

Family and medical leave policy (FMLA)

Federal law requires employers to provide family and medical leaves of absence for eligible employees. Depending on the state in which you work, state law may also apply to family and medical leaves of absence. Federal and/or state law may apply to a leave. This policy will be interpreted to comply with the law(s) that apply to a particular leave. To the extent state law mandates additional protection for pregnant employees, this policy also shall be interpreted consistently with such requirements.

The Leave Policy: Under the federal law ("FMLA"), an eligible employee may take up to 12 weeks of unpaid leave within a 12 month period. The 12 month period is determined utilizing a "rolling" 12 month period measured backward from the date an employee uses any FMLA leave. Where both state and federal laws apply, the leave provided by each will run concurrently.

Eligible Employees: For an FMLA leave, the employee must have worked for the Company for at least 12 months, and for at least 1,250 hours in the 12 months preceding the leave. Eligibility requirements may be different under state law.

Reasons For Leave: Family/medical leave may be used for: (1) the birth of a child and to care for a newborn child (must be taken within 12 months after the birth of the child); (2) the placement of a child for adoption or foster care and in order to care for the newly placed child (must be taken within 12 months after the placement of the child); (3) to care for a covered relative, which includes your spouse, child, parent, when that person has a "serious health condition," or (4) because of your own "serious health condition." For additional information regarding permissible reasons for leave please contact the Human Resources Department.

A "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves (a) inpatient care in a hospital, hospice, nursing home or residential medical care facility; or (b) continuing treatment, including outpatient treatment by a health care provider. For additional information regarding conditions that qualify as a "serious health condition" please contact

the Human Resources Department.

If both spouses are employed by the Company, the combined leave cannot exceed the individual maximum, except to care for a child or spouse with a serious health condition, or for the employee's own serious health condition, each spouse is entitled to his or her full leave.

Notice Of Leave: You should give the Company as much notice of the need for a leave as is practicable. At a minimum, you should give the Company at least thirty (30) days advance notice of the need for the leave, when possible. Where the need for leave is not foreseeable, you must notify the Company as soon as possible, certainly within two business days, after learning of your need for leave, except in extraordinary circumstances.

Medical Certification: If you are requesting leave because of your own or a covered relation's serious health condition, the appropriate health care provider must supply medical certification concerning the nature and expected duration of the illness. You may obtain a Medical Certification Form from the Human Resources Department. The medical certification should be provided with your request for a leave, if possible, and no later than 15 days after your request for leave. When the leave is foreseeable, you should also provide the medical certification before leave begins. If you do not provide the required medical certification in a timely manner, your leave may be delayed until it is provided.

The Company may also require an examination by a second health care provider designated by the Company and paid for by the Company. If the second health care provider's opinion conflicts with the original medical certification, the Company, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion. Also, the Company may require subsequent medical recertification during the leave. Failure to provide requested certification within 15 days, if such is practicable, may result in delay of further leave until it is provided.

Reporting While on Leave: If you take leave because of your own serious health condition or to care for a covered relation, you must contact the Company

periodically regarding the status of your condition and your intention to return to work. In addition, you must give notice as soon as practicable (within 2 business days if feasible) if the days of leave change or are extended or initially were unknown.

Required Use of Paid Leave As Substitute For Family/Medical

Leave:Family/medical leave is unpaid leave. Any applicable paid vacation, medical/sick leave, short or long term disability, workers compensation, or other paid personal leave will be substituted for unpaid family/medical leave. The leaves will run concurrently and the substitution of paid time for unpaid family/medical leave time does not extend the length of the leave.

Medical and Other Benefits:During your family/medical leave, the Company will continue to contribute toward the premium for your health benefits, as if you continued to be actively employed. If you receive a paycheck during your leave, the Company will deduct your portion of the health plan premium as a regular payroll deduction. If you will not be receiving a paycheck during your leave, you must pay your portion of the premium. Your health care coverage may cease if your premium payment is more than 30 days late.

If you do not return to work at the end of the leave period, you may be required to reimburse the Company for the cost of health benefit premiums paid by the Company to maintain coverage during your leave.

Intermittent and Reduced Schedule Leave:Leave due to a serious health condition may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the usual number of hours you work per workweek or workday), if medically necessary. Also, while you are on an intermittent or reduced schedule leave, the Company may temporarily transfer you to an available alternate position that better accommodates your recurring leave and that has equivalent pay and benefits.

The End Of Your Leave:At the end of your leave, you will be returned to work to your former position or one with similar pay and status in accordance with state and federal law. If you are medically unable to perform your original job

upon the expiration of your leave entitlement, you may be transferred to work suitable to your physical condition if such work is available. If your leave extends beyond the permissible period you may be returned to your former or a like position if one exists, but the Company cannot guarantee reinstatement.

If your leave is because of your own serious health condition, you must provide medical certification that you are fit to resume work. You may obtain a Return to Work Medical Certification Form from the Human Resources Department. An employee who fails to provide the Return to Work Medical Certification Form will not be permitted to resume work until it is provided.

If, at the end of your leave, you do not return to work, for whatever reason, your employment with the Company may be terminated.

Special Note For Leaves Relating To Pregnancy: From time to time, special rules apply to leaves relating to pregnancy. If you are requesting a leave for this purpose, please contact the Human Resources Department to review the terms of your leave.

For Additional Information: If you have any questions about the Company's leave policy, please contact the Human Resources Department.