

**Completion Instructions**

- Complete all employee information.
- Read all appropriate acknowledgment of receipts.
- Send the completed and signed form to your Administaff payroll specialist with the rest of your completed employment forms.
- By completing this form you are acknowledging receipt of all applicable policies.
- For additional information, contact your Administaff human resources specialist or payroll specialist.

**EMPLOYEE INFORMATION - Complete all fields.**

Employee Name	Last 4 Digits of Social Security Number
Client Company Name	Client Number

**ANTI-HARASSMENT POLICY ACKNOWLEDGMENT OF RECEIPT  
(Rev. 04-01-09)**

I have received a copy of the Company's Anti-Harassment Policy (for the purposes of this policy, "Company" means Administaff and the Client Company.)

I understand it is my responsibility to carefully read the policy and become familiar with its contents. If I have any questions or need to report a complaint, I will bring my concerns to the attention of both my supervisor, manager or owner of Client Company and the Anti-Harassment hotline number at 800-242-8893, ext. 3000 or 281-312-3000 in the Houston area.

**DRUG-FREE WORKPLACE POLICY ACKNOWLEDGMENT OF RECEIPT  
(For Texas Employees Only)  
(Rev. 04-01-09)**

I have received a copy of the Company's Drug-Free Workplace Policy (for the purposes of this policy, "Company" means Administaff and the Client Company).

I understand it is my responsibility to carefully read the policy and become familiar with its contents.

I understand the policy and accept its provisions as terms and conditions of my employment with the Company. I further understand that violations of the policy could result in termination of my employment, and, therefore, I agree to abide by the terms of this policy.

**FAMILY AND MEDICAL LEAVE POLICY ACKNOWLEDGMENT OF RECEIPT  
(Rev. 12-01-09)**

I have received a copy of the Client Company's Family and Medical Leave Policy.

If I have any questions about my rights or responsibilities under this policy, I will contact the Administaff Contact Center at 866-715-3552 (select "Benefits"), accessible weekdays between 7 a.m. and 7 p.m. Central time.

**SIGN AND DATE THE FORM**

Employee Signature	Date Signed
--------------------	-------------



**[EMPLOYEE: KEEP THIS COPY FOR YOUR RECORDS]**

It is the policy of the Company to maintain a working environment that encourages mutual respect, promotes respectful and congenial relationships between employees and that is free from all forms of harassment by anyone, including supervisors, co-workers, vendors, contractors or customers. Harassment, even when not unlawful or directed at a protected category, is expressly prohibited and will not be tolerated by the Company. Accordingly, Company management is committed to vigorously addressing complaints of harassment and sexual harassment at all levels within the Company.

Reported or suspected occurrences of harassment will be promptly and thoroughly investigated. Following an investigation, the Company will immediately take any necessary and appropriate disciplinary action.

The Company will not permit or condone any acts of retaliation against anyone who files harassment complaints or cooperates in the investigation of same.

1. The term "harassment" includes harassment based on any category protected by federal, state or local law, which may include depending on the jurisdiction, but is not limited to, unwelcome slurs, jokes, or verbal, graphic or physical conduct relating to an individual's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information or sexual orientation.
2. Sexual harassment consists of unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature where:
  - a. Submission to such conduct is an explicit or implicit term or condition of employment;
  - b. Employment decisions are based on an employee's submission to or rejection of such conduct; or,
  - c. Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment.

**Complaint Procedure**

The Company provides its employees with a convenient and reliable method for reporting incidents of alleged harassment, including sexual harassment. Any employee who feels harassed or discriminated against is encouraged to immediately inform the alleged harasser that the behavior is unwelcome. In many instances, the person is unaware that their conduct is offensive and when so advised can easily and willingly correct the conduct so that it does not reoccur. If the informal discussion with the alleged harasser is unsuccessful in remedying the problem or if you do not feel comfortable with such an approach, you should immediately report the conduct to your immediate supervisor, manager or owner of the Company and the Administaff Anti-Harassment hotline number at 800-242-8893, ext. 3000 or 281-312-3000 in the Houston area. We cannot help resolve a harassment problem unless we know about it. Therefore, it is your responsibility to bring those kinds of problems to our attention so that we can take the necessary steps to correct the problem. The report should include all facts available to the employee regarding the alleged harassment or sexual harassment.

