## Family and Medical Leave

The Company provides *eligible* employees unpaid family leave and medical leave in accordance with the federal Family and Medical Leave Act of 1993 for any of the following reasons:

Family Leave

* the birth of an employee’s child and in order to care for such child.
* the adoption of a child by an employee or the placement of a foster child in an employee’s home.
* in order to care for an employee’s spouse, child or parent who has a serious health condition.
* because of any qualifying exigency arising out of the fact that the spouse, or a son, daughter, or parent of an employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces (“Qualifying Exigency Leave”).
* to care for a Covered Servicemember with a serious injury or illness who is the spouse, son, daughter, parent, or next of kin of the employee (“Military Caregiver Leave”).

Medical Leave

* for your own serious health condition that makes you unable to perform the functions of your job.

Definitions

"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, or over 18 years of age and incapable of self-care because of a mental or physical disability. "Parent" means a biological parent or an individual who stands or stood in loco parentis to an employee when the employee was a child. It does not include in-laws.

A “serious health condition” generally means an illness, injury, impairment or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility or continuing treatment by a health care provider. For a more specific definition, consult the applicable FMLA regulations.

“Covered Service Member” means a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list.

“Qualifying exigency,” “active duty,” “serious injury or illness,” and any other term not defined in this policy shall be defined in accordance with the applicable FMLA regulations.

Eligibility

You are eligible for family and medical leave pursuant to the FMLA only if (a) you have been employed by the Company for at least twelve months, (b) you have completed at least 1,250 hours of service in the twelve month period immediately prior to your request for the leave of absence, and (c) you are employed at a worksite where the Company employs at least 50 employees within 75 miles of that worksite.

Entitlement

Under the FMLA, you are entitled to up to twelve (12) weeks of family and medical leave, in total (26 weeks for Military Caregiver Leave), in any rolling 12-month period. Because the total leave time is limited, you should coordinate your family and medical leave time if you plan to take both types of leave in the same 12-month period. Any employee who is eligible for and takes any period of family and medical leave will have that leave designated as family and medical leave and counted against his or her total leave allotment.

An employee's entitlement to family leave for birth of a child, adoption or placement of a foster child expires at the end of the 12-month period beginning on the date of the birth, adoption or placement.

Payments and Benefits While on Leave

For any type of family or medical leave, if you have any accrued but unused vacation or personal days when you begin your unpaid leave, you may substitute all of this paid time-off for all or part of your unpaid leave of absence. For a medical leave, if you have any accrued but unused sick days you may substitute all of this paid time off for all or part of your unpaid leave of absence. However, the unpaid leave (both medical and family leave) and the paid time-off (salary continuation, vacation, sick and personal days, and other paid leave time) used during the leave of absence, in total, still may not exceed the maximum twelve weeks (26 weeks for Military Caregiver Leave) in the 12-month period.

During your family or medical leave, the Company's medical insurance will continue as if you were actively employed, unless you elect not to continue your coverage. As such, during the medical or family leave, you are required to pay your portion of the cost of such coverage. If you continue to receive pay while on leave, the cost of your coverage will automatically be deducted from your pay, as it is while you are working. If you stop receiving pay while you are on leave, you must send the payment to the Company every month. Alternatively, you may pay the entire cost of your coverage at the beginning of the leave or when automatic deductions cease. Except in certain limited circumstances, the Company may recover premiums it paid for maintaining group health plan coverage during any period of unpaid family or medical leave if you fail to return to work after your family or medical leave has expired.

During your family or medical leave, the Company’s other group insurance benefits will continue as if you were actively employed. In addition, you will not accrue any paid time off while on a family or medical leave.

Notification

Where foreseeable, you are required to give at least thirty days written advance notice of the family or medical leave of absence to the Human Resources Department. If it is impossible to provide thirty days advance notice, you must provide notice as soon as is practicable. It generally should be practicable for an employee to provide notice of unforeseeable leave within the time prescribed by the usual and customary notice requirements applicable to such type of leave. Your notice must explain the reasons for the leave in sufficient detail so as to allow the Company to determine whether the leave actually qualifies as FMLA leave.

With regard to Qualifying Exigency Leave, in any case in which the necessity for such leave is foreseeable, whether because the spouse, or a son, daughter, or parent, of the employee is on active duty, or because of notification of an impending call or order to active duty in support of a contingency operation, the employee must provide such notice to the Company as soon as is reasonable and practicable.

Certification

At the time you request leave, you will be asked to provide a certification from your, or your family member’s, health care provider on a form provided by the Company. If you do not supply the Company with the completed and signed certification at the time you make the request for the leave, or within 15 days of the request, your leave request will be denied until you provide the proper certification. You may also be asked, during your family leave of absence, to have the treating health care provider provide re-certification of the continued necessity of your leave.

For purposes of confirmation of family relationship or confirmation of the adoption of a child or placement of a foster child, the Company may require you to provide reasonable documentation or statement of family relationship. Employees taking Qualifying Exigency Leave must provide complete and submit the form that is given to them by the Company.

The Company may require an examination by a health care provider of the Company’s choosing to confirm the necessity for the leave, as well as its duration.

