

Employee Handbook

 Coshocton Regional Medical Center

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INTRODUCTION TO EMPLOYEE HANDBOOK

Coshocton Regional Medical Center (“Facility”) prepared this Employee Handbook to provide employees an overview of the Facility’s policies, rules and benefits. It is intended to familiarize employees with important information about the Facility, as well as information regarding their own privileges and responsibilities. It is important that all employees read, understand and follow the provisions of this handbook as it may be amended from time to time by the Facility.

It is obviously not possible to anticipate every situation that may arise in the workplace, or to provide information that answers every possible question. In addition, circumstances will undoubtedly require that policies, practices and benefits described in this handbook change from time to time. The Facility reserves the right to modify, supplement, rescind or revise any provisions of this handbook, other than the employment at-will provisions, from time to time as it deems necessary or appropriate in its discretion. Employees will be notified of changes that occur.

This handbook is accessible via the Facility’s intranet or, when necessary, via hard copy.

The provisions contained in this handbook are applicable to all employees. However, as to union employees, to the extent the provisions in this handbook conflict with any applicable provisions of any collective bargaining agreement(s), the collective bargaining agreement(s) shall apply in such instances. **Moreover, nothing in this Employee handbook is intended to prohibit or interfere with employees’ Section 7 rights granted under the National Labor Relations Act.**

MISSION AND VALUES STATEMENT

Our Mission

To deliver compassionate, quality care to patients and better healthcare to communities.

Our Values

Quality

We are committed to always providing exceptional care and performance.

Compassion

We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

Community

We are honored to be trusted partners who serve, give back and grow with our communities.

Physician Led

We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

CODE OF CONDUCT

All persons who work for the Facility share in the responsibility of observing a code of conduct that requires employees follow all rules and regulations pertaining to their area of responsibility. This code of conduct requires truthfulness, honesty, and personal integrity in all human activities. Furthermore, all Facility employees share in the responsibilities for observing the code of conduct that regulate the activities in a healthcare facility.

In general, the following rules apply to all company personnel:

1. Physicians alone have the training and legal right to diagnose and treat human illness and injuries.
2. All information concerning patients or Facility business must be held in strict confidence and must not be discussed with persons not concerned with such information and certainly never with people outside of the Facility without the explicit written approval from the Administrator/Chief Executive Officer or pursuant to court order.
3. Employees are expected to report any violations of the Facility policies to their department head/director/manager/supervisor, the next level of management, the Facility Administration, or the Human Resources Department without fear of retaliation from anyone affiliated with the Facility for reporting such violation.
4. Employees also have the option of contacting a hotline to report unethical or inappropriate conduct. The Compliance Hotline (877.350.5827) allows employees to report concerns regarding conflicts of interest, fraud, theft, patient safety issues or other compliance related matters.

WE CARE

Coshocton Regional Medical Center cares about the community, patients and its employees. It must continue to develop a culture of excellence – a culture that encourages and supports excellence in patient care and service to patients, customers, fellow employees and the community. To achieve this goal, the Facility must foster an environment in which the pursuit of excellence is part of all its activities.

ADA and Reasonable Accommodation

To provide individuals with known physical and mental limitations and who are able to perform the essential functions of the position, with or without reasonable accommodation with equal consideration for employment, promotion, transfer, and all other aspects related to employment at the Facility.

Individuals with known physical and mental limitations and who are able to perform the essential functions of the position, with or without reasonable accommodation will be given equal consideration for employment, promotion, transfer, and all other aspects related to employment at the Facility. The Facility will provide reasonable accommodation to otherwise qualified job applicants and employees with known disabilities, unless doing so would impose an undue hardship on the Facility or pose a direct threat of substantial harm to the employee or others. Any applicant or employee, who believes he or she needs a reasonable accommodation of a disability, should discuss the need for possible accommodation with the Human Resources Department.

The Facility is committed to complying fully with the Americans with Disabilities Act (ADA) and with the Ohio Fair Employment Practice Law (FEP), and all regulations and amendments there under, and ensuring equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

THE INTERACTIVE PROCESS:

The Facility is committed to principles of equal opportunity for all job applicants and employees. In keeping with this policy, it does not engage in impermissible discrimination based on any protected characteristics, including an individual's disability. The Facility will also make reasonable accommodations that are necessary to comply with the state and federal disability discrimination laws. This means that the Facility will make reasonable accommodations for the known physical or mental disability or known medical condition of an applicant or employee, consistent with its legal obligations to do so.

As part of its commitment to make reasonable accommodations, the Facility also wishes to participate in a timely, good faith, interactive process with the disabled applicant or employee to determine effective reasonable accommodations, if any that can be made in response to a request for accommodations. Applicants and employees are invited to identify reasonable accommodations that can be made to assist them to perform the essential functions of the position they seek or occupy. They should contact the Human Resources Department as soon as possible to request the opportunity to participate in a timely interactive process. By working

together in good faith, the Facility hopes to implement any reasonable accommodations that are appropriate and consistent with its legal obligations.

Religious Accommodation

The Facility will provide reasonable accommodation for an employee's religious beliefs, observances, and practices when a need for such accommodation is identified and reasonable accommodation is possible. A reasonable accommodation is one that eliminates the conflict between an employee's religious beliefs, observances or practices and the employee's job requirements, without causing undue hardship to the Facility.

The Facility has a system of open communication between employees and the Facility to discuss conflicts between religion and work and to take action to provide reasonable accommodation for employees' needs. Any employee who perceives a conflict between job requirements and religious belief, observance or practice should bring the conflict and his/her request for accommodation to the attention of Human Resources to initiate the accommodation process. The Facility requests that accommodation requests be made in writing, and in the case of schedule adjustment requests, as far in advance as possible.

Affirmative Action

The Facility is committed to taking affirmative action to hire and advance minorities and women as well as qualified employees with disabilities and covered veterans.

Compliance Commitment

The Facility's Compliance Policies and Procedures, as referred to in the Standard of Conduct and Code of Conduct, outlines our commitment to abiding by Medicare regulations and federal and state law ensures that we accurately document and bill for the care and services we provide to patients.

In order to facilitate a successful program, the following is implemented:

- A compliance "Hotline" has been established so that employees can report compliance or other ethical concerns (anonymously if they so choose). Confidentiality of the reporting person(s) will be maintained. The Facility supports this process and deems that all such reports shall not be subject to retribution or retaliation. The compliance hot line number is 1-877-350-5827.

Equal Employment Opportunity

The Facility is an equal opportunity employer. In accordance with the Facility's Values and Mission, the Facility believes that all persons are entitled to equal employment opportunity and is dedicated to ensuring that all decisions regarding terms, conditions and privileges of employment are in accordance with its principles of equal employment opportunity.

The Facility enthusiastically accepts its responsibility to make employment decisions without regard to race, religion, color, age, sex, sexual orientation, gender identity, gender expression, national origin, ancestry, citizenship, , marital status, physical disability, mental disability, medical condition, genetic characteristic or information, military and veteran status, pregnancy, breastfeeding or related medical condition, protected activity under the Affordable Care Act, or any other classification protected by federal, state, and local laws and ordinances.

Our Facility is dedicated to ensuring the fulfillment of this policy with respect to hiring, placement, promotion, transfer, demotion, layoff, termination, recruitment advertising, pay, any other forms of compensation, training, and general treatment during employment.

Any violation of this policy will not be tolerated and will result in appropriate disciplinary action, up to and including termination. If an employee believes someone has violated this policy, the employee should bring the matter to the attention of Human Resources or his/her department head/director/manager/supervisor. The Facility will promptly investigate the facts and circumstances of any claim this policy has been violated and take appropriate corrective measures.

No employee will be subject to, and the Facility prohibits, any form of discipline or retaliation for reporting perceived violations of this policy, pursuing any such claim, or cooperating in any way in the investigation of such claims.

False Claims Act

The Facility is required to provide information to employees about both the Federal False Claims Act (FCA) and any comparable state laws pertaining to penalties for false claims and statements. The Facility has adopted a policy called “False Claims Act” which provides detailed information about these laws, about employees’ rights to bring a civil action on behalf of the government for violations of the FCA (“qui tam” or “whistleblower” actions), employee’s rights to be protected as a whistleblower from retaliation, and the Facility’s policies and procedures for detecting and preventing fraud, waste and abuse.

Federal and certain state false claims laws allow private persons to file a civil action on behalf of the government against employees and organizations who knowingly submit a false or fraudulent claim for payment or knowingly use a false statement or representation in connection with filing a claim seeking reimbursement from Medicare, Medicaid or other federally or state funded programs. A person acts “knowingly” if that person has actual knowledge of the information and acts in deliberate ignorance of the truth or falsity of the information or acts in reckless disregard of the truth or falsity of the information. Examples of potential violations of the FCA include: billing for services not rendered, billing for undocumented services, assigning incorrect codes to secure higher reimbursement, and not returning government overpayments. In the event the civil action is successful, the whistleblower may be awarded a portion of the funds recovered.

These laws also protect people who make efforts to stop suspected fraud. Both the federal and state false claims laws provide protection for whistleblowers from retaliation. Consistent with these laws, the Facility will not discharge, demote, suspend, threaten, harass, or discriminate against any employee because of lawful acts conducted in furtherance of an action under these laws.

At the Facility, each employee plays a vital role in helping prevent and detect fraud and abuse. Employees who have knowledge of potential fraud and abuse situations must report them through any of the following methods:

- Notifying their department head/director/manager/supervisor or another managerial employee;
- Contacting the Compliance Officer
- Calling the confidential Compliance Hotline (877-350-5827)

The Compliance Officer is available to assist employees with any further information. He/She encourages employees to ask questions regarding our policy and practice for compliance with the fraud and abuse laws.

The Health Insurance Portability and Accountability Act (“HIPAA”)

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) is a federal regulatory effort that significantly affects the healthcare industry. The purposes include: improving the ability of employees to move from one health plan to another through limitations on pre-existing condition exclusions; fraud and abuse control and enforcement (accountability); and administrative simplification (improving efficiency and reducing health care cost); privacy and the security rules.

It is important to be aware that it is the obligation of all employees, physicians, and others associated with the Facility to protect the privacy of Protected Health Information (“PHI”) by handling that information in a confidential manner. Failure to do so may lead to disciplinary action, up to and including termination.

Pay Transparency Nondiscrimination Provision

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor’s legal duty to furnish information.

OUR EXPECTATIONS

Abuse Reporting

All healthcare employees and physicians are expected to understand their reporting responsibilities within their scope of practice relative to suspected abuse. When abuse is identified or suspected, it is expected that personnel will follow-up to ensure a report has been completed as required by the State. Employees who need assistance with the reporting process should consult their Facility’s policy on abuse.

