

**EXPRESSJET AIRLINES CORPORATE COMPLIANCE PROGRAM
CONFIDENTIAL ACTIVITY REPORT**

Instructions: Use this form to report a concern that the Company (or someone acting on the Company's behalf) or an employee may be acting illegally or violating the Principles of Conduct. Please do not use this form to report instances in which you believe the Company may be a victim of illegal acts; instead, report those occurrences to Corporate Security – Continental Airlines, Inc.

TO: Corporate Compliance Officer
ExpressJet Airlines, Inc.
700 N Sam Houston Parkway West, Ste 200
Houston, TX 77067
Fax: 832-353-1411

My concern is (attach additional documentation, if necessary): _____

Please explain how you became aware of this situation: _____

Other people who may be contacted about this situation are:

<u>Name</u>	<u>Position or Title</u>
1. _____	_____
2. _____	_____
3. _____	_____

YOU MAY SUBMIT THIS FORM ANONYMOUSLY. HOWEVER, IT MAY ASSIST OUR INVESTIGATION IF WE CAN CONTACT YOU FOR FURTHER DETAILS. IF YOU CHOOSE TO PROVIDE CONTACT INFORMATION, PLEASE DO SO BELOW. IN EITHER CASE, AS NOTED BELOW, COMPLETION OF THIS FORM IS A PROTECTED ACTIVITY.

My name is (Please print) : _____ . I can be contacted at the following phone numbers:
(home) _____ (work).

I prefer to be called at my ___ (home) / ___ (work) number during the following times:

Signed: _____ Date: _____

COMPLETION OF THIS FORM IS A PROTECTED ACTIVITY. YOU WILL SUFFER NO ADVERSE EMPLOYMENT ACTION FOR PROVIDING INFORMATION ON THIS FORM IN A GOOD-FAITH ATTEMPT TO BE TRUTHFUL. HOWEVER, YOUR OWN MISCONDUCT WILL NOT BE ABSOLVED THROUGH THE USE OF THIS REPORT. PLEASE NOTE: FAILING TO REPORT MISCONDUCT OR WILLFULLY REPORTING FALSE INFORMATION CAN RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

EXPRESSJET AIRLINES, INC.

Potential Conflict of Interest
Request for Corporate Approval/Clarification

DATE: _____

TO: _____ Vice President

FROM: _____ Sr. Director / Director

CORPORATE MAIL CODE: _____ PHONE NUMBER: _____ - _____

SUBJECT: Potential Conflict of Interest

Your approval is requested to contract for goods/services with an ExpressJet employee or other related party or to otherwise clarify that no conflict of interest exists

DESCRIBE NATURE OF POTENTIAL CONFLICT

(including name, employee number, division, relationship to other parties, etc.; attach additional documentation, if necessary)

DESCRIBE NATURE OF GOOD / SERVICES (attach additional documentation, if necessary):

DESCRIBE BUSINESS NEED FOR TRANSACTION (attach additional documentation, if necessary)

ANY WRITTEN CONTRACT / DOCUMENT MUST BE ATTACHED.

APPROVED / DISAPPROVED – VICE PRESIDENT (DATE)

If approved, forward to Legal Department (HQSCE)

APPROVED / DISAPPROVED - LEGAL DEPARTMENT (DATE)

If approved, forward to Internal Audit (HQSCE)

APPROVED / DISAPPROVED - INTERNAL AUDIT (DATE)

This approval is good through _____ (date) at which time the relationship must be re-examined by the above parties for approval. The date is to be furnished by Internal Audit.

This form must be returned to the Director / Sr. Director who initiated the process. When all approvals are obtained, a copy of this completed form is to be attached to all invoices before a payment will be processed.