

| <b>Merakey Policy and Standards</b>                          |                       |
|--|-----------------------|
| Policy Name: Leave of Absence                                | Page: 1 of 4          |
| Policy Number: 403.14  | Cross Reference: None |
| Original/Effective Date: April 1, 1999                       | Region: All           |
| Revised Date: June 2013, July 2010, October 2005, April 2005 | Applies To: All       |

### **Policy:**

Merakey will provide military, jury duty, bereavement, and leave time to eligible employees when corporate standards and procedures are followed. Where applicable, collective bargaining agreements will take precedence.

### **Standards:**

#### **I. Military Leave**

- A. Requests for leaves of absence related to service in the United States Armed Forces, Reserves or National Guard shall be granted in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA).
- B. Employees must contact Merakey Leave Administration to request the appropriate leave. Documentation related to call for active service must be given to the employee's supervisor.
- C. Employees returning from an approved military leave are guaranteed their former position, if such a position still exists, or a comparable position as per applicable law.
- D. Employees on military leave will not be compensated for time away from the organization.
- E. Earned available vacation or personal time will be paid to the employee upon request.
- F. While on a military leave, the Company's contribution to the retirement plan (if applicable) will cease. Upon reemployment, Merakey will reinstate the employee in the retirement plan with a service date retroactive to the starting date of the military leave (if they were a member of the plan) or to the date of eligibility for membership in the plan, whichever is later. Any other retirement plan provisions will be in accordance with USERRA.
- G. Employees who currently participate in group life, health, and disability plans will retain their coverage for up to twelve (12) weeks if requested. Employees will be responsible for paying the appropriate premiums (contributions) during the leave period. If applicable, benefits may be continued at the employees' expense for up to 24 months through COBRA.
- H. Employment benefits such as vacation, sick, personal and/or PTO leave will not accrue during the leave of absence.
- I. An employee's probationary and anniversary dates may be adjusted to reflect the leave time away from actual active work duty.

#### **II. Jury Duty**

- A. In accordance with applicable law, time off from work will be provided for employees serving on jury duty.
- B. Employees must notify their supervisor as soon as possible, once they have received a notice to serve on jury duty. Employees must complete the Leave Request Form (attached) and attach a copy of their letter to report for jury duty at the time of the request. Forms shall be forwarded to the employee's immediate supervisor.
- C. If an employee serves on a jury, the organization will pay the employee his/her regular wages. The employee will then return all monies received from the court to Merakey through their local Human Resources Department.
- D. Jury Duty is not counted as time worked for the purpose of calculating overtime pay.
- E. Merakey reserves the right to make decisions concerning payment and length of paid leave on a case-by-case basis

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### **III. Death in the Immediate Family**

- A. Paid bereavement leave of up to three (3) workdays will be granted to regular full-time and part-time employees following the death of an immediate family member.
- B. Paid bereavement leave may be granted up to one (1) day following the death of a non-immediate family member.
- C. For purposes of bereavement leave, a workday is defined as the standard hours an employee would normally work per day and is pro-rated for part-time employees (i.e., a 24 hour/week employee has a standard workday of 4.8 hours; 24 hours divided by 5 workdays).
- D. Immediate family is defined as spouse, mother, father, legal guardian, child, brother, sister, grandparents, grandchildren, father-in-law, mother-in-law, brother-in-law, sister-in-law, daughter-in-law, son-in-law, or any member of the employee's actual household.
- E. In order to be eligible for bereavement pay, the employee is expected to notify his/her Department/Program Manager as soon as possible so that arrangements can be made to cover the absence.
- F. Time paid for purpose of bereavement leave will not be counted as hours worked for purposes of computing overtime pay.
- G. Wages paid for this leave will be paid at the employee's regular hourly rate, including differentials if applicable.
- H. Bereavement leave will not be paid in addition to any other type of allowed pay for the same day, or while collecting workers' compensation or while on leave of absence status.
- I. The supervisor, in conjunction with Human Resources, may require adequate documentation from the employee in order to receive bereavement pay.

