



Leave of Absence Policy – Effective 6/1/2020

(Note: This policy is separate from FMLA and federal leave guidelines. This policy does not take the place of FMLA but may occur in addition to FMLA leave guidelines)

A Leave of Absence (LOA) may be requested for Medical, Military, Education, or personal reasons. All LOA's are subject to approval and are not guaranteed. All LOA requests should be accompanied by proper documentation for the requested leave. Leave should be requested in writing, with accompanied documentation, it should include the type of LOA requested, the date leave will begin, and the date leave will end. Leave should be requested 30 days prior to the effective date of your leave. If prior leave request is unavailable in the case of medical emergencies, leave can be requested as soon as possible.

A leave may be requested the 1st of the month after 60 days, which is when you are eligible for all medical benefits. Leaves requested prior to this will not be considered due to ineligibility. (FMLA leave guidelines fall under a different waiting period) Generally, leaves can be requested for up to 8 weeks, however, the amount of leave granted will be determined on a case by case basis depending on the amount necessary and if granting such leave can be accommodated without creating an undue hardship for the company.

During any leave, the company may not be able to continue your group healthcare coverage. This will depend on length of leave and whether the employee has made arrangements with HR to continue to pay the employee portion of their healthcare costs during the leave. If coverage is not continued, you will be given the opportunity to elect COBRA coverage during this time.



When leave is granted you may or may not be able to use accrued vacation time during that leave. If requesting a medical LOA, using vacation pay may impact the decision of your Disability Claim as well.

During your leave, we request that you keep us notified of any information that applies to your leave, this could include updated doctors notes or extended military orders. If you do not return to work at the end of your leave or if you accept other employment during your leave, you will be separated from employment.

The company cannot guarantee reinstatement to your former position when you return from your leave (regardless of length). However, every effort will be made to place you in your former position depending on staffing needs and general business needs. If you are returning from a medical leave, we will need evidence from your doctor that you are physically able to perform your job before we are able to have you return.

Paying for Insurance on Leave

During your leave it is the responsibility of the employee to pay for the employee portion of the health insurance costs. You will have a few options on how to do this:

- 1) You may pay your portion in advance prior to your leave.
 - a. We can deduct this from your paycheck, with your signed permission only.
 - b. Or, you can write a check or cash to give to HR prior to your leave.
- 2) OR, you may pay monthly while on leave.
 - a. Payment must be **received** by the last day of the month. If you go on leave at the end of June, you have until July 31st to pay the employee health premiums for July.



b. We can accept check or cash for this amount.

If payments are not received by the last day of the month, we will be obligated to terminate your insurance for the previous month. This could mean you will owe for services rendered. For example, if you take your leave at the end of June and we do not receive payment by July 31st, we will terminate benefits as of June 30th. If you went to the doctor on July 11th and they charged your insurance, you will now be responsible for paying that visit fee.

When leave is approved, HR will discuss with you how you want to pay for your health insurance. This will include sending you a breakdown of how much you will owe on what dates. If you have elected to have this deducted from your paycheck it will include a form granting us permission to deduct the specified amount. However, it is solely the responsibility of the employee requesting leave to ask for arrangements to be made.

By signing below, I, _____, understand the Leave of Absence policy and guidelines that Simply Southern has laid out. I understand that I must request a leave of absence, with 30 days' notice, if I need one and that there is no guarantee it will be granted. I understand that it will be my responsibility to pay the employee portion of the health insurance during my leave and that I must make arrangements with HR. I also understand this policy is effective immediately.

Employee Signature

Date