Attendance

Regular attendance and punctuality are expected from all employees, and are an essential requirement of employment, as regular attendance is imperative for optimal patient care. All employees are responsible for notifying their department head/director/manager/supervisor concerning absences and/or tardiness regardless of the reason. Further, each department is

responsible for monitoring attendance, based upon established job attendance criteria. The purpose of this policy is to ensure prior notification to the department head/director/manager/supervisor of absences and/or tardiness by the employee to minimize disruption of work schedules, to allow for management planning of schedules, and to maximize efficiency and productivity within the department. Generally, employees that are going to be tardy for work or who will be unable to work their scheduled shift are required to call a minimum of two (2) hours prior to the start of the shift.

The Attendance Procedure is as follows:

1. The employee is responsible for reporting to the department head/director/manager/supervisor the reasons for the unscheduled absence. Any change in work schedule including, but not limited to, early departures from work, deviation in meal/break schedules, or overtime, must be approved in advance by the department head/director/manager/supervisor.
2. If an employee is absent from work for more than one (1) unscheduled day, the employee must telephone and speak with the employee's department head/director/manager/supervisor each day of the absence unless a date for return was approved by the department head/director/manager/supervisor in advance. Unreported absence of (2) consecutive scheduled work days constitutes job abandonment and a voluntary resignation.
3. Simple notification of the employee's department head/director/manager/supervisor that the employee will be absent or tardy does not mean that the absence or tardiness is excused. An absence or tardiness will be deemed excused only if the employee obtains the department head/director/manager/supervisor's approval. Excessive tardiness or absenteeism will result in disciplinary action, up to and including termination. The time keeping grace period is for payroll computation purposes only and not to be confused with the disciplinary process for tardiness.
4. When absences due to illness or injury extends beyond three (3) scheduled work days, a written physician's certification releasing the employee to return to work may be requested.
5. Employees should not assume that absenteeism is allowable because they have sufficient paid vacation time available to cover all or part of their time off.
6. Absences may be considered excessive if they are:
 - a. Two (2) or more occurrences in a 3-month period.
 - b. Unscheduled absences (occurrences) which take place in questionable pattern, for example, concurrently with days off, weekends or holidays.
7. Tardiness is excessive when an employee is late two (2) or more times in a one-month period. Repeated tardiness may lead to disciplinary action up to and including termination.

8. When an employee falls below the standards, the following actions shall be taken:
 - a. First Offense:
 - Verbal counseling, to include review of attendance history.
 - Documentation of the verbal counseling and specific goals in keeping with the above standards.
 - b. Second Offense:
 - Written warning to include a review of attendance history and noting past discussions regarding absenteeism or tardiness.
 - Set specific goals to aid the employee in adhering to the attendance standards.
 - c. Third Offense:
 - Further instances of absenteeism or tardiness will result in further disciplinary action, up to and including disciplinary suspension without pay, change of employee status or termination.
9. The employee must maintain satisfactory attendance for twelve (12) months from the last disciplinary action. If he/she fails to do so, counseling and/or disciplinary action, up to and including termination may occur.
10. If an employee is absent from work because of illness, injury or for other health reasons for three or more consecutively scheduled workdays or if he/she has had in-patient or out-patient surgery, have been hospitalized or have lost time because of injury on the job, he/she will need a written release from his/her physician in order to return to work. While absent, employees are responsible for maintaining regular contact with their department head/director/manager/supervisor updating the expected return-to-work date.
11. Returning to Work: If an employee is absent due to a communicable disease or disorder, or ill for three or more work days, he/she may be requested to present a written release-to-return-to-work from his/her physician to his/her department head/director/manager/supervisor before he/she will be permitted to return to duty. Limited releases will be accepted only if reasonable accommodation is possible.

Confidentiality

The purpose is to keep all information pertaining to our patients, including all family issues and financial conditions, in strict confidence. This confidence is the responsibility of every employee and contract service that works for the Facility. It is the legal responsibility of all employees, physicians and volunteers to understand and comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 as it pertains to patient confidentiality. The successful business operations and reputation of the Facility is built upon the principles of fair dealing and ethical conduct of our employees. The Facility reputation for integrity and excellence requires careful observance of all applicable laws and regulations, as well as regard for the highest standards of conduct and personal integrity.

The continued success of the Facility is dependent upon our customers' trust and we are dedicated to preserving that trust.

Disclosure of confidential information gained through your employment by the Facility is considered an act of prohibited conduct subject to disciplinary action, up to and including termination.

Examples of breaching the Confidentiality policy of the Facility are as follows, but are not limited to:

- Lists of Patients
- Confidential Financial Data
- Scientific Data
- Patient Medical Records
- Patient Billing Records
- Release of privileged patient information without the prior written consent from the patient and authorization from the department head/director/manager/supervisor

The Facility will comply with all applicable laws and regulations and expects its department heads/directors/managers/supervisors, and employees to conduct business in accordance with the intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course

of action, the matter should be discussed openly with your department head/director/manager/supervisor and, if necessary, the Compliance Officer for advice and consultation.

Compliance with this policy is the responsibility of every employee. Disregarding or failing to comply with this policy could lead to disciplinary action, up to and including possible termination of employment. The purposeful and intentional release of protected health information may be reportable to the California Department of Public Health. The intentional release of protected health information may lead to personal civil penalties and can result in criminal prosecution of individuals involved.

Conflict of Interest

The Facility is committed to ensuring ethical business practices. To ensure such practices, any employee or individual or agent representing the Facility shall disclose to the Facility Administration any conflict of interest with any vendor, surveyor, contractor, or provider of services.

Employees shall not enter into business or other undertakings that cause or may cause a conflict with their duties and responsibilities. Any transaction in which the Facility is involved, should not be influenced or appear to be influenced by an employee's or medical staff member's personal interests or relationships. No employee will have direct or indirect interest in any

transaction which might affect the objectivity and independence of his or her judgment or conduct in carrying out his or her duties and responsibilities to the Facility, or which might embarrass the Facility because others may reasonably misunderstand such interests or relationships.

Employees may hold outside jobs or be involved in outside business, educational, community, political, and charitable activities as long as they continue to meet established performance standards and such activities do not impact business interests, consume Facility resources, or create conflicts of interest. An employee's position at the Facility is considered to be of primary importance. Employees are expected to devote full attention and energy to the Facility.

Employees may be allowed to enter into potential conflict of interest transactions or activities upon a determination that no interference, influencer, or embarrassment would be caused or when an arm's length arrangement can be established. Such undertakings will be allowed only after appropriate disclosures and reviews have been made and approval has been granted in accordance with the following:

- A. A complete description of the transaction, activity or investment is provided to the Facility Administration.
- B. The financial implication is stated.
- C. The personal interest, direct or indirect of the employee in the receipt of a gift is disclosed.

If any individual has any doubt as to whether a particular situation presents a potential conflict of interest, he or she should resolve that doubt by assuming that a potential conflict of interest does exist. Employees are encouraged to address any questions related to potential conflict of interest with their department head/director/manager/supervisor or the Human Resources Department.

Courtesy

Courtesy and consideration are expected of all employees at all times. It is understandable that families and patients may be upset or exhibit symptoms of stress and tension. Employees are expected to be patient, understanding, and courteous under all circumstances. If issues arise that an employee cannot handle, he/she should refer them immediately to their department head/director/manager/supervisor.

Cell Phones/Other Communication Devices

In order to safeguard against medical device malfunctions due to electromagnetic interference, cell phone usage is prohibited in pre-designated areas of the Facility. Cell phone cameras, IPods, Bluetooths, etc. are not allowed to be utilized without appropriate consent(s). Discretion and courtesy must be taken when utilizing cell phones in the Facility.

Care and Use of Equipment and Supplies

Employees are responsible for using good judgment and care when using equipment and supplies of the Facility. Follow instructions and, if an employee has any questions, ask a knowledgeable resource. If an employee discovers poor or malfunctioning equipment, please report the situation to the department head/director/manager/supervisor, remove it from

service, tag it and store it in a secure place. Employees who damage or destroy Facility equipment or who lose Facility equipment may be subject to disciplinary actions up to and including termination.

Competency Assessment

Competency assessment begins upon employment and continues with an ongoing evaluation of competency based performance.

Competencies will be assessed on a continuum throughout the employment of an individual. This continuum will include assessment during the hire process, initial competencies during the orientation period and ongoing annual competency assessment. For clinical and technical positions that provide patient care, it is strongly recommended that initial competencies are completed within the first 90 days of employment, but no later than the completion of the employee's introductory period. Competency is maintained through ongoing assessment and educational activities designed to meet identified needs and performance improvement.

The mechanism for assuring ongoing competency for employees includes verification of competency in skills specific to assignment, documentation of critical incidents, quality assurance monitors, skills labs, customer feedback, qualified external sources, or other processes providing information related to staff competency.

All staff will achieve and maintain the skill level to competently perform the duties required by their position. Failure to achieve the required competency during the introductory period may result in removal.

Failure to maintain required competency, complete mandatory requirements related to maintenance of competency, or achieve competency for new responsibilities, may result in staff member's removal from active scheduling and subject the staff member to the corrective action process.

Dispute Resolution Procedure

If an employee has cause to feel that he/she has not been fairly treated in accordance with relevant policies or has significant job-related concerns which are not being resolved, a means of redress is available in the form of a dispute resolution procedure.

In order to handle any concern in an equitable and timely manner, employees are strongly encouraged to submit their concern(s) within five (5) working days of the incident to avoid miscommunication and potential difficulties.

The steps of the Dispute Resolution Procedure are as follows:

Step 1. Within five working days of the incident or problem giving rise to the conflict, employees should discuss their problem with their immediate supervisor/manager/director. In most instances, a discussion with his/her immediate supervisor/manager/director can solve a problem to the employee's satisfaction. The conflict resolution will be treated in a business-like manner. The immediate supervisor/manager/director will investigate the concerns and provide the employee with an answer within five working days of the discussion.

Step 2. If the problem is not resolved at Step 1, an employee may arrange an appointment to meet with the department head in order to reach a satisfactory solution. A request for such a meeting should be made within five working days after the employee receives a response from Step 1. The department head should provide the employee with an answer within ten working days following the meeting.

Step 3. If, for any reason, an employee is dissatisfied with the decision of the department head, the employee is to file a written report, along with supporting documentation (including witness statements, if any) and the remedy requested, with the Human Resources Director/Manager within five working days of receiving the response from Step 2.

The HR Director/Manager will investigate the matter by reviewing the documentation presented, interviewing both the department head/director/manager/supervisor involved and the employee who filed the grievance, and interviewing any employees, leaders, or others who are party to the matter. A written decision will be rendered within 5 working days of the completion of the investigation.