**Confidentiality**

All reports of alleged harassment or sexual harassment will be treated seriously. However, absolute confidentiality is not promised nor can it be assured. The Company will conduct an investigation of any complaint of alleged harassment or sexual harassment, which may require limited disclosure of pertinent information to certain parties, including the alleged harasser.

**Investigative Procedure**

Once a complaint of alleged harassment or sexual harassment is received, the Company will begin a prompt and thorough investigation. The investigation may include interviews with all involved employees, including the alleged harasser, and any employees who are aware of facts or incidents alleged to have occurred.

Following an investigation, the Company will immediately take any necessary and appropriate disciplinary action. Disciplinary action will be taken if the investigation reveals that an employee has acted in a manner that is not in alignment with the goal of this policy, even when the actions may be lawful. In fact, the Company may address any workplace issue discovered during an investigation. This may include some or all of the following steps:

1. Restore any lost terms, conditions or benefits of employment to the complaining employee.
2. Discipline the alleged harasser. This discipline can include written disciplinary warnings, transfer, demotion, suspension, and termination.

If the alleged harassment or sexual harassment is from a vendor, contractor or customer, the Company will take appropriate action to stop the conduct.

If you have made a complaint but feel that the action taken in response has not remedied the situation, you should make a complaint following the complaint procedure outlined in this policy.

**Duties of Employees and Supervisors**

All employees of the Company, both management and non-management, are responsible for assuring that a workplace free of harassment or sexual harassment is maintained. Any employee may file a harassment complaint regarding incidents experienced personally or incidents observed in the workplace. The Company strives to maintain a lawful, pleasant work environment where all employees are able to effectively perform their work without interference of any type and requests the assistance of all employees in this effort.

All Company supervisors and managers are expected to adhere to the Company's Anti-Harassment Policy. Supervisors' evaluations may include an assessment of a supervisor's efforts in following and enforcing this policy.

All managers and supervisors are responsible for doing all they can to prevent and discourage harassment or sexual harassment from occurring. If a complaint of harassment or sexual harassment is raised, the individual to whom the complaint is made (i.e., supervisor, manager, owner of Client Company) should act promptly to notify the Administaff Anti-Harassment hotline number of the complaint so that Human Resources may proceed with an investigation. If such individual fails to follow this policy, he or she will be disciplined. Such discipline may include termination.

**California Employees Only**

Any form of harassment which violates federal, state or local law, including, but not limited to, harassment related to an individual's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information or sexual orientation is a violation of this policy and will be treated as a disciplinary matter. Your notification to the Company is essential to us. To report a complaint, contact the Administaff Anti-Harassment hotline number at 800-242-8893, ext. 3000 or 281-312-3000 in the Houston area.

The California Department of Fair Employment and Housing may also investigate and process complaints of harassment. Violators may be subject to penalties and remedial measures that may include sanctions, fines, injunctions, reinstatement, back pay and damages. The addresses of the local offices of the Department of Fair Employment and Housing, which are subject to change, currently are as follows:

**Bakersfield:**

1001 Tower Way, Suite 250  
Bakersfield, CA 93309-1596

**Fresno:**

1320 East Shaw Avenue, Suite 150  
Fresno, CA 93710

**Los Angeles:**

611 West Sixth Street, Suite 1500  
Los Angeles, CA 90017

**Oakland:**

1515 Clay Street, Suite 701  
Oakland, CA 94612-2512

**Sacramento:**

2000 O Street, Suite 120  
Sacramento, CA 95814-5212

**San Diego:**

1350 Front Street, Suite 3005  
San Diego, CA 92101

**San Francisco:**

1515 Clay Street, Suite 701  
Oakland, CA 94612-2512

**San Jose:**

111 North Market Street, Suite 810  
San Jose, CA 95113-1102

**Santa Ana:**

2101 East 4th Street, Suite 255-B  
Santa Ana, CA 92705-3855

**Massachusetts Employees Only**

The Massachusetts Commission Against Discrimination and/or the U.S. Equal Employment Opportunity Commission may also investigate and process complaints of harassment. In Massachusetts, the Boston Office of the Massachusetts Commission Against Discrimination is located at One Ashburton Place, Room 601, Boston, MA 02108, and the U.S. Equal Employment Opportunity Commission is located at JFK Federal Building, Room 475, Boston, MA 02203.