### **IV. FMLA**

- A. Eligible employees are entitled to unpaid leaves of absence as provided by the Family and Medical Leave Act (FMLA) of 1993. Eligible employees are those who have been employed by Merakey or one of its family of companies for at least twelve (12) months and have worked at least one thousand and two hundred and fifty (1,250) hours for Merakey or one of its family of companies during the twelve (12) month period immediately preceding the commencement of leave.
- B. Eligible employees are entitled to a total of twelve (12) weeks of job protected unpaid leave in a twelve (12) month period for any one or more of the reasons stated under FMLA. FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances including birth, adoption or foster care of a child. Leave to care for a newborn or newly placed child must be concluded within 12 months of the birth or placement.
- C. A rolling twelve (12) month period is used to calculate eligible leave time.
- D. When there is a conflict between state and federal leave provisions, the statute which offers the employee the greater benefit will prevail.
- E. FMLA runs concurrently with Workers' Compensation.
- F. FMLA must be requested through Merakey Leave Administration.
- G. A minimum of thirty (30) days advance notice of the intent to take FMLA is required when the leave is foreseeable.
- H. Thirty (30) days advance notice may not be feasible in every case. In those situations where leave is being requested to begin in less than 30 days, the employee must give notice within one (1) business day of when the employee learns of the need for the Leave of Absence.
- I. Merakey will require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the expense of Merakey) and documentation confirming ability to return to work. Merakey does require a return to work certification for leaves taken for the employee's own serious medical condition.

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- J. Taking of leave may be denied if requirements are not met.
- K. Employees are required to use vacation, sick and/ or PTO time as appropriate for FMLA except for disability covered by Workers' Compensation or disability insurance. Employees are not required to use personal time during FMLA.
- L. Employees who take FMLA are entitled, on return from leave, to their position of employment or equivalent position with equivalent pay and benefits subject to all terms and conditions of the law. Employees are prohibited from having any outside employment during a leave period unless prior written approval is obtained from executive management.
- M. The use of FMLA does not result in the loss of any employment benefit that accrued prior to the leave. During FMLA, no holiday, vacation, sick or PTO time will accrue. Health benefits will continue during the leave. The employee is responsible to pay their portion of any applicable premiums while out on leave.

#### V. Leave of Absence

- A. If an employee does not qualify for a leave under the Family and Medical Leave Act (FMLA), Merakey may grant an unpaid leave of absence to regular full-time and part-time employees of up to twelve (12) weeks for the same reasons allowable under FMLA. An eligible employee can take up to twelve (12) weeks of unpaid leave during any rolling twelve (12) month period for the same conditions allowed under FMLA.
- B. A minimum of thirty (30) days advance notice of the intent to take a Leave of Absence is required when the leave is foreseeable.
- C. Thirty (30) days advance notice may not be feasible in every case. In those situations where leave is being requested to begin in less than 30 days, the employee must give notice within one (1) business day of when the employee learns of the need for the Leave of Absence.
- D. The leave must be requested through Merakey Leave Administration. Documentation verifying the necessity of the leave will be sent to the employee by Merakey Leave Administration. For purposes of leave that is medically related, documentation similar to that mandated under the Family and Medical Leave Act will be required. All appropriate leave of absence paperwork must be completed and returned within the timeframe specified.
- E. The leave must be approved by Merakey Leave Administration.
- F. Employees must make an effort to schedule ordinary personal and business affairs outside working hours.
- G. The minimum amount of time that may be taken is one (1) week. Intermittent Leave of Absence is not available.
- H. If a decision is made to grant the leave, notification of approval will be communicated to the employee. There are no guarantees of reinstatement of employment however efforts will be made to reinstate the employee to the same or similar position if available.
- I. In the event that the returning employee cannot be placed in any suitable position, employment with Merakey will cease.
- J. Available vacation, personal and/or PTO time will be used first, and will run concurrent with the leave period unless the leave is for the employee's own medical condition. Once the employee has exhausted all accrued vacation, personal and/or PTO time the remainder of the leave will be unpaid.
- K. Sick Leave may only be used if the leave of absence is for the employee's own medical condition. In this instance, sick time may be used before vacation, personal and/or PTO time. . If applicable, (up to three (3) sick days per year\*) *\*request placed to increase to two weeks* may be applied for the illness or injury of an immediate family or household member after accrued vacation, personal and/or PTO time has been used.