Step 4. If an employee is still dissatisfied after receiving the decision of Step 3, the employee may file a written grievance, along with the remedy requested, with the Administrator/CEO within five working days of the completion of Step 3. The grievance will receive attention from the Administrator/CEO, who will provide the employee with a written response within five working days of receiving the employee's response and requested remedy unless additional time is required under the circumstances. The Administrator/CEO's decision will be final and binding on all parties.

If the incident is with someone listed in this process, the employee has the option to go to the next person in the chain of command.

Time limits in the Dispute Resolution Procedure are intended to ensure prompt action, but additional items below are noted:

- If the employee does not appeal to the next step within the limits stated, the matter will be considered closed.
- If the employee does not receive an answer within the time limits stated, he/she may appeal to the next step without waiting further for a response.
- The time limits may be extended by mutual consent of both parties involved.

Employees are encouraged to utilize this procedure without fear of retaliation. No employee will be discriminated or retaliated against because the employee has elected to use this procedure. Anyone, regardless of position or title, whom the Facility determines has engaged in conduct that violates this policy against retaliation will be subject to discipline, up to and including termination.

This policy does not apply to claims involving perceived violations of the Facility's equal employment opportunity policies. Such claims should be reported immediately and in the

manner set forth in the Facility's "Equal Employment Opportunity" and/or "Harassment" policies, and will be addressed in accordance with the provisions of the applicable policy.

Dress Code

Since the health care industry requires a high degree of public contact, employees are expected to dress in appropriate business attire. In addition, employees are expected to wear clothing which complies with safety and public health regulations.

In addition to Facility-wide standards, specific policies on dress and grooming may be developed by individual departments according to the business needs of the department and the duties/responsibilities of the employees involved. Employees are expected to comply with these minimum requirements.

It is the responsibility of an employee to seek clarification from his or her department head/director/manager/supervisor if he/she is unsure as to what is appropriate and acceptable attire as well as grooming for the employee's individual department and function.

Dress Code guidelines are as follows:

Name Badges:

1. Employees must wear the Facility's issued identification card at all times while on duty.
2. The picture and name shall be visible at all times.
3. The badge shall be worn above the waistline on the upper torso.
4. Badges are not to be altered or defaced.

Clothing:

1. Professional attire shall be worn at all times.
2. Clothing shall be clean, wrinkle free, appropriately sized and maintained.
3. Uniforms or lab coats shall be required in clinical departments based upon department policy.
4. Undergarments are to be worn at all times.
5. Unacceptable attire:
 - a. Tank tops.
 - b. Jeans and any other piece of clothing of denim material in any color.
 - c. Tight or sheer low cut apparel, which exposes cleavage.
 - d. Blouses or tops which do not completely cover the midriff.
 - e. Stretch pants, Leggings, Culottes, Skorts, Shorts.
 - f. Pants or jumpsuits of denim material in any color.
 - g. Baggy, poorly fitting or excessively long pants.
 - h. Dresses/skirts are not to exceed two (2) inches from the top of the knee.
 - i. Spaghetti strap dresses or tops.
 - j. Warm ups, sweat suits or hooded sweatshirts, etc.
 - k. No clothing with vulgar or offensive writing or graphics is permitted.
 - l. T-shirts are not permitted as outerwear.

Hair/Facial Hair/Hats

1. Hair shall be clean.
2. Hair at shoulder length shall be pulled back away from the face and/or tied up and shall not interfere with patient care, the operation of equipment or other duties.
3. Hair that is extreme or unnatural in appearance, style or color shall not be permitted.
4. Hats are permitted only as part of an approved hospital uniform.

Jewelry:

1. Jewelry shall conform to safety precautions in related work areas, meet professional standards and needs to be of basic traditional style.
2. Earrings are allowed with a maximum two earrings per ear, standard gauge size.
3. Piercing – No visible piercing allowed.
4. Rings – only one ring per hand shall be allowed in clinical areas.
5. Bracelets – no bracelets are allowed in patient care areas.
6. Watches are acceptable.
7. Dangling jewelry/accessories are not permitted when it presents a hazard to a patient or staff member.

Natural/Artificial Nails:

1. In keeping with CDC guidelines and the community standards, artificial nails, artificial nail tips/wraps, and artificial nail enhancements (including, but not limited to, artificial appliques, acrylics, gel polish, nail jewelry or any additional items applied to the nail surface) are prohibited for employees providing patient care or employees providing support services with patient contact.
2. Unacceptable nails (both artificial and natural) are those that do not appear clean, healthy, and safe or exceed one-quarter inch in length.
3. Nail polish is permitted. Nail polish shall be clear or conservative in color. Chipped nail polish is not permitted and must be removed.
4. Nail jewelry is not allowed.

Shoes:

1. Employees with direct patient care contact are required to wear hosiery/socks at all times.
2. Shoes shall be clean and in good repair.
3. Soles and heels of excessive heights are hazardous and shall not be worn.
4. Open toe shoes and sandals are not permitted in patient care areas.
5. Flip-flop sandals are not permitted anywhere in the facility.
6. In patient care areas, employees shall wear plain uniform/athletic shoes.
7. Clogs are permitted as long as they have a heel strap or a raise heel guard.

Fragrances/Perfumes/Aftershave:

1. Many patients and employees are allergic and/or hypersensitive to fragrances; therefore employees should use very light or preferably unscented lotions, deodorants and fragrances.

Tattoos:

1. Tattoos shall be covered at all times.

Religious Dress and Grooming

Religious dress practices and religious grooming practices are permitted.

Violations:

1. The Facility leadership team reserves the right to ask improperly dressed/groomed employees to leave the Facility grounds until appropriate adjustments or exceptions are made.
2. Time for this correction is taken without pay.
3. Repeated infractions of this policy shall subject the employee to disciplinary action.

Drug-Free Work Environment

It is the responsibility of the Facility and all of its employees to maintain and promote a safe, healthful and efficient working environment and to deliver services to the public in a safe and conscientious manner. The use, misuse or abuse of drugs and alcohol poses a serious threat to the Facility, its employees, patients and the public.

The Facility has a strict policy regarding the inappropriate use and possession of drugs and alcohol. This policy recognizes that employee involvement with alcohol or drugs can be extremely disruptive and harmful to the workplace. It can adversely affect the quality of work and the performance of employees, pose serious safety and health risks to the user and others, and have a negative impact on work efficiency and productivity. Accordingly, all employees must report for work fit to perform their jobs.

Possession, distribution, use, or sale of alcohol or any unlawful drug while on duty or on the Facility premises, or reporting to work under the influence of such substances is strictly prohibited. Misusing prescription medication and reporting to work under its influence is also forbidden.

In states where medical and/or recreational marijuana is legal, marijuana remains a Schedule I drug under the Federal Controlled Substances Act, and its use is a violation of this policy.

It is essential that all employees comply fully with this policy. Employees who violate this policy are subject to corrective or disciplinary action, up to and including discharge.

Moreover, we are committed to providing assistance to our employees to overcome substance abuse problems. The Facility will reasonably accommodate any employee who wishes to voluntarily enter and participate in an alcohol or drug rehabilitation program. This accommodation may include an adjusted work schedule or time off without pay, provided the accommodation does not impose an undue hardship on the Facility. You may use any accrued sick or vacation benefits while on leave under this policy, however, additional benefits will not be earned during the unpaid portion of the leave of absence. A leave of absence under this policy will be subject to the same provisions and rules that apply to medical leaves of absence as discussed later in this Policy Manual. The Facility will attempt to safeguard the privacy of an employee's participation in a rehabilitation program.

Drug and Alcohol Testing

Applicants and employees are required to undergo drug and/or alcohol testing under certain times and circumstances as described in brief below and in detail in the Facility's separate Drug-Free Workplace Policy contained in the new hire packet. Refusal to submit to any of the below tests is grounds for immediate termination.

1. Post Offer Drug and Alcohol Screening

All applicants for regular employment shall be required to undergo a reliable urinalysis test to determine the presence of illegal drugs or controlled substances. In addition, applicants may be subject to a blood test to determine the presence of alcohol.

2. Reasonable Suspicion Testing of Current Employees

Where there is reasonable suspicion to believe that an employee has violated any provision of the Facility's Drug-Free Workplace Policy, the Facility may require that the employee undergo a blood or urinalysis for the presence of any illegal drug, controlled substance, or alcohol.

3. Post-Rehabilitation Testing

The Facility shall conduct periodic testing as specified in an agreement between the Facility and the employee, which shall precede the employee's return to work following the employee's successful completion of a bona fide drug or alcohol rehabilitation program.

Email

The Facility is committed to providing a work environment that promotes the use of electronic information through computers and computer networks as vital tools to enable effective and safe patient care, as a means of employee education and for business related communication. The information systems that are utilized at the Facility fall within the policies, procedures, practices and guidelines for patient confidentiality and policies, procedures, practices and guidelines that address confidentiality of information. E-mail may only be used for work related purposes and the use of e-mail does not satisfy the originator's responsibility to obtain or provide signed copies of certain documents.

All e-mail correspondence is property of the Facility. The Facility reserves the right to monitor its e-mail system, including all employees' mailboxes, at its discretion in the ordinary course of business. Employee e-mail communications are not considered private. The policies, practices and guidelines for patient confidentiality and Facility confidentiality apply equally to e-mail as to other forms of information exchange. Employees shall not share or make readily accessible any e-mail passwords, provide e-mail access to an unauthorized user(s), or access another user's e-mail without proper authorization. Unauthorized use of e-mail constitutes a violation of Confidentiality, Security and Electronic Communications policies and can subject the employee to disciplinary action, up to and including termination of employment.

Employees' Rights and Requests Regarding Patient Care

The Facility recognizes the right of employees not to participate in certain aspects of patient care or treatment for conflicting cultural, religious, or ethical reasons while still providing all other aspects of ongoing care and treatment.

No employee will be subject to any adverse action or negative evaluation for legitimately exercising his/her rights under this policy. However, the employee's ongoing performance assessment and evaluation process may determine whether the requests not to participate can be appropriately justified based on conflicting cultural values, ethics or religious beliefs.

The employee must notify her/his department head/director/manager/supervisor, in writing, of the decision not to participate in the care or treatment of a patient prior to the occurrence. The facility will make every reasonable effort to accommodate such requests, provided there is no compromise of patient care, including treatment, and provided there is an appropriate alternative method or methods of care delivery. Applicable forms are available in Human Resources.

English Only for Patient Care Areas

The Facility has adopted an English Only Policy that will apply in all patient care areas.

- All employees are required to be able to read, write, speak and understand English sufficiently to receive instructions, ask questions, give instructions where appropriate, and to effectively discuss their work.
- To ensure the safe, effective and efficient delivery of healthcare services to our patients, employees are required to speak English to department heads/directors/manager/supervisors, patients, visitors, other employees, vendors and physicians while in patient care areas, patient rooms, diagnostic areas and treatment areas, unless consent has been given by all persons present to speak in a language other than English.
- There is no requirement that employees speak English at times other than those listed above. There is no requirement that employees speak English on breaks or meal periods, or in employee designated locker rooms, rest areas and cafeteria.
- Employees are encouraged to speak to non-English speaking patients or visitors in the language of the patient or visitor's preference when necessary to ensure accurate communication and comprehension by the patient, family or visitor.