Intermittent or Reduced Schedule Leave

A medical leave or a family leave may be available on an intermittent or reduced schedule basis if you or your family member is receiving treatment for a serious health condition and it is medically necessary for you to take the time off on this basis. The Company will require certification from the health care provider for the need for you to take time off on this basis, including that such leave is medically necessary, the expected duration and schedule of such leave, and (if applicable) that the leave is necessary to care for the ill family member or will assist in the family member’s recovery. If you do not supply the Company with the certification at the time you make the request for the leave, or within 15 days of the request, your leave will be denied until you provide the proper certification. If the leave is foreseeable based on medical treatments, you are required, if reasonably possible, to schedule the treatments so as not to disrupt unduly the operations of your department. The Company may, at its option, temporarily transfer you to an available alternative position with equivalent pay and benefits if you request intermittent leave or a reduced work schedule and the need for leave is foreseeable based on planned medical treatment, provided you are qualified for that alternate position and it better accommodates recurring periods of leave than your regular position. Intermittent leave is not available under the FMLA for leave taken for the birth or adoption of a child, or placement of a foster child.

Reinstatement

On your return from family or medical leave pursuant to the FMLA, you are generally entitled to the same position you held when the leave commenced, or to an equivalent position with equivalent benefits, pay and other terms and conditions of employment. You should note that you have no greater right to reinstatement or to other benefits and conditions of employment than if you had not taken the leave (e.g., if due to economic conditions you would have lost your job regardless of whether or not you went on leave, you will not be entitled to reinstatement). The Company also reserves the right to deny reinstatement to “key” employees, as permitted under applicable law. Employees will be notified at the time of their leave if they are key employees.

After an approved medical leave, you will be asked to provide certification of your ability to return to work from your health care provider. The Company will not allow you to return to work if you fail to submit a fitness for duty report.

If you are not well enough to work after exhausting the entire allowable medical leave, you may be eligible to take an unpaid medical leave of absence. In such a case, your leave will become a medical leave of absence not covered by the Family and Medical Leave Act and you will not be entitled to any rights and benefits under this policy.

If you fail to return to work after an approved family or medical leave and are not authorized to take any additional leave time, then your position at the Company will be considered abandoned. This will be treated as a voluntary termination of employment on your part.

Legal Compliance

This policy will be interpreted and applied in accordance with the Federal Family and Medical Leave Act, regulations thereunder, and all other applicable laws, and to the extent that this policy may conflict with those laws they are controlling over this policy. Further, the Company retains all rights and defenses under applicable law, whether or not specifically set forth in this policy.

## Paid Parental Leave Policy

We place a high value on our employees. Our Paid Parental Leave policy is a clear statement of the value we place on our people and our wish to support you when you decide to start or grow your family.

Our Paid Parental Leave policy is meant to complement any applicable federal and state disability pregnancy and/or family care level legislation, if any. In many cases you may not otherwise qualify for the Family and Medical Leave Act (FMLA) or state leave. For more information on federal and state regulations, contact the Human Resources Department.

You are eligible for Paid Parental Leave if you are a regular full time employee of [AGENCY] and request time to care for your child after birth, or after a child is placed with you for adoption or foster care. Regular part-time employees who average a minimum of 22 hours per week are also eligible for paid parental leave, prorated based on the percentage of a full-time schedule a part-time individual works. Contact Human Resources for details.

Requested Paid Parental Leave must be taken immediately upon the birth of your child or after a child is placed with you for adoption or foster care. Similar to the FMLA leave policy, intermittent leave is not available for Paid Parental Leave taken for the birth or adoption of a child, or placement of a foster child.

Paid Parental Leave is paid as follows **less** compensation received from any disability insurance payments including state insurance and/or group insurance programs:

**One or more years of employment**

* + Twelve weeks of paid parental leave paid at 100% of base salary

**Under one year of employment**

* + Two weeks of paid parental leave paid at 100% of base salary

You may choose to return to work earlier than the designated leave periods. These are only meant to identify maximums under this policy.

Full vesting in all benefits will continue during the leave but you will not accrue any vacation time during Paid Parental Leave. You may continue to make contributions to the retirement program and/or other optional benefits during the time you are still receiving a paycheck.

Insurance Premiums

Health insurance premiums normally paid by the company will be continued during the leave. Employees will continue to pay premiums for optional insurance and/or the employee portion of the health insurance coverage as applicable.

Should you elect to go on unpaid leave, you may be required to enroll in COBRA coverage to continue your health benefits under the plan. If that occurs and you return to work on or before the 15th of a given month, [AGENCY] will cover the cost of your COBRA coverage for that month.

If you do not return from Paid Parental Leave, you will be required to reimburse [AGENCY] for payment of your health insurance premiums paid on your behalf during the leave.

Notice Requirements

In order to ensure a smooth transition of your duties for handover to your team during the leave, it will be your responsibility to develop a full transition plan with your practice leader.

To request leave provide at least 30 days advance notice, in writing, when the leave is foreseeable. For unforeseen events, such as premature birth or adoption, request the leave as soon as it is possible to do so. When possible, additional notice is appreciated to ensure a smooth transition of duties during your leave. The leave request must be submitted to Human Resources with medical certification stating the estimated date of delivery or certification by a placement agency stating the estimated date of placement for adoption or foster care.

If you elect to return to work earlier than the expiration date of your leave, you must provide written notification to your manager a minimum of 5 work days prior to your intended return to work date.

A continued absence from work beyond the time available to you under this policy or any other applicable policy may be deemed a voluntary resignation of employment with [AGENCY]. In addition, you are not permitted to work elsewhere during your leave from [AGENCY].

If you do not return from Paid Parental Leave, you will be required to reimburse [AGENCY] for payment of your wages under the Paid Parental Leave policy, unless you do not return due to either the continuation, recurrence, or circumstances beyond your control.