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- L. Employees who currently participate in group life, health and disability plans will retain their insurance coverage for the paid portion of the leave. While still receiving a paycheck from Merakey, regular health deductions will continue. At the point where a leave of absence becomes unpaid, health benefits through the company will end and the employee will be eligible to continue coverage at their own expense through COBRA.
- M. All other employment benefits such as vacation, sick and personal leave will not accrue during the leave of absence.
- N. During a personal leave of absence, an employee's probationary, and anniversary dates may be adjusted to reflect the leave time away from actual active work duty. If the leave begins prior to completion of the waiting period for benefits, employees may still enroll in medical, prescription, dental and vision coverage. These coverages will become effective upon completion of the benefits waiting period. For life and disability insurances, the employee must be actively at work in order for the benefits to commence. If the employee is not actively at work, life and disability insurances will commence on the day the employee returns to active work status.
- O. Employees are prohibited from working at an employer other than Merakey, and its family of companies, during the leave period unless prior written approval is obtained from executive management. If such approval is not obtained and it is found that the employee is working, automatic termination will occur.
- P. Failure to return from leave on the agreed return date will be viewed as a voluntary resignation

## **VI. Personal Leave of Absence**

- A. If an employee's reason for leave does not qualify under the Family and Medical Leave Act (FMLA) or Leave of Absence policy, Merakey may grant an unpaid leave of absence to regular full-time and part-time employees of up to twelve (12) weeks for compelling personal reasons. Such time off cannot adversely affect the normal conduct of business.
- B. An eligible employee can take up to twelve (12) weeks of unpaid personal leave, with management and Human Resources approval, during any rolling twelve (12) month period.
- C. A minimum of thirty (30) days advance notice of the intent to take a Leave of Absence is required when the leave is foreseeable.
- D. Thirty (30) days advance notice may not be feasible in every case. In those situations where leave is being requested to begin in less than 30 days, the employee must give notice within one (1) business day of when the employee learns of the need for the Personal Leave of Absence.
- E. The Personal Leave Request Form (attached) must be completed. Any supporting documentation verifying the necessity of the leave is required to be attached. All personal leaves must be approved by the immediate supervisor, the Department/Program Director, and Human Resources.
- F. In considering an employee's request for personal time off, the seriousness of the matter prompting the request will be considered.
- G. Such requests should be in response to serious personal needs rather than for occasional time off to rest or relax.
- H. Employees must make an effort to schedule ordinary personal and business affairs outside working hours.
- I. The requesting employee's performance record and previously granted time off will be considered before granting a time off request.
- J. All appropriate leave of absence form(s) must be completed for all leaves and the minimum amount of personal time that may be taken is one (1) week.

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- K. If a decision is made to grant the leave, notification of approval will be communicated to the employee. There are no guarantees of reinstatement of employment however efforts will be made to reinstate the employee to the same or similar position if available.
- L. In the event that the returning employee cannot be placed in any suitable position, employment with Merakey will cease.
- M. Available vacation, personal and/or PTO time must be used and will run concurrent with the leave period. Once the employee has exhausted all accrued vacation, personal, and/or PTO time, the remainder of the leave will be unpaid.
- N. Employees who currently participate in group life, health and disability plans will retain their insurance coverage for the paid portion of the leave. While still receiving a paycheck from Merakey, regular health deductions will continue. At the point where a personal leave of absence becomes unpaid, health benefits through the company will end and the employee will be eligible to continue coverage at their own expense through COBRA.
- O. All other employment benefits such as vacation, sick and personal leave will not accrue during the leave of absence.
- P. During a personal leave of absence, an employee's probationary, and anniversary dates may be adjusted to reflect the leave time away from actual active work duty. If the leave begins prior to completion of the waiting period for benefits, employees may still enroll in medical, prescription, dental and vision coverage. These coverages will become effective upon completion of the benefits waiting period. For life and disability insurances, the employee must be actively at work in order for the benefits to commence. If the employee is not actively at work, life and disability insurances will commence on the day the employee returns to active work status.
- Q. Employees are prohibited from working at an employer other than Merakey, and it's family of companies, during the leave period unless prior written approval is obtained from executive management. If such approval is not obtained and it is found that the employee is working, automatic termination will occur.
- R. Failure to return from leave on the agreed return date will be viewed as a voluntary resignation
- S. If the leave is denied, the employee may choose to follow the Problem Resolution and Appeal Procedure Policy (HR 403.15).