*In compliance with the Texas Workers' Compensation Act, effective January 1, 1991, Administaff has adopted a Drug-Free Workplace Policy. Please read the policy carefully. You will be asked by your onsite supervisor to sign a Policy Acknowledgment form indicating that you have received a copy of this policy and that you understand and agree to comply with it.*

### **Texas Drug-Free Workplace Policy**

The policy of Administaff ("The Company") is to maintain a drug-free workplace. For the purpose of this policy, "client" is defined as the business entity to which the employee has been assigned by the Company. The term "workplace" is defined as Company and/or client property, any company-sponsored and/or client-sponsored activity, or any other site for the performance of work for the Company and/or the client. The term "drug" includes alcoholic beverages and prescription drugs, as well as illegal inhalants and illegal drugs. Activities prohibited by this policy shall be considered grounds for discipline, including, but not limited to, suspension or immediate termination of employment, if the activities occur in the workplace as defined above. Prohibited activities under this policy include the unauthorized use of drugs, as defined above, in the workplace, including distribution, possession or use of a drug or controlled substance as defined in schedules I through V of the Controlled Substances Act, 21 U.S.C. Sec. 812, 21 C.F.R. Sec 1308, and the Texas Controlled Substances Act, Texas Health and Safety Code Sec. 481.002, including, but not by way of limitation, marijuana, opiates (e.g., heroin, morphine), cocaine, phencyclidine (PCP) and amphetamines. However, the use of prescription drugs, when taken as directed by a duly licensed physician, shall not be a violation of this policy.

To implement this policy, the Company shall establish a drug-free awareness program, which should inform employees of the following:

1. The dangers of drug abuse in the workplace;
2. The Company's policy of maintaining a drug-free workplace;
3. Any available drug counseling, rehabilitation and employee assistance programs; and
4. The penalties that may be imposed upon employees for drug abuse violations and violations of this policy.

Information regarding the availability of treatment programs, if any, such as assistance provided by Administaff's health care plan coverage or drug and alcohol abuse rehabilitation programs and the requirements for participation in drug and alcohol abuse education and training programs, may be requested by contacting your Administaff human resource specialist.

All Company employees shall be provided a copy of this policy and shall sign an acknowledgment of receipt of the policy and acceptance of its terms. As a condition of employment, all Company employees must comply with this policy. Any Company employee who has been convicted under any criminal drug statute for a violation occurring in the workplace must report that conviction to the Company no later than five days after the conviction. Within thirty days after receiving notice of the conviction described in this policy, the Company shall impose discipline on, or require satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is convicted of a violation of a criminal drug statute if the violation occurred in the workplace.

Any employee involved in a work-related accident must be tested for alcohol, drugs and controlled substances as part of initial treatment by a physician. In the event an employee is involved in a work-related accident that does not require treatment by a physician, the employee must provide a urine and/or blood specimen to be tested for the use of alcohol, drugs and/or controlled substances as soon as possible, but no later than 32 hours after the accident. A seriously injured employee who is unable to provide a specimen at the time of the accident must provide the necessary authorization for obtaining hospital reports and other documents needed to determine whether alcohol, drugs, or any other controlled substances were present in the employee's system.

*This policy is not intended to replace or otherwise alter the obligation of an Administaff Client Company to comply with requirements of the U.S. Department of Transportation or any other federal, state or local agency that regulates drug testing administration or a particular industry.*

## FAMILY AND MEDICAL LEAVE POLICY

*NOTE: This Policy supersedes and replaces all prior federal family and medical leave related policies, to the extent such policies exist, and is in effect only where the Client Company for which an employee works is a covered employer under applicable federal law. Additionally, application of this Policy is contingent upon the employee seeking leave benefits working for the Client Company at a worksite where fifty (50) or more employees are employed by Client Company within a 75-mile radius of that worksite.*

*Notwithstanding the above, an employee seeking leave benefits under this Policy must also satisfy all eligibility requirements as set forth below and required by applicable federal law. This Policy does not create any rights (contractual or otherwise) not already provided under federal, state or local law. Employees should, to the extent they wish to request and apply for family and medical related leave under any applicable federal or state law submit a Leave of Absence Request form to Administaff's Leave and Disability Group via fax at 800-233-1469.*

Under the Family and Medical Leave Act of 1993, as amended ("FMLA" or "the Act"), Client Company provides, as set forth below, unpaid family and medical leaves of absence to "eligible employees."