Patient care areas include patients' room, operating rooms, Emergency Room and places where patients receive treatment, such as x-ray and therapy areas. Patient care areas also include corridors, outpatient and inpatient treatment areas, nursing stations, and rooms used by patients for consultations with physicians or meetings with their families or friends, and other areas in which there is direct patient contact.

The rule applies to all oral communications, conversations and comments by personnel that occur in patient care areas.

Harassment, Discrimination, and Retaliation

The Facility does not tolerate harassment, discrimination or retaliation of our job applicants, contractors, volunteers, interns, students, persons providing services pursuant to a contract, or employees by another employee, department head, director, manager, supervisor, volunteer, intern, student, vendor, customer, persons providing services pursuant to a contract, or any third party. Any form of harassment on the basis of race, religion, color, age, sex, sexual orientation, gender identity, gender expression, national origin, ancestry, citizenship, marital status, physical disability, mental disability, medical condition, genetic characteristic or information, military and veteran status, pregnancy, breastfeeding or related medical condition, protected activity under the Affordable Care Act, or any other classification protected by federal, state, and local laws and ordinances is a violation of this policy and will be treated as a disciplinary matter. The Facility has zero tolerance for harassment, discrimination, and retaliation, and is committed to a workplace free of any harassment.

Harassment Defined. Harassment as defined in this policy is unwelcome verbal, visual or physical conduct creating an intimidating, abusive, offensive, or hostile work environment that interferes with work performance. Harassment can be verbal (including derogatory comments, slurs, jokes, insults, epithets, gestures or teasing), visual (including derogatory posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including assault, impeding or blocking someone's movement, physical interference with normal work or movement, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic. Such conduct violates this policy, even if it is not unlawful. Because it is difficult to define unlawful harassment, employees are expected to behave at all times in a professional and respectful manner.

Sexual Harassment Defined. Sexual harassment can include all of the above actions, as well as other unwelcome conduct, such as unwelcome or unsolicited sexual advances, requests for sexual favors, conversations regarding sexual activities and other verbal or physical conduct of a sexual nature.

Examples of conduct that violates this policy include:

- Unwelcome or unwanted sexual advances, flirtations, advances, leering, whistling, touching, pinching, assault, blocking normal movement
- Requests for sexual favors or demands for sexual favors, such as unwanted sexual advances, which condition an employment benefit upon an exchange of sexual favors
- Obscene or vulgar gestures, posters, or comments
- Sexual jokes or comments about a person's body, sexual prowess, or sexual deficiencies
- Propositions, or suggestive or insulting comments of a sexual nature
- Derogatory cartoons, posters, and drawings
- Sexually-explicit e-mails or voicemails
- Uninvited touching of a sexual nature
- Unwelcome sexually-related comments
- Conversation about one's own or someone else's sex life

- Conduct or comments consistently targeted at only one gender, even if the content is not sexual
- Teasing or other conduct directed toward a person because of the person's gender

All such conduct is unacceptable in the workplace and in any work-related settings such as business trips and business-related social functions, regardless of whether the conduct is engaged in by a supervisor, director, manager, department head, co-worker, client, customer, vendor, or other third party.

Reporting Procedures. The following steps have been put into place to ensure the work environment at the Facility is respectful, professional, and free of harassment. If an employee believes someone has violated this policy, the employee should promptly report the matter to the Human Resources Director/Manager or the **confidential compliance hotline at 877-350-5827.**

Investigation Procedures. Upon receipt of any claim of harassment, discrimination or retaliation the Facility will designate an impartial and qualified investigator who will conduct a fair, timely, and thorough investigation that will provide all parties involved appropriate due process and will reach reasonable conclusions based on the evidence collected. The Facility will also document and track such investigations for reasonable progress and endeavor timely closures of the investigations. To the extent possible, the Facility will endeavor to keep the reporting employee's concerns confidential.

Every department head/director/manager/supervisor who learns of any employee's concern about conduct in violation of this policy, whether in a formal complaint or informally, must immediately report the issues raised to senior management, including the Human Resources Director/Manager.

Upon completion of the investigation, the Facility will take corrective measures against any person who has engaged in conduct in violation of this policy, if the Facility determines such measures are necessary. These measures may include, but are not limited to, counseling, suspension, or immediate termination. Anyone, regardless of position or title, whom the Facility determines has engaged in conduct that violates this policy will be subject to discipline, up to and including termination.

No Retaliation. No employee will be subject to, and the Facility prohibits, any form of discipline or retaliation for reporting perceived violations of this policy, pursuing any such claim, or cooperating in any way in the investigation of such claims. If an employee believes someone has violated this non-retaliation policy, the employee should bring the matter to the immediate attention of the Human Resources Director/Manager the Department Head/Director/Manager/Supervisor of his/her Department/Unit, or the confidential compliance hotline listed above. Anyone, regardless of position or title, whom the Facility determines has engaged in conduct that violates this policy against retaliation will be subject to discipline, up to and including termination.

We cannot remedy claimed harassment, discrimination or retaliation unless you bring these claims to the attention of management. Failure to report claims of harassment and/or retaliation prevents us from taking steps to remedy the problem.

Immigration Law Compliance

The Facility is committed to full compliance with the federal immigration laws. These laws require that all employees pass an employment verification procedure before they are permitted to work. This procedure has been established by law and requires that every employee provide satisfactory evidence of his/her identity and legal authority to work in the United States no later than three business days after he/she begins work. Accordingly, all new hires must go through this procedure.

Inspection of Packages, Lockers and Related Areas

The Facility reserves the right to inspect any and all personal property or packages brought onto or taken from the Facility's property for public safety and other work-related reasons when there is reason to believe Facility policy is being violated. However, searches of Facility premises and property, including Facility property in the possession of the employee, may be conducted at any time and do not have to be based upon reason to believe Facility policy is being violated.

All areas are to be considered within the control of, and accessible to the Facility. They are not employee property or space that is subject to the employee's privacy rights.

The Facility is free to inspect these areas, or elsewhere on its property, at any time and for any reason, with or without notice.

Internet/Intranet/Facility Portals

The Facility is supportive of and encourages employees to use the Internet/Intranet to assist in meeting the business objectives of the Facility. Employees are to use the Facility provided equipment and computerized systems for business purposes only. Use of the Internet/Intranet is permitted and encouraged in cases where such use is both suitable for business purposes and supports the goals and objectives of the Facility. In such cases, the Internet/Intranet is to be used in a manner that is consistent with Facility standards of business conduct and confidentiality.

The Facility reserves the right to monitor and maintain an audit log of every Internet/Intranet transaction.

Any unlawful or otherwise inappropriate use of the Internet/Intranet is strictly prohibited and may result in severe disciplinary action, up to and possible including immediate termination of employment. While it is not possible to provide an exhaustive list of every type of inappropriate use of the Internet/Intranet, the following examples provide guidance:

1. Prohibitions Against Harassment or Discrimination: The Facility maintains strict policies against unlawful discrimination and harassment based on any characteristic protected by state or federal law. These anti-discrimination and anti-harassment policies apply to all employee conduct and extend to the use of the Facility's

Internet/Intranet. For example, the Facility strictly prohibits the use of the Internet/Intranet to create, send or deliver a message or information that is either harassing or offensive on the basis of any legally protected characteristic, such as race, religion, color, age, sex, sexual orientation, gender identity, gender expression, national origin, ancestry, citizenship, , marital status, physical disability, mental disability, medical condition, genetic characteristic or information, military and veteran status, pregnancy, breastfeeding or related medical condition, protected activity under the Affordable Care Act, or any other classification protected by federal, state, and local laws and ordinances.

2. Prohibitions Against Offensive or Abusive Conduct. The use of the Internet/Intranet to send, transmit, deliver or invite the receipt of annoying, offensive, threatening, abusive or defamatory messages or information is strictly prohibited.
3. Prohibitions Against Sexually Suggestive Material. The use of the Internet/Intranet to disseminate, display, store, transmit, publish, solicit, or purposely receive any pornographic, obscene or sexually suggestive or explicit material is strictly prohibited.
4. Prohibitions Against Gambling. The use of the Internet/Intranet to participate or engage, directly or indirectly, in any gambling activities or participate in any games of chance or risk is strictly prohibited.
5. Trademark, Copyrights and Licenses. Employees who use the Internet/Intranet must honor, respect, and comply with all laws and standards applicable to trademarks, copyrights, patents and licenses to software and other online information. No employee may download, upload or copy software or other copyrighted or legally protected information through the Internet/Intranet without the prior written authorization of the Facility's Director/Manager of Information Systems.
6. Proprietary, Confidential and Trade Secret Information. Employees who use the Internet/Intranet are strictly prohibited from altering, transmitting, copying, downloading or removing any proprietary, confidential, trade secret or other information of any Facility, proprietary software, or other files without proper and legally binding authorization.
7. To prevent computer viruses from being transmitted through the network, there will be no unauthorized downloading of any software or files. All software or file downloads must be done or authorized by the Information Technology Department. In addition, employees, consultants, or contractors may not upload any software, file or program without the knowledge of the Information Technology department and the department head/director/manager/supervisor of the specified department.
8. To comply with HIPAA guidelines, Patient Health Information is never to be transmitted through the Internet/Intranet without the knowledge of the Health Information Management department head/director/manager/supervisor, Information Technology and Information Security department.

9. Employees approved for access, by their department head/director/manager/supervisor, may be required to complete formal Internet/Intranet training and to sign an Acknowledgement of Receipt of Facility's Internet/Intranet Policy before receiving their employee access code.
10. This Policy is not intended to and should not be interpreted to interfere with an Employee's legally protected rights or to prohibit or chill communications protected by the National Labor Relations Act.

Hiring and Employment of Relatives

Family members will not be employed under the direct supervision of one another nor will they be placed in the same department or division if the work involves potential conflicts of interest or for business reasons of supervision, safety, security, morale or counting of money.

Employees' relatives will not be eligible for employment where potential problems of supervision, safety, security, morale, or potential conflicts of interest exist.

Employees' relatives will not be eligible for employment in departments that handle sensitive employee or hospital information. Due to the confidential nature of information handled in departments such as Human Resources, Accounting, Administration and Materials Management, employees' relatives will not be considered for employment in these departments nor may their services be engaged through an independent contractor relationship or a contract agency.