### Attachments

Personal Leave of Absence Request and Instructions  
 Designation Notice for Personal Leave of Absence  
 Request for Time-off Form

### Mandatory Approval Signatures – All Policies

|                                  |   |                    |                        |   |                    |
|----------------------------------|---|--------------------|------------------------|---|--------------------|
| <u>Chairman &amp; CEO:</u>       | <u>Signature available upon request</u> | <u>Date:</u> _____ | <u>CFO:</u>            | <u>Signature available upon request</u> | <u>Date:</u> _____ |
| <u>COO:</u>                      | <u>Signature available upon request</u> | <u>Date:</u> _____ | <u>EVP Corp Admin:</u> | <u>Signature available upon request</u> | <u>Date:</u> _____ |
| <u>Chief Compliance Officer:</u> | <u>Signature available upon request</u> | <u>Date:</u> _____ | <u>Other:</u>          | _____                                   | <u>Date:</u> _____ |



## Personal Leave Of Absence Request

A.

|   |                      |
|---|----------------------|
| Employee Name: _____ Date: _____  |                      |
| Employee Address: _____   |                      |
| Work Site: _____ Supervisor: _____  |                      |
| Position Title: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> FFS   |                      |
| I acknowledge there are no guarantees of reinstatement to a position however efforts will be made so I may be reinstated to the same or similar position held prior to the leave. If currently participating in health benefits through the company, benefits will continue only for the paid portion of the leave. |                      |
| Employee Signature _____  | Date Submitted _____ |

★ Do you currently have benefits through Merakey?

☐ YES

☐ NO

B.

|  |   |
|--|---|
| <b>Reason for Personal Leave of Absence:</b><br><input type="checkbox"/> (Philadelphia only) Unpaid Leave Due to Domestic or Sexual Violence<br><input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____<br>_____<br>_____ | <b>Leave Dates:</b><br><br>Last Day Worked: _____<br>Projected Start Date: _____<br>Projected End Date: _____ |
| Please attach any supporting documentation available to substantiate the need for the Personal Leave of Absence. If more room is needed for explanation, attach additional paperwork.  |   |

Forward this document to Supervisor or Supervisor's designee immediately upon signing.

C.

|                            |                     |
|----------------------------|---------------------|
| Supervisor Signature _____ | Date Received _____ |
|----------------------------|---------------------|

D.

|                                     |  |
|-------------------------------------|--|
| <b>Approve ( ) Deny ( ) Reason:</b> |  |
| Supervisor _____                    | Leave taken in last 12 months: ( ) Yes ( ) No<br><br>** If the employee has benefits through Merakey, please email the HRO-Benefits mailbox to notify Benefits of the start/end date of the Personal Leave of Absence. |
| Director _____                      |  |
| Human Resources _____               |  |



## **Personal Leave of Absence Request Form Instructions**

This form is to be completed for an employee requesting a leave of absence for reasons that fall outside of FMLA guidelines (and therefore not eligible for either an FMLA or Leave of Absence according to Merakey policy).

### **Section A.**

This section must be completed by the employee. Form must be signed by the employee. Please submit directly to the supervisor or the supervisor's designee as soon as possible upon completion. The date in this section should reflect the date the form was submitted.

### **Section B.**

This section must be completed by the employee. The section needs to outline the reason for the leave and the start and end date of the leave request. If applicable, any supporting documentation must be attached. If more room is needed for the explanation, additional paperwork may be attached.

### **Section C.**

The supervisor or supervisor's designee must sign and date the form when received. The supervisor should contact the Human Resources Business Partner (HRBP) within 48 hours of receipt.

### **Section D.**

Approval Process – The supervisor should submit the request form to the Program/County/Service Line Director for review. The Director in conjunction with the supervisor and HRBP will approve or deny the request as soon as possible but not later than one week of receipt of the request form. If denied, the reason for the denial must be outlined on the form. The employee will be sent the Personal Leave of Absence Designation Notice to inform them of the status of their request.