### Approved Reasons for Leave

FMLA leave may be taken for the following purposes:

1. the birth of an employee's child or to care for the newborn child;
2. the placement of a child with the employee for adoption or state-approved foster care;
3. the care of an employee's spouse, child, or parent ("family member") who has a serious health condition;
4. the employee's serious health condition which prevents the employee from performing any one essential function of the employee's position;
5. "qualifying exigency leave": the employee's responding or attending to a "qualifying exigency," as defined below per applicable law, arising out of a covered military member's covered active duty or notification of an impending call or order to covered active duty in the Armed Forces, National Guard or Reserves. A "covered military member" for purposes of this leave includes a spouse, son, daughter or parent of the employee; and
6. "covered servicemember leave": the employee's care of a "covered servicemember" who has incurred a serious illness or injury.
  - (a) A "covered servicemember" means a member of the Armed Forces, National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in out-patient status, or is on the temporary disability retired list for serious injury or illness. Here a "serious injury or illness" is defined as an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank or rating.
  - (b) A "covered service member" also includes a veteran who was a member of the Armed Forces (including National Guard or Reserves) at any point in time within five (5) years preceding the date on which the veteran undergoes medical treatment. For purposes of veterans, a "serious injury or illness" is defined as an injury or illness that was incurred by the veteran in line of duty on active duty in the Armed Forces (or existed before the active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and "that manifested itself before or after the member became a veteran."

For purposes of family and medical leave, a "serious health condition" as set out in (3) and (4) above is defined as an illness, injury, impairment or physical or mental condition that involves either inpatient care or continuing treatment by a health care provider. Subject to certain conditions and applicable law, the continuing treatment requirement is met where an employee suffers an incapacity of more than three (3) consecutive, full calendar days and two (2) or more visits to a health care provider, or one (1) visit to a health care provider and a continuing regimen of care; an incapacity caused by pregnancy or prenatal care; a chronic condition, or permanent or long-term conditions; or absences due to multiple treatments. Other situations may meet the definition of continuing treatment. For purposes of this policy, "incapacity" means the inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefore, or recovery therefrom.

For purposes of qualifying exigency leave, a "qualifying exigency" includes the following, provided the need for such leave arises out of the active duty or call to active duty status of a covered military member:

1. short-notice deployment where, if a covered military member is notified of an impending call or order to active duty in support of a contingency operation seven (7) or less calendar days prior to the date of deployment; leave based on this exigency is restricted to a total of seven (7) calendar days beginning on the applicable notification date;
2. military events and related activities sponsored by the military, including family support or assistance programs sponsored by the military, military service organizations or the American Red Cross;
3. childcare and school activities, where it is necessary to arrange for alternative childcare, provide childcare on an urgent or immediate need basis and not a routine or regular basis, enroll in or transfer to a new school or day care facility or attend meetings with school officials;
4. financial and legal arrangements to address the covered military member's absence;
5. counseling of eligible individuals by someone other than a health care provider, where the need for counseling is directly related to the active duty or call to active duty status of a covered military member;
6. rest and recuperation, for purposes of spending time with a covered military member where that individual is on short-term, temporary, rest and recuperation leave during the period of deployment; up to five (5) days of such leave may be taken for each instance of rest and recuperation;
7. post-deployment activities, including attendance at arrival ceremonies, reintegration briefings and events, and other programs sponsored by the military for a period of ninety (90) days following the termination of the covered military member's active duty and attending to issues that arise from the death of a covered military member; and
8. additional activities, provided that both the employee and Client Company agree that such activities constitutes a qualifying exigency and both agree to the timing and duration of the leave.

