT (2)
- ☐ BEGINNER (3)
- ☐ OTHER (4)
- ☐ STEP-RATE (5)
- ☐ DEMOTION (6)
- ☐ TRANSFER (7)

DATE EMPLOYED 6-8-84

From: ☐ HOURLY ☒ SALARIED $ 47,166.67 RATE

To: ☐ HOURLY ☒ SALARIED $ 47,208.34 RATE

AMOUNT OF INCREASE $ 41.67

TWO PREVIOUS INCREASES: 1. _____ DATE $ _____ AMOUNT 2. _____ DATE $ _____ AMOUNT

CHANGE: ☐ From Non Exempt to Exempt ☐ From Exempt to Non Exempt ☐ No Change

TRANSFER OR PROMOTION

- ☐ TRANSFER
- ☐ PROMOTION

From: DISTRICT DEPARTMENT _____ RESP. NUMBER _____

JOB TITLE _____ JOB NO. _____ SALARY GROUP _____

To: DISTRICT DEPARTMENT _____ RESP. NUMBER _____

JOB TITLE _____ JOB NO. _____ SALARY GROUP _____

CHANGE: ☐ From Non Exempt to Exempt ☐ From Exempt to Non Exempt ☐ No Change

TERMINATION

- ☐ RESIGNED
- ☐ DISCHARGED
- ☐ OTHER

REASON: *All Terminations Must Be Explained In Reason's Section Below.*

RATING: ☐ Excellent (1) ☐ Good (2) ☐ Average (3) ☐ Fair (4) ☐ Poor (5)

REHIRE: ☐ YES (1) ☐ NO (2)

VACATION EARNED AND NOT TAKEN _____ DAYS

OTHER ALLOWANCES _____ DAYS

DATE EMPLOYED _____, 19 _____

TERMINATION DATE _____, 19 _____

Is Transportation Required? ☐ Yes ☐ No *If So, Attach HNG 1042 (REQUEST FOR ASSIGNMENT OF VEHICLE)*

*Explain Below
REASONS FOR RECOMMENDED ACTION:

Effect of 10% increase on PERK CAR Adjustment which was not reflected on previous PAR.

ECML000656115

APPROVALS: RECOMMENDED BY _____ ENTERED ON PAYROLL BY _____

AUTHORIZED BY _____ EC36936A0010024

HNG 595 4-76

PERSONNEL AUTHORIZATION RECORD

COMPANY Houston Natural Gas Corporation

DATE EFFECTIVE June 8, 19 85 DATE ISSUED June 6, 19 85

NAME Lay, (LAST) Kenneth (FIRST) L. (MI) COMPANY NUMBER 110 EMPLOYEE NUMBER 14202 RESP. NUMBER 890

DISTRICT OR DEPARTMENT Executive-General JOB TITLE Chairman of the Board and CEO JOB NO. 100998 SALARY GROUP 00

ADD TO PAYROLL

- ☐ RE-EMPLOYED
- ☐ NEW EMPLOYEE
- ☐ PART TIME OR TEMPORARY

(1) ☐ MONTHLY (2) ☐ SEMI-MONTHLY (3) ☐ BI-WEEKLY

☐ SALARIED ☐ HOURLY ☐ EXEMPT ☐ NON-EXEMPT $ _____ RATE

Employment Date if different from Effective Date _____

NAME OF PERSON REPLACED _____ RATE WHEN REPLACED $ _____ COUNTY TO WORK IN _____

SALARY OR RATE CHANGE

- ☐ PROMOTION (1)
- ☒ MERIT (2)
- ☐ BEGINNER (3)
- ☐ OTHER (4)
- ☐ STEP-RATE (5)
- ☐ DEMOTION (6)
- ☐ TRANSFER (7)

DATE EMPLOYED 6-8-84

From: ☐ HOURLY ☒ SALARIED $ 47,166.67 RATE

To: ☐ HOURLY ☒ SALARIED $ 47,208.34 RATE

AMOUNT OF INCREASE $ 41.67

TWO PREVIOUS INCREASES: 1. _____ DATE $ _____ AMOUNT 2. _____ DATE $ _____ AMOUNT

CHANGE: ☐ From Non Exempt to Exempt ☐ From Exempt to Non Exempt ☐ No Change

TRANSFER OR PROMOTION

- ☐ TRANSFER
- ☐ PROMOTION

From: DISTRICT DEPARTMENT _____ RESP. NUMBER _____

JOB TITLE _____ JOB NO. _____ SALARY GROUP _____

To: DISTRICT DEPARTMENT _____ RESP. NUMBER _____

JOB TITLE _____ JOB NO. _____ SALARY GROUP _____

CHANGE: ☐ From Non Exempt to Exempt ☐ From Exempt to Non Exempt ☐ No Change

TERMINATION

- ☐ RESIGNED
- ☐ DISCHARGED
- ☐ OTHER

REASON: *All Terminations Must Be Explained In Reason's Section Below.*

RATING: ☐ Excellent (1) ☐ Good (2) ☐ Average (3) ☐ Fair (4) ☐ Poor (5)

REHIRE: ☐ YES (1) ☐ NO (2)

VACATION EARNED AND NOT TAKEN _____ DAYS

OTHER ALLOWANCES _____ DAYS

DATE EMPLOYED _____, 19 _____

TERMINATION DATE _____, 19 _____

Is Transportation Required? ☐ Yes ☐ No *If So, Attach HNG 1042 (REQUEST FOR ASSIGNMENT OF VEHICLE)*

9.62

*Explain Below
REASONS FOR RECOMMENDED ACTION:

Effect of 10% increase on PERK CAR Adjustment which was not reflected on previous PAR.

