

EXPANDED FMLA AND EMERGENCY PAID SICK LEAVE POLICY

(Under 25 Employees)

In accordance with the Families First Coronavirus Response Act (FFCRA), the Company will provide an eligible employee with up to 12 weeks of job-protected leave and pay where applicable. This policy is in effect from April 1, 2020 through December 31, 2020 and it does not affect the Company's policies regarding other forms of leave.

Expanded FMLA Leave

Eligibility

An employee is eligible for Expanded Family and Medical Leave (EFMLA) under this policy if they have been employed by the Company for at least 30 calendar days and are actively scheduled for work. If an employee was laid off or otherwise terminated on or after March 1, 2020 and rehired on or before December 31, 2020, they are eligible for leave upon reinstatement if they had previously been employed with the Company for at least 30 days during the 2-month period prior to their separation.

Purpose and Duration of Leave

The Company provides an eligible employee with up to 12 workweeks of Expanded Family and Medical Leave from April 1, 2020 through December 31, 2020 to care for their child (under 18 years of age) whose school or child care provider is closed or unavailable due to a public health emergency related to COVID-19.

"Child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

"Childcare provider" means a provider who receives compensation for providing childcare services on a regular basis, including:

- A center-based childcare provider.
- A group home childcare provider.
- A family childcare provider (one individual who provides childcare services for fewer than 24 hours per day, as the sole caregiver, and in a private residence).
- Other licensed provider of childcare services for compensation.
- A childcare provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.

"School" means an elementary or secondary school.

Increments & Intermittent Use of Leave [OPTIONAL PARAGRAPH]

An employee may take Expanded FMLA Leave intermittently and in any increment agreed to with their manager. This may include using 4 hours of leave per day or on specific days per week to care for their child. Managers and employees are both expected to be flexible in scheduling wherever possible.

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Requesting Leave

To request EFMLA leave, an employee should complete the Request for Expanded Family and Medical Leave form and submit it to Human Resources at least 30 days prior to the start of the leave (unless leave is unforeseen, in which case the form should be submitted as soon as practicable). Verbal notice will otherwise be accepted until written notice can be provided.

Notice of the need for leave must include:

- The name and age of the child(ren) being care for.
- The name of the child(ren)'s school, place of care, or childcare provider that closed or became unavailable due to COVID-19 reasons.
- A statement representing that no other suitable person is available to care for the child(ren) during the period of requested leave. For children over the age of 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

The employee should continue to follow normal absence reporting procedures until their leave request has been approved.

The Company reserves the right to request additional documentation at a later date and may require the employee to report periodically on their status and intent to return to work.

Pay During Leave

The first 10 days of Expanded FMLA Leave are unpaid; however, an employee may substitute accrued paid vacation, sick or personal leave during this time. They may also elect to use the paid leave provided under the Emergency Paid Sick Leave Act (see below). After the first 10 days, Expanded FMLA Leave will be paid at two-thirds of the employee's regular rate of pay for the number of hours they would otherwise be scheduled to work. The employee's pay will not exceed \$200 per day and \$10,000 for the 10-week paid portion of this leave, or \$12,000 in total if emergency paid sick leave is used for the first two unpaid weeks. Any unused portion of this pay will not carry over to the next year or be paid out upon termination.

For employees whose work hours vary, the Company will compute the number of hours paid using one of the following two methods:

- If the employee has worked 6 months or more, the average number of hours that they were scheduled per day over the 6-month period ending on the date on which they take leave, including hours for which they took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at their time of hire.

[OPTIONAL SENTENCE] At their option, the employee may supplement the two-thirds pay with accrued paid time off (PTO) up to 100% of their regular pay.

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Benefits During Leave

While on leave, the Company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if they had continued to work. While on paid leave, the Company will continue to make payroll deductions to collect the employee's share of the premium. During any unpaid portions of leave, the employee must continue to make this payment timely per instructions from Human Resources.

If the employee contributes to a life insurance or disability plan, the Company will continue making payroll deductions while they are on paid leave. During any portion of unpaid leave, the employee may request continuation of such benefits and pay their portion of the premiums, or the Company may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the Company may discontinue coverage during the leave. If the Company maintains coverage, it may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

No Retaliation

The Company will not retaliate against an employee for requesting or taking leave under this policy.

Returning from Leave

Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. If the position the employee held before leave started no longer exists due to economic conditions or operational changes that are made because of the public health emergency, and no equivalent position is available, the employee will not be returned to employment. However, for the period of one year after qualifying leave under this policy ends, the Company will make reasonable efforts to contact the employee if an equivalent position becomes available. Please contact Human Resources with any questions.

Emergency Paid Sick Leave

Eligibility

All current full- and part-time employees currently scheduled but unable to work (or telework) due to one of the following reasons:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to either # 1 or 2 above.
5. The employee is caring for his or her child because the child's school or place of care has been closed, or the childcare provider is unavailable, for reasons related to COVID-19.
6. The employee is experiencing a substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

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"Child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

"Individual" means an immediate family member, roommate or similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she self-quarantined or was quarantined. Additionally, the individual being cared for must: a) be subject to a federal, state or local quarantine or isolation order as described above; or b) have been advised by a health care provider to self-quarantine based on a belief that he or she has COVID-19, may have COVID-19 or is particularly vulnerable to COVID-19.