If approved, a Status Change Form must be completed and processed through proper channels to ensure the leave is properly documented in the HRIS system. If the leave is approved and the employee has noted they currently have benefits through Merakey, the Benefits Department must be notified immediately through the HRO-Benefits email address of the start and end dates of the leave.



## Designation Notice Personal Leave of Absence

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To: Employee Name  
Employee

From:  
Employer Representative

Date: June 7, 2013

We have reviewed your request for leave under the Merakey Personal Leave of Absence policy and any supporting documentation that you have provided. We received your most recent information on DATE and decided:

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☐ **Your Personal Leave of Absence request is approved. All leave taken for this reason will be designated as Personal Leave of Absence leave.**

Merakey requires that you notify us as soon as practicable if dates of scheduled leave change. Based on the information you have given to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

☐ Provided there is no deviation from your anticipated leave schedule, the following number days or weeks will be counted against your leave entitlement: approximately 12 weeks. Your leave will begin on: DATE

Please be advised:

- We are requiring you to use your vacation, personal and/or other PTO earned time during your Personal Leave of Absence leave.
- Based on the information provided, your Personal Leave of Absence end date is projected to be DATE. If this changes, please contact us immediately.
- There are no guarantees of reinstatement to a position however efforts will be made to reinstate you to the same or similar position you held prior to your leave.
- Employees who currently have health insurance through Merakey will retain benefits through the paid portion of the leave. While receiving a paycheck through Merakey, regular health deductions will occur. At the point the leave becomes unpaid, health benefits through the company will cease and you will be eligible to continue coverage at your expense through COBRA.

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☐ **Additional information is needed to determine if your Personal Leave of Absence request can be approved:**

☐ The request you have provided is not complete and sufficient to determine whether the Personal Leave of Absence policy applies to your leave request. You must provide the following information no later than \_\_\_\_\_, or your leave may be denied (unless it is not practicable under the particular circumstances despite your diligent good faith efforts).

**Information needed to make the request complete and sufficient:** \_\_\_\_\_

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☐ **Your Personal Leave of Absence request is not approved**

- ☐ The Personal Leave of Absence policy does not apply to your leave request
- ☐ You have exhausted your Personal Leave of Absence leave entitlement in the applicable 12-month period
- ☐ Other:

If you do not agree with the Personal Leave of Absence denial, you may follow the Problem Resolution and Appeal Procedure (HR 403.15).

If you have any questions, please contact:





## REQUEST FOR TIME OFF

### EMPLOYEE INFORMATION SECTION

NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DIVISION/UNIT: \_\_\_\_\_

### REQUEST FOR TIME OFF (PLEASE SPECIFY DAYS AND IF APPLICABLE, HOURS):

- ☐ VACATION  
DATES: \_\_\_\_\_
- ☐ PERSONAL DATES: \_\_\_\_\_
- ☐ BEREAVEMENT DATES: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_
- ☐ OTHER (JURY DUTY, HOLIDAY): \_\_\_\_\_  
**Additional documentation may be required to support request**
- ☐ SICK DATES : \_\_\_\_\_  
**Employees absent three (3) or more consecutive days due to accident/illness must submit a physician's statement to Department/Program Director, or designee, on the day the employee returns to work**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### DO NOT WRITE BELOW – SUPERVISOR'S USE ONLY

| APPROVED | DISAPPROVED* | IF DISAPPROVED, SPECIFY REASON IN REMARKS SECTION: | DATE rec'd by Supv: |
|----------|--------------|--|---------------------|
|          |              | IMMEDIATE SUPERVISOR (OR DESIGNEE):                | DATE:               |
|          |              | DEPARTMENT HEAD:                                   | DATE:               |

Immediate Supervisor is required to return this form to the employee either approving or disapproving the requests for time off by the end of the employee's shift prior to the beginning of the time off , but no more than 5 days from the date the request is received.

\* NOTES / REMARKS:

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**REQUESTS FOR TIME OFF MUST BE SUBMITTED IN ACCORDANCE WITH CORPORATE AND DEPARTMENTAL GUIDELINES**

Revised 4/10