ECML000656116

APPROVALS: RECOMMENDED BY _____ ENTERED ON PAYROLL BY RBP

AUTHORIZED BY _____

EC36936A0010025

EXH024-00080

THIS FILE REVIEWED IN CONNECTION WITH LITIGATION

DATE: 6-23-88

DOCUMENTS BELOW THIS SHEET
MUST NOT BE REMOVED OR ALTERED.
NO ADDITIONAL DOCUMENTS SHOULD
BE FILED BELOW THIS SHEET.

ECML000656117

EC36936A0010026

HNG 555 4-76

PERSONNEL AUTHORIZATION RECOF

COMPANY Houston Natural Gas Corp.

DATE EFFECTIVE June 8, 19 84 DATE ISSUED June 12, 19 84

NAME Lay (LAST) Kenneth (FIRST) L. (MI) COMPANY NUMBER 10 EMPLOYEE NUMBER 14202 RESP. NUMBER 890

DISTRICT OR DEPARTMENT Executive - General JOB TITLE Chairman of the Board & CEO JOB NO. 100998 SALARY GROUP 00

ADD TO PAYROLL

- [ ] RE-EMPLOYED
- [x] NEW EMPLOYEE
- [ ] PART TIME OR TEMPORARY

(1) [ ] MONTHLY (2) [ ] SEMI-MONTHLY (3) [x] BI-WEEKLY

[x] SALARIED [ ] HOURLY [x] EXEMPT [ ] NON-EXEMPT

$ 42,500 RATE Month $10,000 Annual

Employment Date if different from Effective Date _____

NAME OF PERSON REPLACED _____ RATE WHEN REPLACED $ _____ COUNTY TO WORK IN _____

SALARY OR RATE CHANGE

- [ ] PROMOTION (1)
- [ ] MERIT (2)
- [ ] BEGINNER (3)
- [ ] OTHER (4)
- [ ] STEP-RATE (5)
- [ ] DEMOTION (6)
- [ ] TRANSFER (7)

DATE EMPLOYED _____

From: [ ] HOURLY [ ] SALARIED $ _____ RATE

To: [ ] HOURLY [ ] SALARIED $ _____ RATE

AMOUNT OF INCREASE $ _____

TWO PREVIOUS INCREASES: 1. _____ DATE $ _____ AMOUNT 2. _____ DATE $ _____ AMOUNT

CHANGE: [ ] From Non Exempt to Exempt [ ] From Exempt to Non Exempt [ ] No Change

TRANSFER OR PROMOTION

- [ ] TRANSFER
- [ ] PROMOTION

From: DISTRICT DEPARTMENT _____ RESP. NUMBER _____

JOB TITLE _____ JOB NO. _____ SALARY GROUP _____

To: DISTRICT DEPARTMENT _____ RESP. NUMBER _____

JOB TITLE _____ JOB NO. _____ SALARY GROUP _____

CHANGE: [ ] From Non Exempt to Exempt [ ] From Exempt to Non Exempt [ ] No Change

TERMINATION

- [ ] RESIGNED
- [ ] DISCHARGED
- [ ] OTHER

REASON: *All Terminations Must Be Explained In Reason's Section Below.

RATING: [ ] Excellent (1) [ ] Good (2) [ ] Average (3) [ ] Fair (4) [ ] Poor (5)

REHIRE: [ ] YES (1) [ ] NO (2)

VACATION EARNED AND NOT TAKEN _____ DAYS

OTHER ALLOWANCES _____ DAYS

DATE EMPLOYED _____, 19 _____

TERMINATION DATE _____, 19 _____

Is Transportation Required? [ ] Yes [ ] No *If So, Attach HNG 1042 (REQUEST FOR ASSIGNMENT OF VEHICLE)*

*Explain Below
REASONS FOR RECOMMENDED ACTION:

Approved by the Board of Directors, Regular quarterly meeting Friday, June 8, 1984.

APPROVALS: RECOMMENDED BY _____ ENTERED ON PAYROLL BY _____ 6-21-84

AUTHORIZED BY _____

EC36936A0010027

ECML000656118

[redacted]

ECML000656119

EC36936A0010002

PERSONNEL ACTION

LAY, KENNETH L

110

14202