For the purpose of this policy, the term "relatives" includes the employee's parent, grandparent, child, grandchild, spouse, domestic partner, siblings, those in a dating relationship, members of the same household, in-laws and step relationships, either by blood, marriage or adoption.

Employee's relatives may not be hired, nor employees assigned, transferred or promoted into a position creating one or more of the following conflicts of interest:

1. One supervises or controls the work of the other.
2. One evaluates the work performance of the other.
3. One makes or recommends salary decisions affecting the other.
4. One audits the work of the other.
5. One gains access to confidential information regarding the other.

When, as a result of marriage or other significant relationship, two employees become related and there is an actual or potential conflict of interest as discussed above, each is allowed up to 90 calendar days in which to apply for and receive a transfer to a position in which there is no conflict of interest. Management, at its sole discretion, may extend this time period up to an additional 90 calendar days, depending on the degree of conflict and the potential for satisfactory accommodation within the extended time frame. The Facility will not indicate

which employee will transfer; that decision is made by the employees. However, if the prohibited conflict of interest is not resolved at the end of 90 calendar days, or approved extension, then the Facility may terminate one or both employees.

The Facility reserves the right to determine whether other relationships not specifically covered by this policy represent actual or potential conflicts of interest as well. Where the Facility determines that the relationship between the two employees presents an actual or potential conflict of interest, the Facility may take appropriate action which includes, but is not necessarily limited to, transfers, reassignments, changing shifts or, if deemed necessary by management, possible termination.

The Facility Administration may make exceptions on a case-by-case basis with full disclosure.

Internet Utilization

The Facility is committed to providing a work environment that promotes the use of electronic information through computers and computer networks as vital tools to enable effective and safe patient care, as a means of employee education and for business related communication. Employees are to use the Facility provided equipment and computerized systems for business purposes only. The information systems that are utilized fall within the policies, procedures, practices and guidelines that address confidentiality (HIPAA) and information regarding the Facility.

Loitering

Employees are requested to be on the premises no more than fifteen (15) minutes prior to their start time and to leave promptly at the end of their workday. Employees should not return to the premises when they are off duty unless they have a business reason for doing so (e.g., picking up paychecks or visiting a patient).

Please do not visit with other employees while they are on duty as this could interfere with their job performance and responsibilities.

Mail

Employees are requested NOT to have personal mail of any kind addressed to themselves at the premises. Personal mail will be returned to the sender.

Media Communications

Under no circumstances should any employee, other than designated spokespersons, respond to media inquiries on behalf of the Facility unless requested to do so by the Administrator/CEO or his/her designee.

Orientation

All new employees are required to attend Hospital-wide orientation within sixty (60) days of the hire date (first day worked). Employees will also be oriented within their department. Nursing staff are required to attend Nursing Orientation within sixty (60) days of the date of hire. Documentation of orientation will be entered into his/her personnel file. Failure to attend orientation within sixty (60) days of the hire date may result in suspension or termination.

Parking

It is the policy of the Facility to provide employees with access to parking structures or areas that are designated. Employees must follow the parking area rules or risk being towed at the employee's own expense. The Facility is not responsible for any loss(es) or damage(s) to any automobile or its contents while parked in the company premises. Please direct questions to the immediate department head/director/manager/supervisor or Human Resources representative about parking arrangements.

In an attempt to build and maintain solid community relations, it is imperative that employees use the parking areas provided as opposed to parking in residential areas adjacent to the facility. These streets are designed and intended to be used by area residents only. Similarly, employees may not park in areas designated as outpatient, handicapped, receiving and Emergency Department parking. Business necessity requires that employees comply with this parking policy. Failure to comply will result in disciplinary action up to and including termination.

Security personnel are available during evening, night, and early morning hours to accompany employees to the parking structures/areas if requested. The Facility is not responsible for theft of cars or items inside of cars.

Performance Counseling and Corrective Action

The performance counseling system is intended to give employees notice of job-related conduct and/or performance problems in order to provide an opportunity to correct those problems.

Counseling may be initiated for various reasons, including, but not limited to, violations of the Facility's work rules, insubordination, or poor job performance. The severity of the action generally depends on the nature of the offense and an employee's record, and may range from verbal counseling to immediate dismissal. To identify those areas where the performance evaluation/competency assessment indicates that improvements are necessary and/or where additional training is needed, a "Competency Improvement Plan" is completed.

The usual performance counseling procedure may consist of verbal or written counseling or other corrective action. However, any or all of these measures may be utilized, depending upon employee circumstances and the nature of the infraction. Moreover, exceptions or deviations may occur whenever the Facility deems appropriate.

The Facility reserves the right to deviate from this policy when it feels that circumstances warrant such a deviation. Nothing in this policy is intended to, nor does it, alter the "at-will" status of employment with the Facility.

Performance Improvement Process (Organization Improvement)

The Performance Improvement Program is the blueprint that describes the philosophy, framework, structure and processes implemented by the organization to continuously assess, reassess, measure, monitor, analyze, and improve the care and services provided to patients and families, the community, vendors, and care provider staff served by our healthcare delivery system.

The program's goals also include:

- Cultivate and maintain an organization-wide culture that applies the principles of continuous quality improvement in the healthcare environment;
- Promote organization-wide understanding that opportunities exist throughout the continuum of care and at all levels of the organization;
- Support and integrate an inter-department approach to the delivery of care and service to the population served;
- Promote collaboration across the healthcare disciplines to improve the safety, quality and value of the care and services provided;
- Provide continuing educational opportunities for leadership and care providers on the methodology and application of integrated performance improvement principles;
- Create an environment of continuous readiness/compliance with all key accreditation and regulatory bodies.

Permission to Leave During Working Hours

If it becomes necessary for an employee to leave the premises during working hours, he/she must obtain permission from his/her department head/director/manager/supervisor prior to his/her departure. If an employee needs to leave the premises for personal business or business that is not part of his/her job, he/she must clock out.

Phone Calls/Electronic Devices

Telephones and Facility issued cell phones are primarily for Facility-related business and for patients' convenience. Do not encourage people to call while at work. Employees are expected to place personal calls on personal devices during breaks or meal periods only. This is also applicable to personal cell phones, pagers and PDAs, electronic devices, iPads, tablets or any other electronic device.

Records

If an employee has a change of phone or address, marital status, number of dependents or any other demographic, please notify Human Resources immediately since these changes may require new insurance and/or W-4 forms.

Employees are also asked to have on record the name, address, and phone number of someone their department head/director/manager/supervisor may contact in the event of an emergency.

Resignation

If an employee plans to resign and is a non-exempt employee, it is strongly recommended to provide two (2) weeks written notice. Exempt employees provide 30 days written notice. Although this notice is not required, it is requested so that the Facility will have the opportunity to locate a successor before an employee's departure. Failure to provide notice within these time frames will result in an employee's ineligibility for rehire.

Risk Identification Report

An unusual event or occurrence is defined as:

- Any circumstance which is not consistent with the routine care and treatment related to a patient's admission/diagnosis.

- Any circumstance which is not consistent with standards, policies, procedures, protocols, rules and/or regulations that govern processes in the delivery of quality health care.
- Any circumstance that may interfere with the smooth operation of a position or a department.

If an employee witnesses or is involved in such an occurrence, please report it immediately. A Risk Identification Report (RIR) is to be completed for any unusual occurrence that may result in a liability related to a specific patient, visitor, equipment, employee, etc. no matter how trivial the occurrence seems at the time.

Smoking

It is the Facility's policy to establish and maintain a smoke-free environment in recognition of the Facility's special responsibility to establish an optimally healthy and safe environment for its employees, patients, volunteers, physicians, and visitors.

This policy is applicable to all employees working, visiting, or receiving medical care within the Facility.

Smoking, including electronic cigarettes, is prohibited in all areas within the Facility and many areas outside. Failure to abide by this policy may result in disciplinary action, up to and including termination.

Standards of Conduct in the Workplace.

This Facility mandates that there be an environment of mutual understanding, respect and cooperation and that its employees must maintain the highest standards of personal/professional conduct and behavior. Regardless of the job description, each employee is a vital link in providing outstanding patient care and customer service.

Violations of the rules identified below may call for some form of disciplinary action. In some cases, the action may result in either verbal or written warnings, suspension or discharge. In serious cases or in cases where an employee has previously violated the same or other rules or is not performing to an acceptable level, the employee may be subject to immediate discharge. It is necessary to point out that the types of conduct identified below are merely examples of conduct that may lead to disciplinary action. They are not a complete list of all types of conduct that can result in disciplinary action, up to and including discharge.

Violation of any of the following rules, because of their seriousness, may result in immediate discharge without warning:

- Falsification of any records, such as medical forms, worker's compensation claims, time cards or employment applications, or giving false testimony or witness.
- Carelessness or violations of Facility rules and procedures which could jeopardize the safety of employees and/or others which could result in bodily injury or damage to Facility property.
- Disorderly conduct including fighting, horseplay, threatening, or abusing any employee, patient, visitor, or member of the public. Immoral or indecent conduct.

- Insubordination including refusal or failure to perform tasks assigned by a department head/director/manager/supervisor or management in the appropriate manner.
- Distribution, use, possession, purchase or sale of or being under the influence of alcohol, narcotics, intoxicants, drugs or hallucinatory agents while on Facility property or reporting to work under such conditions.
- Use of alcohol or drugs while on duty.
- Any violation of the Facility's Drug-Free Workplace Program.
- Threats of violence, acts of violence, terrorist threats or acts of terrorism against the Facility, patients, other employees or the general public.
- Sleeping during on-duty work time.
- Theft from the Facility, fellow employees, patients or members of the public, regardless of the amount, or unauthorized removal of Facility property. Soliciting tips, gifts or other gratuities or favors from patients or their families.
- Swiping/editing another employee's timecard or permitting another employee to swipe/edit one's own time card.
- Possession of weapons or explosives on the Facility premises (excluding firearms in an employee's personal vehicle in compliance with Ohio Senate Bill 199).
- Job abandonment/Leaving the job without authorization.
- Failure to return to work on the date scheduled from a leave of absence.
- Disclosure of confidential information pertaining to patients, physicians, or other employees, including, but not limited to the violation of the Patient's Right and Confidentiality Policies and the Health Information Portability and Accountability Act (HIPAA).
- Giving unauthorized medical or health advice.
- Altering, falsifying, or making a misstatement of facts on a member or patient record or chart.
- Failure to work as directed.
- Working in excess of an employee's regularly scheduled hours without advance written approval from the employee's department head/director/manager/supervisor.
- Refusing to work assigned schedules or overtime without reasons acceptable to the employee's department head/director/manager/supervisor
- Inappropriate attitude or behavior to patients, other employees, or members of the public. Note: This should not be interpreted to prohibit or restrict employees from discussing the terms and conditions of their employment as allowed under the National Labor Relations Act.
- Violations of security or safety regulations including unsafe acts, such as improper bending, lifting, twisting, etc.
- Excessive absenteeism or pattern of unexcused absences.
- Soliciting for any purpose during working time (working time does not include meal or break periods during which an employee is released from all duties).
- Unsatisfactory work performance.
- Negligent conduct that causes misuse, waste or damage to any of the Facility's property or using such property for personal reasons, or releasing such property to others without proper authorization.
- Failure to attend required orientation, in-service sessions or mandatory staff meetings.
- Failure to immediately report accidents, theft, abuse, or similar misconduct towards patients, visitors, or other employees.

