

NOTICE OF OBLIGATIONS OF EMPLOYEES WHO TAKE FAMILY AND MEDICAL LEAVES

The following is an outline of obligations of employees who take Family and Medical Leaves and the potential consequences of failure to meet these obligations. Be sure you read this entire notice and ask any questions you have to reach a full understanding.

ADVANCE NOTICE

An employee requesting Family or Medical Leave must provide the employer with at least 30 days advance written notice before leave is to begin if the need for the leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or a family member. If 30 days notice is not practicable, such as because of a lack of knowledge of approximately when leave will be required to begin, a change in circumstances, or a medical emergency, notice must be given as soon as practicable.

“As soon as practicable” would mean at least verbal notification to the employee’s supervisor within two (2) business days of when the need for leave becomes known to the employee, except in extraordinary circumstances where such notice is not feasible.

If you fail to give 30 days notice for foreseeable leave with no reasonable excuse for the delay, the employer may deny the taking of leave until at least 30 days after the date you provide notice to the Human Resources Department of the need for leave.

TREATMENT SCHEDULES

When planning medical treatment, you must consult with your supervisor and make a reasonable effort to schedule leave so as to not disrupt unduly the employer’s operations, subject to the approval of the Health Care Provider. Employees are expected to consult with their supervisor prior to scheduling of treatment in order to work out a treatment schedule that best suits the needs of the employer and the employee. The employer may, for justifiable cause, require an employee to attempt to reschedule treatment, subject to the availability of the Health Care Provider to reschedule treatment and the approval of the Health Care Provider as to any modification of the treatment schedule.

MEDICAL CERTIFICATION

The employer requires that an employee’s request for leave. to care for the employee’s seriously ill spouse, child or parent or due to the employee’s own serious health condition that make the employee unable to perform the essential functions of the employee’s position, be supported by a certification issued by the Health Care Provider of the employee or the employee’s ill family member. You must have a medical certification forwarded to the Human Resources Department within 15 calendar days, absent extenuating circumstances.

In the case of foreseeable leave, an employee who fails to provide timely certification after being requested by the Human Resources Department to furnish such certification (e.g. within 15 calendar days, if practicable) may be denied the taking of leave until the required certification is provided.

If the leave is not foreseeable and you fail to provide a medical certification within a reasonable time under the pertinent circumstance, the employer may delay the continuation of your FMLA leave.

RECERTIFICATION

You may be required to provide certification if (a) the serious health condition is a chronic or permanent/long-term condition, (b) the circumstances in the existing medical certification have changed significantly, (c) information is received that cast doubt on the validity of the certification or (d) you request an extension of the FMLA leave.

SUBSTITUTION OF PAID LEAVE

You must substitute any accrued sick, personal and vacation time for any (otherwise) unpaid portion of medical leave taken for your own serious health condition (including childbearing).

GROUP HEALTH CARE PREMIUMS

Group health care plan benefits will be continued on the same basis as coverage would have been provided if the employee had been continuously employed during the leave period. Therefore, the share of health plan premiums that you have been paying (if any) prior to leave must continue to be paid by you during the leave period. If premiums are raised or lowered, you will be required to pay the new premium rates.

While the employer will continue to maintain health benefits, the employer's obligation to maintain health insurance will cease if an employee's premium payment is more than 30 days late. All other entitlements would continue.

The employer may recover your share of any premium payments missed by you for any leave period during which the employer maintains health coverage.

INTENT TO RETURN TO WORK

The Human Resources Department may require you to report periodically on your status and intent to return to work while you are on leave.

ABILITY (INABILITY) TO RETURN TO WORK

If the leave was occasioned by your serious health condition that made you unable to perform your job (except on an intermittent basis), you must present a certification from

your Health Care Provider which certifies that the health condition which created the need for the leave no longer renders you unable to perform the essential functions of the job in your former position or in a specific equivalent position. The employer may deny restoration to employment until you submit the required fitness for duty certification.

When an employee is unable to return to work after FMLA leave because of the continuation, recurrence or onset of a serious health condition, the employer may require medical rectification of the employee's or the family member's serious health condition. The employee is required to provide medical certification within 30 days from the date of the employer's request. If the Human Resources Department requests medical certification and you do not provide such certification within 30 days, you will be required to reimburse the employer for any health benefit premiums it paid on your behalf during the period of unpaid leave.

FRAUD

Any employee who fraudulently obtains a Family or Medical Leave from the employer may be subject to loss of job restoration and maintenance of health benefit entitlements.

YOUR QUESTIONS

The Human Resources Department will responsively answer any questions you have concerning your rights and responsibilities under the employer's Family and Medical Leave policy applicable to federal and state law.

I have requested a Family and Medical Leave and I have received, read and understand the Notice of Obligations in response to my request. I understand the potential consequences of my failure to fulfill any of these obligations.

Signature

Date