For purposes of covered servicemember leave, the employee seeking leave must be related to the covered servicemember as his/her spouse, son, daughter, parent or next of kin. "Next of kin," for purposes of this policy, is defined as the nearest blood relative of a covered servicemember, other than the covered servicemember's spouse, parent, son or daughter, in the following order of priority: blood relatives with legal custody, siblings, grandparents, aunts and uncles, and first cousins, and that person is needed to care for the covered servicemember. A veteran is "a person who served in the

active military, Naval, or Air Service, and who was discharged or released therefrom under conditions other than dishonorable.”

### **Eligible Employee**

An active full-time or part-time employee is eligible for FMLA leave under any of the above leave categories provided that on the date the employee's leave is to commence:

1. The employee works at a Client Company worksite where fifty (50) or more employees are employed by Client Company within a 75-mile radius of that worksite;
2. The employee has been employed by Client Company for at least twelve (12) months in the preceding seven (7) years (limited exceptions apply to the 7-year requirement); and
3. The employee has worked 1,250 hours during the 12-month period immediately preceding the commencement of leave.

In determining FMLA eligibility, an employee re-employed following military service will be given credit for (i) the period of uniformed service towards the months-of-employment eligibility requirement, and (ii) the hours of service that would have been performed but for the period of uniformed service.

### **Length of Family and Medical Leave and Qualifying Exigency Leave**

An eligible employee is entitled to a combined total of twelve (12) workweeks of unpaid leave within a 12-month period. The amount of leave available to an employee will be calculated by looking backward at the amount of leave taken within the 12-month period immediately preceding the first date of leave. Leave taken for the care of a newborn child or placement for adoption or foster care must be taken within twelve (12) months of the birth or placement of the child, and it must also be taken as an uninterrupted, continuous leave of absence unless the Client Company allows intermittent leave or a reduced schedule for these reasons.

If both a husband and wife are employed by Client Company, and are eligible for leave, except for leave due to the serious health condition of the employee or employee's child, the two may take a combined total of twelve (12) weeks.

Intermittent leave or a reduced schedule may be approved for the employee's serious health condition or a family member's serious health condition where medically necessary and where the need for such leave is best accommodated through such scheduling. Intermittent leave or a reduced scheduled leave is also available for qualifying exigency leave. An employee requesting intermittent leave/reduced schedule may be transferred temporarily to an available alternative position with equivalent pay and benefits, or to a part-time position with an equivalent hourly rate and benefits, if such a position better accommodates the need for intermittent leave/reduced schedule.

These types of leave run concurrent with other leave entitlements provided under federal, state, and local law to the extent covered and permitted by those laws.

### **Length of Covered Servicemember Leave**

An eligible employee is entitled to a combined total of twenty-six (26) workweeks of unpaid leave within a single 12-month period for covered servicemember leave. Leave to care for an injured or ill servicemember, whether or not combined with other FMLA-qualifying leave, may not exceed twenty-six (26) weeks in a single 12-month period. In that single 12-month period, the employee is entitled to no more than twelve (12) weeks of leave for any of the other types of FMLA leaves. If both a husband and wife are employed by Client Company, and are eligible for covered servicemember leave, the two may take a combined total of twenty-six (26) weeks. Intermittent leave or a reduced schedule may be approved for covered servicemember leave where medically necessary and where the need for such leave is best accommodated through such scheduling. An employee requesting intermittent leave/reduced schedule leave may be transferred temporarily to an available alternative position

with equivalent pay and benefits, or to a part-time position with an equivalent hourly rate and benefits, if such a position better accommodates the need for intermittent leave/reduced schedule leave.

Covered servicemember leave runs concurrent with other leave entitlements provided under federal, state and local law to the extent covered and permitted by those laws.

### **Substitution of Paid Leave**

An employee taking family and medical leave due to the employee's own serious health condition must substitute all accrued and unused sick leave, paid vacation, personal leave, paid time off and, if applicable, short-term salary continuation (the preceding collectively referred to hereafter as "accrued paid leave") before continuing leave on an unpaid basis. Where an employee receives disability benefits pursuant to a disability benefit plan, however, the substitution of the employee's accrued paid leave is not required and does not apply because the employee is getting paid. Where permissible under state law and as permitted by applicable disability plan rules, an employee may, with the approval of Client Company, choose to supplement disability plan benefits with accrued paid leave. Where permissible under state workers' compensation laws, an employee may, with the approval of Client Company, choose to supplement workers' compensation benefits with accrued paid leave.