- Smoking, eating, chewing gum or lounging in unauthorized areas or taking or consuming food and beverages sent for patients, visitors or any other employees.
- Improper or unauthorized parking.
- Audio or video recordings of any person(s) without the consent of all person(s) present.

Social Media Policy

Prime Healthcare and its Facilities are supportive of employee use of and access to social media. The goal of this Social Media Policy (“Policy”) is to assist everyone with the proper and positive usage of social media and to help protect the Facility and its employees from the risks of using social media. As a result, this Policy addresses the appropriate use of social media by employees both in and outside the workplace and however accessed. This Policy is not intended to, and should not be interpreted to, interfere with an employee’s legally protected rights or to prohibit or chill communications protected by the National Labor Relations Act.

“Social media” is defined broadly to mean all publicly accessible communications via the Internet and mobile devices, including but not limited to, blogs, microblogs, wikis, discussion forums, social networking sites (*e.g.*, Facebook, LinkedIn), multimedia sites, newsgroups, virtual reality sites, virtual worlds, message boards, chat rooms, forums, bookmarking sites, SMS (text) messages, tweets, e-mail distribution lists, or any other site where text, images, video, pictures, or any other media yet to be identified or created that is used to communicate. In addition, anything posted on the Internet is considered “publicly accessible communications,” even if a viewer needs permission to see the content posted.

Any employee use of social media must comply with existing Facility policies and procedures, including the Solicitation and Distribution, Internet/Intranet/Facility Portal and Harassment policies. The Facility reserves the right to monitor, review, and inspect any information communicated via its electronic communications system, including its Internet/Intranet, and maintain an audit log of every transaction.

When using Facility-owned equipment, employees may not use or access social media during working time. “Working time” does not include non-working hours, breaks, or meal periods. The use of or access to social media may not interfere with an employee’s working time, deadlines, or other work obligations.

The Facility respects employee rights to express personal opinions when using social media and does not retaliate or discriminate against employees who use social media for networking, political, organizing, or other lawful purposes. With that in mind, the Facility has the following guidelines with which employees should comply:

1. Employees must comply at all times with the Facility’s policies against unlawful harassment and discrimination. Consistent with these policies, Employees should be respectful of one another and should never participate in communications in a manner that unlawfully harasses or discriminates against another employee, patient, supplier or vendor based on that individual’s race, religion, color, age, sex, sexual orientation, gender identity, gender expression, national origin,

ancestry, citizenship, marital status, physical disability, mental disability, medical condition, genetic characteristic or information, military and veteran status, pregnancy, breastfeeding or related medical condition, protected activity under the Affordable Care Act, or any other classification protected by federal, state, and local laws and ordinances.

2. Do not use social media to post, transmit, or distribute the Facility's confidential, classified, or proprietary information. Confidential, classified, or proprietary information includes, but is not limited to, Facility finances, trade secrets, intellectual property, patient lists or information, customer lists, or other internal business-related confidential communications.
3. Do not use social media to post, transmit, or distribute patient health information.
4. You should not use your company e-mail address in association with personal social media accounts.
5. Do not use social media to hold yourself out as a representative of or spokesperson for the Facility without prior written approval from the Facility's Marketing department.
6. Do not use Social media to advertise or sell Facility products or services without prior written approval from the Facility.

Employees violating this Policy are subject to disciplinary action up to and including termination.

Solicitation and Distribution

The Facility commitment is to protect the lives, health and safety of our patients and to ensure that our patients receive quality medical care without interference or disruption. The purpose of the following rules governing solicitations, distributions and postings on Facility property is to prevent disruption in the operation of the Facility to prevent interference with patient care, to ensure that our patients and their visitors are not disturbed and to promote and maintain a safe and efficient workplace.

Non-Employees:

Persons not employed by the Facility, including, but not limited to, volunteers, patients, visitors, vendors, physicians and third party organizations, may not, at any time, solicit or distribute literature or other items of any kind or for any purpose on the Facility premises.

Any exceptions to this policy require prior approval by the Facility Administration and must relate directly to the Facility business functions and purposes and be integrally related to the Facility healthcare and community functions or Facility-supported employee benefit plans. The Facility may also permit specific charitable organizations to solicit or distribute literature or other items on Facility property, subject to prior approval by the Facility Administration.

If such prior approval is granted, the employees engaging in the solicitation or distribution must apply for permission and check in with the Facility Administration before engaging in this activity. Any non-employees engaging in solicitation or distribution on Facility property without the prior approval of the Facility Administration shall be considered trespassers. Any department head/director/manager/supervisor or employee who observes any non-employee violating this policy should report the violation to Administration and Security immediately.

Employees:

Solicitations: Employees may not, during work time, engage in solicitations of any kind or for any purpose or promote support for any cause or organization. Additionally, employees may not, at any time, engage in solicitations of any kind or for any purpose or promote support for any cause or organization in immediate patient care areas.

Distributions: Employees may not, during work time, engage in distributions of literature or other items of any kind or for any purpose. Additionally, employees may not, at any time, engage in distributions of literature or other items of any kind or for any purpose in immediate patient care areas or in any other work areas.

“Work time” includes all time when an employee is required to perform his or her job duties and includes the work time of both the employee doing the solicitation or distribution and the employee to whom this activity is directed. “Work time” does not include rest breaks, meal periods, before or after work or any other time when an employee is not required to perform his or her job duties.

“Work areas” are all areas in the Facility where employees are required to perform their job duties but do not include the cafeteria, designated break areas, the front lobby, restrooms, locker rooms and parking areas.

“Immediate patient care areas” include patient rooms, operating rooms, recovery rooms, places where patients receive care or treatment or are waiting to receive care or treatment such as x-ray, therapy or outpatient surgery areas, halls and corridors immediately adjacent to patient rooms and other immediate patient care and treatment areas and admitting and registration areas.

Tipping and borrowing: No tips, gratuities or borrowing of any kind is to be encouraged or solicited from patients or visitors by our employees. The facility has a responsibility to serve all patients equally.

Off-Duty Employees:

Employees are expected to leave the facility work areas immediately after the end of their shift and to report promptly by the beginning of their shift so that change of staff can take place smoothly and without delay. Access by off-duty employees to the interior of the facility and work areas outside the facility shall be subject to the same limitations applicable to the general public. Specifically, off-duty employees are not allowed to return to the interior of the facility or exterior work areas until their next

scheduled work time, except as a patient or to visit a patient of the facility or for Facility-related business such as picking up their paycheck.

Bulletin Board

The Facility maintains bulletin boards to communicate Facility information to employees and to post notices required by law. These bulletin boards are for the posting of official Facility information and notices only, and only persons designated by the Human Resources Director/Manager may place notices on or take down material from the bulletin boards. No other postings on Facility property are allowed.

Miscellaneous

The sale of merchandise by employees or non-employees on the facility premises is strictly prohibited at all times unless prior authorization is given by the Facility Administration.

The Facility authorizes fund drives by a limited number of charitable organizations and for the purpose of raising money for internally sanctioned causes. Department heads/directors/managers/supervisors and employees may volunteer their time to assist these organizations. Each employee may decide whether to contribute or not to contribute. There will be no discrimination against employees because of their willingness or unwillingness to participate.

All employees are required to comply with the Facility's solicitation, distribution and posting policies. Employees violating this policy are subject to disciplinary action up to and including termination. Anyone who is in doubt concerning the scope or application of these policies should consult with Human Resources.

Telephone Courtesy

An employee's job may require that he/she use the telephone occasionally or repeatedly. Please realize that, as a representative of the Facility, an employee is expected to be courteous at all times, even when the caller might be under considerable stress. Be careful to answer phones promptly, give accurate information, identify yourself clearly, and hang up gently when the conversation is over.

COMPENSATION

Call-Offs

Due to the nature of the work, schedules may be adjusted to meet the demands of fluctuating census. A Call-Off is a change in schedule resulting in a temporary cancellation of scheduled work. The employee's department head/director/manager/supervisor will inform employees of a Call-Off at least two hours before he/she is due to report for work. If an employee chooses, he/she may use accrued, but unused, paid vacation hours as compensation if called off due to fluctuating census. Employees must check their messages or answering machine before coming to work. If the Facility has a need for the employee to be on standby, he/she will be notified at the time of the call and applicable standby pay will be paid.

Employment Classifications

All employees, both exempt and non-exempt, are hired on an introductory basis for a period of six calendar months for the purpose of assessing their competencies to perform assigned tasks.

Regular Employees

Those employees who are employed with the expectation that their service with the Facility is of an unspecified duration.

Temporary Employees

Those employees who are hired as interim replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Temporary employees are hired for a maximum of twelve (12) weeks. If the temporary employee is needed longer than twelve (12) weeks, there must be prior approval by Administration to add a regularly scheduled position. Temporary employees may be classified exempt or non-exempt depending on their job duties/responsibilities.

Temporary employees retain their status unless and until notified of a change. While temporary employees receive all legally mandated benefits (such as Workers' Compensation Insurance, State Disability Insurance, and Social Security), they are not eligible for all other benefit programs.

Full-Time Employees

Those employees who are regularly scheduled to work 72 hours to 80 hours in a pay period. Regular Full-Time employees are eligible for the benefit package, subject to the actual terms, conditions, and limitations of each benefit programs plan documents.

Part-Time Employees

To be eligible for the benefits package Part-Time employees must be regularly scheduled to work less than 71 hours in a pay period, but not less than 40 hours in a pay period. Employees on part-time status are eligible for prorated benefits in accordance with benefit package, subject to the actual terms, conditions, and limitations of each benefit programs plan documents. Part-Time employees are eligible to participate in the Medical insurance, Dental insurance, Vision, FSA, LTD, Life Insurance, 401(k) and supplemental insurance.

Per-Diem Employees

Those employees who work on an "as needed" basis. Employees participating in this program must sign an acknowledgment of their understanding that they are not eligible to participate in certain non-legally mandated benefit programs applicable only to regular employees. Per Diem employees are eligible to participate in the group health insurance plan which meets the minimum essential coverage per the Affordable Care Act. If a per diem

employee changes status to part time or full time, they will be eligible to participate in the benefit program. A change to and from this category can be accomplished only with prior written authorization from management.