Amount of Paid Sick Leave

The Company will provide eligible full-time employees with up to two weeks of emergency paid sick leave (80 hours, or a part-time employee's two-week equivalent) when they are unable to work or telework due to qualifying COVID-19-related reasons.

If the employee's scheduled work hours vary, the Company will calculate their number of hours paid using one of the methods below:

- If the employee has worked 6 months or more, the average number of hours that they were scheduled per day over the 6-month period ending on the date on which they take leave, including hours for which they took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at their time of hire.

Increments and Intermittent Use of Leave [OPTIONAL SECTION]

When working from home, an eligible employee may take emergency paid sick leave intermittently and in any increment agreed to with your manager. Managers and employees are expected to be flexible in scheduling wherever possible.

If an employee is not teleworking but currently working onsite, they may only take intermittent leave for reason # 5 above. Due to the potential for exposing themselves or others in the workplace to the virus, the employee must either use the full amount of emergency paid sick leave or use it in full-day increments until the reason for their leave is over and it is safe for them to return to work.

Rate of Pay

For leave taken for reasons # 1-3 above, emergency sick leave will be paid at the employee's regular rate of pay, or the minimum wage, whichever is greater. If the employee is taking leave for reasons # 4-6 they will be compensated at two-thirds of their regular rate of pay, or minimum wage, whichever is more. Pay will not exceed:

- \$511 per day and \$5,110 in total for leave taken for reasons 1-3 above.
- \$200 per day and \$2,000 in total for leave taken for reasons 4-6 above.

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Interaction with Other Paid Leave

The employee may use emergency paid sick leave under this policy before using any other accrued paid time off for the qualifying reasons stated above.

If the employee is on Expanded FMLA leave under this policy they may use emergency paid sick leave concurrently with that leave. They may also be eligible to use emergency paid sick leave when on other types of leave due to their own COVID-19-related serious health condition or to care for a qualified family member for reasons related to COVID-19. Please contact Human Resources with questions.

Procedure for Requesting Emergency Paid Sick Leave

The employee must notify their manager or Human Resources of the need (and specific reason) for leave under this policy. An Emergency Paid Sick Leave Request form will be provided to all employees via email and upon request to Human Resources. Verbal notification will be accepted until practicable to provide written notice.

Documentation supporting the need for leave must be included with the leave request form, such as:

- The name of the government entity that issued the quarantine or isolation order.
- The name and relation of the individual the employee is taking leave to care for who is subject to a quarantine or isolation order or who is advised to self-quarantine.
- The name of the provider who advised the employee or the individual being cared for to self-quarantine due to concerns related to COVID-19.
- The name and age of the child or children being cared for; the name of the school, place of care, or child care provider that closed or became unavailable; and a statement that no other suitable person is available to care for the child(ren) during the period of requested leave.
 - For children over age 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.
- Any other documentation the Company is required to obtain to support a request for FFCRA tax credits. If additional documentation is required, the Company will inform the employee.

Once emergency paid sick leave has begun, the employee and his or her manager must determine reasonable procedures for the employee to report periodically on the employee's status and intent to continue to receive paid sick time.

Carryover

Paid emergency sick leave under this policy will not be provided beyond December 31, 2020. Any unused paid sick leave will not carry over to the next year or be paid out to employees at the end of the year or upon separation of employment.

Job Protections

No employee who appropriately utilizes emergency paid sick leave under this policy will be discharged, disciplined or discriminated against for work time missed due to this leave.

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Small Business Exemption

In accordance with the FFCRA, the Company may elect the FFCRA's small business exemption if providing leave would jeopardize the viability of the Company in the following situation:

- The employee's leave is to care for your child whose school or place of care is closed (or childcare provider is unavailable), whether for Expanded FMLA Leave or Emergency Paid Sick Leave; and
- The Company determines any one of the following:
 - Leave would result in expenses and financial obligations exceeding available business revenues and cause the Company to cease operating at a minimal capacity;
 - The employee's absence would entail a substantial risk to the financial health or operational capabilities of the business because of their specialized skills, knowledge of the business, or responsibilities; or
 - There are insufficient employees able, willing, and qualified at the time and place needed to perform labor or services provided by the employee, and these labor or services are needed for business to operate at a minimal capacity.

If the Company determines that the small business exemption applies to an employee's request for leave, it will provide them with written notice of the reason justifying the exemption.

Request for Expanded Family and Medical (EFMLA) Leave

In accordance with the Families First Coronavirus Response Act (FFCRA or Act) and from April 1, 2020 through December 31, 2020, eligible employees may request up to 12 weeks of expanded family and medical leave (EFMLA) when they are unable to work/telework because their child's school or place of care is closed (or their childcare provider is unavailable) for reasons related to COVID-19 concerns. To request Expanded Family and Medical Leave (EFMLA), please complete and return this form, along with supporting documentation, to HR.