An employee taking leave for reasons other than an employee's own serious health condition must exhaust all accrued unused paid vacation, personal leave and paid time off before continuing leave on an unpaid basis. Any family and medical leave, qualifying exigency leave, whether paid, unpaid or a combination thereof, will be counted toward the 12-week leave entitlement. Any covered servicemember leave, whether paid, unpaid, or a combination thereof, either taken by itself or together with any other family and medical leave and/or qualifying exigency leave, whether paid, unpaid or a combination thereof, will be counted toward the 26-week leave entitlement.

### **Employee Notification Requirements**

If an employee expects to take family and medical leave, qualifying exigency leave or covered servicemember leave, the employee must notify the Administaff Leave and Disability Group of the intention to take leave at least thirty (30) days in advance of the expected leave by completing a Leave of Absence Request form. If the need for leave is not foreseeable, the employee must provide notification of leave to the Administaff Leave and Disability Group as soon as is practicable under the circumstances and in compliance with Client Company's established absenteeism and tardiness policies, or other like policies, with violation of the same resulting in possible disciplinary action, up to and including termination.

### **Medical Certification**

An employee who takes leave for the employee's serious health condition, to care for a family member with a serious health condition, or to care for a covered servicemember, must submit to the Administaff Leave and Disability Group written medical certification of the need for such leave from the applicable health care provider within fifteen (15) calendar days of the request to provide the certification. An employee seeking such leave will be asked to submit a certification form detailing the reason(s) for the leave. If the employee fails to do so, the Client Company may delay the commencement of the requested leave, withdraw any designation of the requested leave as FMLA leave, or deny the requested leave, and time taken off by the employee would be subject to Client Company's established absenteeism and tardiness policies, or other like policies, with violation of the same resulting in possible disciplinary action up to and including termination.

If an employee's medical certification is incomplete and/or insufficient, Administaff may notify an employee in writing as to what is incomplete and/or insufficient and what is necessary to make the certification complete. The employee will then have seven (7) calendar days to cure any noted deficiencies by resubmitting the

medical certification. Failure to ultimately provide a complete and sufficient certification may result in the denial of the requested FMLA leave. Where an employee has first been given the opportunity to cure a medical certification deficiency or deficiencies, Administaff may subsequently, through either a human resources professional or leave administrator, contact the employee's health care provider directly to clarify and authenticate the certification.

The Client Company, where it has reason to doubt the validity of a medical certification, may request a second or third medical opinion at its expense for verification of an employee's serious health condition. The opinion of the third health care provider, who is approved jointly by Client Company and the employee, shall be final and binding on Client Company and the employee; provided, however, pending receipt of the second (or third) medical opinion, the employee is provisionally entitled to leave sought under this Policy. If the certifications do not ultimately establish the employee's entitlement to FMLA leave, the leave shall not be designated as FMLA leave and the time off taken by the employee will be subject to the Client Company's absenteeism and tardiness policies or other like policies, with violation of the same resulting in possible disciplinary action up to and including termination. In addition, while the employee is on leave, the Client Company may require the employee to provide recertification(s) of the employee's medical condition and may inquire as to the employee's intentions to return to work.

An employee on uninterrupted, continuous leave due to the employee's own serious health condition will be required to provide a job-related medical certification of fitness before the employee is allowed to return to work. Likewise, for intermittent leave situations where reasonable job safety concerns exist, a fitness-for-duty certification may be requested before an employee may return to work. Failure to provide any such applicable certification may result in the delay or denial of job restoration.

Where an employee is on FMLA leave and is unable to return to work because of the continuation, recurrence or onset of the serious health condition of either the employee or the employee's family member, including a serious illness or injury suffered by a covered servicemember, the employee will be required to provide a certification issued by the applicable health care provider.