Per Diem employees are required to provide a schedule to work at least four (4) shifts per four-week period with two (2) of these shifts scheduled for the weekends to remain an active staff member. There is a requirement of one major and one minor holiday per year. If a Per Diem employee does not fulfill this requirement over a 30-day period where four (4) shifts are not scheduled, it will be considered a voluntary resignation.

Non-Exempt Employees

Non-exempt employees include all introductory and regular employees who are covered by the overtime provisions of the federal Fair Labor Standards Act and/or any applicable state regulations and wage orders. Employees in this category are eligible for overtime pay in accordance with applicable federal and state wage and hour regulations and wage orders.

Exempt

Salaried employees work duties exempt them from the overtime provisions of the federal Fair Labor Standards Act and any applicable state wage and hour laws, regulations, or wage orders.

Garnishments and Attachments

Although it is not our policy to collect money owed to collectors, the Facility must comply with the federal, state and local laws regarding garnishments and attachments. All employees receiving a garnishment or attachment will be notified by Payroll as to the effective date that the money will be withheld. Any resolutions to a garnishment or attachment must be given to Payroll in writing by a recognized institution in order to stop the withholding.

Lactation Accommodation

A reasonable amount of time to accommodate employees desiring to express breast milk for the employee's infant child shall be provided when possible. A reasonable effort shall also be made to provide the employee with a private area in which to express breast milk (other than a toilet stall) in close proximity to the employee's work area. The time will run concurrently with the employee's regular rest period. If this time does not run concurrently with the employee's regular rest period, then it shall be unpaid. However, the Facility may not be able to provide additional rest periods if doing so would seriously disrupt its operations.

The Facility recognizes the importance of rest and relaxation for employees throughout the workday and provides appropriate rest and meal periods. The policy and procedures are to provide appropriate guidelines for meal and rest periods.

Meal Periods

Meal Periods: Employees will be provided an uninterrupted thirty (30) minute meal period during the workday.

The Facility makes a meal period available to employees. Occasionally, a situation may develop where an employee must work during her/his meal period and if this occurs, the employee will be compensated for that period as it is considered hours worked. The employee is to notify their department head/director/manager/supervisor when the employee is unable to take his/her meal period.

Employees must punch out at the beginning of the meal period and must punch back in at the end of the meal period.

The meal period is not considered hours worked and is, therefore, not compensable.

Department heads/directors/managers/supervisors will schedule non-exempt employees for their meal periods.

Overtime

A workweek is defined as from 12:00AM Sunday to the following 11:59PM Saturday.

Non-Exempt Employees: Overtime must be authorized by the department head/director/manager/supervisor, prior to working the overtime.

Only actual hours worked are counted when computing overtime. Vacation, Sick, Holiday leave, jury duty, bereavement and on call hours are not counted as hours worked when computing overtime.

Premium Holiday pay will not be paid on top of overtime and call back time.

Unauthorized overtime may result in progressive discipline up to and including discharge.

The Facility reserves the right to require overtime, when applicable. The department head/director/manager/supervisor will alert employee(s), and if the employee(s) refuse to work there could be grounds for disciplinary actions.

The overtime requirements of applicable state and federal labor laws do not apply to salaried employees exempt from overtime requirements.

Pay Periods and Paydays

Pay Period: The pay period begins Sunday at 12:00 a.m. and ends two weeks later on Saturday at 11:59 p.m.

Paydays: Employees are paid bi-weekly for the pay period ending the previous Saturday.

Paychecks: An employee can voluntarily choose to have his/her paycheck deposited via direct deposit or the paychecks will be distributed by the employee's immediate department head/director/manager/supervisor or designee. However, if an employee is unable to pick up his/her paycheck, he/she should notify his/her immediate department head/director/manager/supervisor or to ensure proper delivery.

If an employee requests for another employee to receive his/her paycheck, the employee must provide authorization in writing and the employee must show identification.

Checks not picked up within five (5) working days will be mailed to the employee's home.

If an employee loses their paycheck, it must be reported immediately to Payroll. A replacement check will be issued within three (3) business days.

Payroll Deductions

The Facility shall ensure that deductions for employee paychecks are in accordance with federal and state laws.

Schedules

The Facility reserves the right to schedule employees in accordance with fluctuations in the patient census. If it becomes necessary to call off employees, every effort will be made to ask for volunteers first to assure that call-off procedures are equitable. The Facility will make every attempt to schedule employees on the shift that they prefer; however, due to changing staffing needs, shifts are not guaranteed and employees may be scheduled for other shifts in order to meet the needs of our patients. Non-exempt full or part time employees may be expected to be scheduled to work every other weekend, **except** staff from areas that operate from Monday through Friday. It is the employee's responsibility to check his/her answering machine/pager/cell phone should any work schedule changes occur.

Shift Differentials

Non-exempt employees in designated positions will be compensated for hours worked into the evening, night or weekend shifts. A majority of the scheduled hours must be worked in the shift in order to qualify for the differential.

Evening and Night Shifts

Eight (8) hour staff 2nd shift is 3:00 pm – 11:00 pm and 3rd shift is 11:00 pm – 7:00 am. Work schedules/hours which fall between the hours of 7:00 a.m. and 5:00 p.m. are considered day shifts and thus are not eligible for shift differential pay. A majority of hours must be worked in the shift in order to qualify for the differential.

Weekend Shifts

For a work schedule to be considered eligible for weekend shift differential pay, the regularly scheduled hours must fall between 11 p.m. Friday and 11 p.m. Sunday. No minimum hours worked are required.

Employees who work an evening and/or night shift during a weekend shift will receive both the weekend shift differential and night shift differential as appropriate.

The Facility pays shift differentials for time worked performing normal duties and responsibilities on a scheduled evening, weekend, or night shift. Paid vacation and sick time as well as holiday time are not considered time worked for the purpose of calculating shift differential pay. Shift differential is approved for positions in 24-hour

units that require around-the-clock coverage or operations that consistently require evening/night coverage. Each department identifies the necessary work shifts.

Standby and Callback

Standby: To ensure adequate coverage, the Facility pays standby compensation to non-exempt employees in specific entities and job titles that have been designated as authorized standby positions. These employees must be available to respond from a remote location or by returning to the worksite when needed by the department.

The employee must be able to respond to service needs within thirty (30) minutes of when he/she is contacted.

While on standby, an employee is paid an hourly standby rate. Standby payment will be based on the established rates.

As soon as an employee reports to work he/she will go “on the clock” at the “call back” rate of pay. Standby pay ends when the “call back” rate begins.

Employees called to work during a scheduled standby period will be paid for a minimum of two (2) hours of work, though the actual time worked may be less. If the time is greater than two (2) hours, the time worked will be recorded as “call back” time and paid for all hours worked.

If after working, the employee is still within the standby period, the standby pay will resume for the remaining portion of the standby period.

Callback: If an employee responds to a call from the Facility to perform extra work without prearrangement after his/her scheduled hours of work have ended (either while they are on standby or otherwise), the working time involved is termed a “call-back.” A simple phone call does not constitute “call back,” however, all time spent on a work related phone call shall be reported by the employee and will be compensated. If an employee works beyond his/her schedule, but is not asked to return to the premises after leaving work for the day, the time does not constitute “call-back” time.

Timekeeping Procedures

Employees are assigned a Facility badge with the employee’s name, title and a unique identification number. Each employee MUST use only his/her Facility provided identification card with his or her name. Clocking in or out with another employee’s identification card is deemed a violation of this policy and may result in disciplinary action, including termination.

NON-EXEMPT EMPLOYEES: Hourly employees are required to record all and any time worked using the Facility provided identification card by swiping the assigned card along with the biometric process, where applicable, at the assigned computerized time clocks. **Working off the clock is strictly prohibited.** Employees who fail to follow this policy will be compensated for off-the-clock work, but they may face disciplinary action, including termination of employment.

Non-exempt employees must clock in at the beginning of their shift, clock out when going on their meal break(s), clock in when returning from their meal break(s) and clock out at the end of their worked shift.

Overtime: Employees who work overtime will be compensated for hours worked. However, employees are expected to obtain prior approval from their department head/director/manager/supervisor for any overtime work, including incidental overtime. Employees who fail to follow this policy will be compensated for unauthorized over time, but they may face disciplinary action, including termination of employment.

EMPLOYEE BENEFITS

Introduction

In addition to an employee's salary, the Facility offers a package of medical and other benefits if an employee meets the eligibility requirements.

Complete details of the various insurance programs may be found in the plan descriptions that are provided to eligible employees from Human Resources.

Eligibility for benefits is determined by employment classification or status changes. Contact Human Resources for further information.

401(k) Plan

Participation in the Facility's offered 401(k) Plan ("Plan") is open to all employees who have completed one (1) month of service and are 21 years of age.

The employee contributes to the Plan through payroll deductions and can make pre-tax contributions from 1% to 100% of their compensation up to the limit that the IRS allows for the current year. If an employee has an existing qualified retirement plan (pre-tax), he/she may transfer or roll over that account in the Plan at any time.

The Facility reserves the right to modify its Plan.

For more information about these plans, contact Human Resources

Bereavement Leave

It is the Facility's policy that in the event of a death of a member of an employee's immediate family, the employee is granted up to three (3) work days, not to exceed twenty four (24) hours for full-time employees and twelve (12) hours for part-time employees, within thirty (30) calendar days of the death, for bereavement leave.

Members of immediate family are limited to the following relationships for the purpose of this policy:

- a. Mother or Father
- b. Current Spouse
- c. Son or Daughter

- d. Sister or Brother
- e. Grandparent or Grandchild
- f. Current Mother-in-law or Current Father-in-law
- g. Step-mother or Step-father
- h. Step-sister or Step-brother
- i. Legal Guardian
- j. Stepchildren

The employee must notify his/her department head/director/manager/supervisor if bereavement leave is needed and specify the member of the immediate family having expired, and the date of expiration.

Continuing Education

If the employee's position requires continuing education units ("CEU") in order to maintain licensure or certification, he/she is responsible for meeting this requirement, and maintaining current licensure or certification. The Facility provide in-services as needed.

Discounts

Certain theme park/other discounts may be available through the Facility, so please check with the HR Department.

Employee Assistance Program ("EAP")

While the Facility has no intent to intrude into the lives of its employees, personal problems can often lead to impaired job performance. That's why the Facility provides benefits through an Employee Assistance Program ("EAP"), which offers employees help for personal problems.

The Employee Assistance Program deals with a broad range of human issues including, but not limited to:

- Marital or family problems (or problems in any other significant relationship)
- Job performance problems
- A combination of "too many life problems": **STRESS**
- Alcohol or drug abuse and dependency (either involving the employee or family member)
- Emotional or mental health issues
- Financial problems
- Legal problems
- Sexual problems
- Grief and loss

EAP is a **CONFIDENTIAL** counseling assessment and referral service for employees and their immediate family members.