Employee Name	Hire Date	Today's Date														
EXPANDED FAMILY AND MEDICAL LEAVE (EFMLA)																
<p>I am requesting Expanded FMLA leave for the dates listed below and attest that:</p> <ul style="list-style-type: none"> I am unable to work (or telework) in order to care for my minor child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; No other suitable person is available to care for my child during the requested period of leave; Special circumstances exist requiring my need for leave to care for a child ages 15-17; I have provided appropriate documentation supporting my need for leave; I have been employed by the Company for at least 30 calendar days as of the date of this request. 																
Date leave is expected to start:																
Duration of leave (# of days or weeks):																
Date leave is expected to end:																
Time off will be taken:	<p><input type="checkbox"/> As a continuous block of time.</p> <p><input type="checkbox"/> As a reduced work schedule (e.g., change in work schedule such as fewer hours per day or fewer hours per week).</p> <p>If a reduced work schedule is needed, indicate the days and hours you are available for work:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 5px;"><u>Mon.</u></th> <th style="padding: 2px 5px;"><u>Tues.</u></th> <th style="padding: 2px 5px;"><u>Wed.</u></th> <th style="padding: 2px 5px;"><u>Thur.</u></th> <th style="padding: 2px 5px;"><u>Fri.</u></th> <th style="padding: 2px 5px;"><u>Sat.</u></th> <th style="padding: 2px 5px;"><u>Sun.</u></th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table>		<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thur.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>							
<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thur.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>										

Employee Statement Supporting EFMLA Leave

I, _____, provide the following information in support of my request for expanded FMLA leave (complete all that apply):

Name of school or place of care closed due to concerns related to COVID-19:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child(ren) I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Name

Date

Request for Emergency Paid Sick Leave (EPSL)

I hereby request emergency sick leave pay (EPSL) available under the Families First Coronavirus Response Act (FFCRA) for the qualifying reason indicated below and have provided the required information on page 2 of this form.

Employee Name	Hire Date	Date Submitted
Reason for emergency paid sick leave (EPSL):		
<input type="checkbox"/>	1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19;	To request emergency paid sick leave (EPSL) due to a quarantine order or self-quarantine advice from a health care provider (reasons # 1-4), you must provide the following information: <ul style="list-style-type: none"> • For reason #1: name, address, & phone # of the health care professional advising self-quarantine OR name of the governmental entity ordering quarantine; • For reason # 2-3: name of clinic, telemed service, or hospital, and date of service; • For reason # 4: full name of the individual subject to quarantine and their relationship to the employee.
<input type="checkbox"/>	2. I have been advised by a health care provider to self-quarantine related to COVID-19;	
<input type="checkbox"/>	3. I'm experiencing COVID-19 symptoms and seeking a medical diagnosis;	
<input type="checkbox"/>	4. I am caring for an individual who: <ul style="list-style-type: none"> • is subject to a COVID-19-related Federal, State, or local quarantine or isolation order, or • has been advised by a health care provider to self-quarantine related to COVID-19; 	
<input type="checkbox"/>	5. I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; *	To request emergency paid sick leave (EPSL) because your child's school is closed or their childcare provider is unavailable due to a public health emergency (reason #5), or due to a substantially similar qualifying condition (reason #6), you must provide the following information: <ul style="list-style-type: none"> • For reason #5: <ul style="list-style-type: none"> ○ The name, address, and phone # of the school or place of care that is unavailable; ○ Full name and age of child(ren) to be cared for, including a statement of special circumstances for any child older than 14; • For reason #6: a statement detailing the qualifying condition & special circumstances.
<input type="checkbox"/>	6. I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.	

Request for Emergency Paid Sick Leave (EPSL)

PLEASE PROVIDE THE FOLLOWING INFORMATION:	
To request emergency paid sick leave (EPSL) due to a quarantine order or self-quarantine advice from a health care provider , you must provide the following information:	To request emergency paid sick leave (EPSL) because your child's school is closed or their childcare provider is unavailable due to a public health emergency , you must provide the following information:
REASON #1: Health Care or Government Entity Ordering Quarantine	REASON # 5: School or Place of Childcare
Name: Address: Phone #:	Name: Address: Phone #:
REASONS #2 -3: Name of clinic/hospital/telemed service	Full name and age* of child(ren) to be cared for
Date of service:	*Required for any child older than age 14: in the space below, describe the special circumstances that require you to provide care during daylight hours.
REASON # 4: Full name of individual subject to quarantine:	
Relationship to employee:	
(Empty space for details)	
(Empty space for details)	

SPECIAL CIRCUMSTANCES (Reasons # 5-6): Provide details of any special circumstances related to this request.

I certify that:

- I will promptly notify the Company of my need for EPSL and provide documentation (including follow-up documentation, if requested) to support my request for EPSL pay;
- If applicable, no other person will be providing care for the child(ren) named above during the period for which I am receiving EPSL pay;
- I understand that providing false or misleading information regarding the need for EPSL or any FFCRA qualifying event will be grounds for corrective action, up to and including termination of employment.

Employee Name

Date