### **“Qualifying Exigency” Leave Certification**

An employee who takes a qualifying exigency leave must submit to the Administaff Leave and Disability Group written certification of an impending call or order to covered active duty within fifteen (15) calendar days of the request to provide the certification. An employee seeking such leave will be asked to submit a certification form detailing the reason(s) for the leave. An employee may also be required to submit appropriate supporting documentation in the form of a copy of the covered military member's active duty orders or other military documentation indicating the appropriate military status and the dates of active duty status. Failure to supply the requested certification or other papers may result in a delay or denial of the requested leave, and time off taken by the employee will be subject to the Client Company's absenteeism and tardiness policies or other like policies, with violation of the same resulting in possible disciplinary action up to and including termination.

### **Benefits Continuation**

The same health care benefits coverage provided to an employee on the day prior to taking family and medical leave will be maintained for up to the twelve (12) weeks required for family and medical leave and qualifying exigency leave, or up to the twenty-six (26) weeks required for covered servicemember leave, or as required by law, provided the employee continues to pay any required contribution for benefits. Employees who are on leave are responsible for making their periodic payment of the required contribution to Administaff at the following address.

Administaff  
Attn: Premium Funding Group MC 3-2700  
19001 Crescent Springs Drive  
Kingwood, Texas 77339-3802

Upon exhaustion of the applicable twelve (12) or twenty-six (26) workweeks of leave granted under this policy or if an employee fails to return to work at the end of the leave, a loss of coverage will occur, and continuation of health care coverage would be offered through COBRA. An employee who does not return from leave may be required, under certain circumstances provided by the Act, to reimburse Administaff for any employee contributions paid by Administaff or the Client Company while the employee was on unpaid leave.

While on leave, an employee must continue to pay the employee's contributions or loan payments for any applicable benefits which would otherwise be automatically deducted from the employee's wages (e.g., supplemental life insurance, credit union loans, 401(k) loans). Contact the Administaff Contact Center at 866-715-3552 for details regarding employee contributions. For questions regarding 401(k) loan payments, please contact Administaff Retirement Services at 888-401-5273.

The period of time an employee is on family and medical leave will be treated as continued service for purposes of vesting and eligibility to participate under any available pension or retirement plan, if applicable. Absences due to leave will not be counted as time worked for the purpose of seniority or computing vacation, sick leave or personal days.

### **Job Restoration**

An employee will normally be returned to the same or an equivalent position when the employee returns from family and medical leave, qualifying exigency duty leave or covered servicemember leave, with no loss of benefits accrued prior to leave. An employee who does not return to work at the end of an authorized leave is subject to termination of employment. In the event an employee's position with Client Company is affected by a decision or event not related to the employee's leave of absence, e.g., job elimination due to a reduction in force, the employee will be affected to the same extent as if he was not on leave.

Certain “key employees” as defined under the FMLA may not be eligible to be restored to the same or an equivalent position after leave if doing so would cause substantial and grievous economic injury to the operations of the assigned company. Administaff will notify such employees of their “key employee” status and the conditions under which job restoration will be denied, if applicable.

### **Workers' Compensation and Family and Medical Leave**

If an employee is eligible for FMLA, an absence related to a workers' compensation injury is counted against an employee's family and medical leave entitlement where the workers' compensation injury meets the definition herein of a “serious health condition.” An employee who has provided a workers' compensation form from the employee's treating physician may be asked to also provide a medical certification form to determine whether the employee's workers' compensation injury also meets the definition of a “serious health condition.”

### **Questions About Family and Medical Leave**

*If you have any questions about your rights or responsibilities under this policy, contact the Administaff Contact Center at 866-715-3552 (select “Benefits”), accessible weekdays between 7 a.m. and 7 p.m. Central time.*

Client Company and Administaff will, as such respective related duties and responsibilities are set forth under the Act, comply with all applicable federal, state and local laws in administering this Policy.

## **EMPLOYEE RIGHTS AND RESPONSIBILITIES** **UNDER THE FAMILY AND MEDICAL LEAVE ACT**

### **Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

### **Military Family Leave Entitlements**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

### **Benefits and Protections**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

### **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

### **Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

### **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**



**For additional information:**  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
**WWW.WAGEHOUR.DOL.GOV**