When referrals to community mental health resources are made, they will be made according to the coverage available through existing health insurance policies. The employee is responsible for any co-payment costs for services under his/her insurance program. In instances

where the employee's health insurance does not cover expenses for these services, every effort will be made to utilize agencies offering a sliding fee scale, which is based upon the employee's ability to pay.

Further information regarding the EAP may be obtained through contact with a department head/director/manager/supervisor or Human Resources.

Family And Medical Leave

As an employee, you may be entitled to a leave of absence under the Family and Medical Leave Act ("FMLA"). This policy is intended to provide you with information concerning FMLA entitlements and obligations you may have during such leaves. If you have any questions concerning FMLA leave, please contact the Human Resources Department.

I. Eligibility

The FMLA provide eligible employees with a right to leave, health insurance benefits and, with some limited exceptions, job restoration. To be an "eligible employee", you must (1) have been employed by the Facility for at least 12 months (which need not be consecutive); (2) have worked for at least 1250 hours during the 12 month period immediately preceding the commencement of the leave; and (3) at a worksite where 50 or more employees are located within 75 miles of the worksite.

II. Employee Entitlements for FMLA Leave

A. *Basic FMLA Leave Entitlement*

The FMLA provides eligible employees up to 12 workweeks of unpaid leave for certain family and medical reasons during a 12-month period. The 12-month period is determined by a "rolling" 12-month period measured backwards from when an employee first uses FMLA leave. In some instances, leave may be counted under the FMLA. Leave may be taken for any one, or for a combination, of the following reasons:

- Disability due to pregnancy, childbirth or related medical condition;
- Bonding and/or caring for a newborn child;
- For placement with the employee of a child for adoption or foster care and to care for the newly placed child;
- To care for the employee's spouse, child, or parent (but not in-law) with a **serious health condition**;

Where an employee and their spouse are both employed by the Facility, the aggregate leave to which both are entitled is limited to 12 work weeks in a 12 month period, if the leave is taken due to the birth or placement of a child with the employee or to care for a parent with a serious health condition.

- For the employee’s own **serious health condition** that makes the employee unable to perform one or more of the essential functions of the employee’s job; and/or,
- Because of any **qualifying exigency** arising out of the fact that an employee’s spouse, son, daughter or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty status in the National Guard or Reserves in support of contingency operations)

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, hospice or residential health care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the essential 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.

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.

B. Additional Military Family Leave Entitlement

In addition to the basic FMLA leave entitlement described above, an eligible employee who is the spouse, son, daughter, parent or next of kin of a **covered service member** is entitled to take up 26 weeks of leave during a 12-month period to care for the service member with a serious injury or illness. Leave to care for a service member shall only be available during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured service member.

A “**covered service member**” means a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. A member of the Armed Forces would have a serious injury or illness if he/she has incurred an injury or illness in the line of duty while on active duty in the Armed Forces provided that the injury or illness may render the service member medically unfit to perform duties of the member’s office, grade, rank or rating.

C. Intermittent Leave and Reduced Leave Schedules

FMLA leave usually will be taken for a period of consecutive days, weeks or months. However, employees are also entitled to take FMLA leave intermittently or on a reduced leave schedule when medically necessary due to a serious health condition of the employee or covered family member or the serious injury or illness of a covered service member. Intermittent leave can also be taken for any qualifying exigency.

Employees are also eligible for intermittent leave for bonding with a child following birth or placement. Intermittent leave for bonding purposes generally must be taken in two-week increments, but the Facility permits two occasions where the leave may be for less than two weeks.

D. Health Insurance Benefits

During FMLA leave, eligible employees are entitled to receive group health plan coverage while on leave for up to 12 weeks. Once FMLA leave exceeds 12 weeks, an employee will be notified of his or her right to continue group health insurance benefits at the employee's cost under COBRA.

E. Restoration of Employment and Benefits

At the end of FMLA leave, subject to some exceptions including situations where job restoration of "key employees" will cause the Facility substantial and grievous economic injury, employees generally have a right to return to the same or equivalent positions they held before the FMLA leave. The Facility will notify employees if they qualify as "key employees", if it intends to deny reinstatement, and of their rights in such instances. Use of FMLA leave will not result in the loss of any employment benefit that accrued prior to the start of an eligible employee's FMLA leave.

F. Notice of Eligibility for, and Designation of, FMLA Leave

Employees requesting FMLA leave are entitled to receive written notice from the Facility telling them whether they are eligible for FMLA leave and, if not eligible, the reasons why they are not eligible. When eligible for FMLA leave, employees are entitled to receive written notice of: 1) their rights and responsibilities in connection with such leave; 2) the Facility's designation of leave as FMLA qualifying or non-qualifying, if not FMLA qualifying, the reasons why; and 3) the amount of leave, if known, that will be counted against the employee's leave entitlement.

The Facility may retroactively designate leave as FMLA leave for a period of up to 10 days with appropriate written notice to employees, provided the Facility's failure to designate leave as FMLA qualifying at an earlier date did not cause harm or injury to the employee. In all cases where a leave qualifies only for FMLA protection, the Facility and employee can mutually agree that leave be retroactively designated as FMLA leave.

III. Employee Obligations for FMLA Leaves

A. Provide Notice of the Need for Leave

Employees who take FMLA leave must timely notify the Facility of their need for FMLA leave. The following describes the content and timing of such employee notices.

1. Content of Employee Notice

To trigger FMLA leave protections, employees must inform the Facility's Human Resources Department of the need for FMLA qualifying leave and the anticipated timing and duration of the leave, if known. Employees may do this by either requesting FMLA leave specifically, or

explaining the reasons for leave so as to allow the Facility to determine that the leave is FMLA qualifying. For example, employees might explain that:

- a medical condition renders them unable to perform the essential functions of their job;
- they are pregnant or have been hospitalized overnight;
- they or a covered family member are under the continuing care of a health care provider;
- the leave is due to a qualifying exigency cause by a covered military member being on active duty or called to active duty status; or
- if the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered service member with a serious injury or illness.

Calling in “sick,” without providing the reasons for the needed leave, will not be considered sufficient notice for FMLA leave under this policy. Employees must respond to the Facility’s lawful questions to determine if absences are potentially FMLA qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA qualifying reasons for which the Facility has previously provided FMLA protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

2. Timing of Employee Notice

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, or the approximate timing of the need for leave is not foreseeable, employees must provide the Facility notice of the need for leave as soon as practicable under the facts and circumstances of the particular case. Employees who fail to give 30 days notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

B. Cooperating in the Scheduling of Leave

When planning medical treatment for the employee or family member or requesting to take leave on an intermittent or reduced schedule work basis, employees must consult with the Facility and make a reasonable effort to schedule treatment so as not to unduly disrupt the Facility’s operations. Employees must consult with the Facility prior to the scheduling of treatment in order to work out a treatment schedule which best suits the needs of both the Facility and the employees, subject to the approval of the applicable health care provider. When employees take intermittent or reduced work schedule leave for foreseeable planned medical treatment for the employee or a family member, including a period of recovery from a serious health condition, or to care for a covered service member, the Facility may temporarily transfer

employees to alternative positions with equivalent pay and benefits for which the employees are qualified and which better accommodate recurring periods of leave.

C. Submit Initial Medical Certifications Supporting Need for Leave (Unrelated to Requests for Military Family Leave)

Depending on the nature of FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA qualifying leave. As described below, there generally are three types of FMLA medical certifications: an initial certification, a recertification, and a return to work/fitness for duty certification.

It is the employee's responsibility to provide the Facility with timely, complete and sufficient medical certifications. Whenever the Facility requests employees to provide FMLA medical certifications, employees must provide the requested certifications within 15 calendar days after the Facility's request, unless it is not practicable to do so despite an employee's diligent, good faith efforts. The Facility shall inform employees if submitted medical certifications are incomplete or insufficient and provide employees at least seven calendar days to cure deficiencies. The Facility will deny FMLA leave to employees who fail to timely cure deficiencies or otherwise fail to timely submit requested medical certifications.

With the employee's permission, the Facility (through individuals other than an employee's direct supervisor) may contact the employee's health care provider to authenticate or clarify completed and sufficient medical certifications. If employees choose not to provide the Facility with authorization allowing it to clarify or authenticate certifications with health care providers, the Facility may deny FMLA leave if certifications are unclear.

Whenever the Facility deems it appropriate to do so, it may waive its right to receive timely, complete and/or sufficient FMLA medical certifications.

1. Initial Medical Certifications

Employees requesting leave because of their own, or a covered relation's, serious health condition, or to care for a covered service member, must supply medical certification supporting the need for such leave from their health care provider or, if applicable, the health care provider of their covered family or service member. If employees provide at least 30 days' notice of medical leave, they should submit the medical certification before the leave begins. A new initial medical certification will be required on an annual basis for serious medical conditions lasting beyond a single leave year or when an initial medical certification has expired.

If the Facility has reason to doubt initial medical certifications regarding an employee's own serious health condition, it may require employees to obtain a second opinion at the Facility's expense. If the opinions of the initial and second health care providers differ, the Facility may, at its expense, require employees to obtain a third, final and binding certification from a health care provider designated or approved jointly by the Facility and the employee. The Facility will reimburse employees for any reasonable "out of pocket" travel expenses incurred to obtain second or third medical opinions. Except in very rare circumstances, the Facility will not require employees to travel outside normal commuting distance for purposes of obtaining second or third medical opinions.

2. Medical Recertifications

Depending on the circumstances and duration of FMLA leave, the Facility may require employees to provide recertification of medical conditions giving rise to the need for leave.

Moreover, depending on the circumstances and duration of the FMLA leave, the Facility may require employees to provide recertification of medical conditions giving rise to the need for leave every thirty days (or more frequently in special circumstances). For chronic or long term conditions, the Facility may require certifications every six months. However, as earlier explained extensions will be requested only when a prior medical certification has expired or is about to expire.

The Facility will notify employees if recertification is required and will give employees at least 15 calendar days to provide medical recertification.

3. Return to Work/Fitness for Duty Medical Certifications

Unless notified that providing such certifications is not necessary, employees returning to work from FMLA leaves that were taken because of their own serious health conditions that made them unable to perform their jobs must provide the Facility medical certification confirming they are able to return to work and the employees' ability to perform the essential functions of the employees' position, with or without reasonable accommodation. The Facility may delay and/or deny job restoration until employees provide return to work/fitness for duty certifications.

D. Submit Certifications Supporting Need for Military Family Leave

Upon request, the first time employees seek leave due to qualifying exigencies arising out of the active duty or call to active duty status of a covered military members, the Facility may require employees to provide: 1) a copy of the covered military member's active duty orders or other documentation issued by the military indicating the covered military member is on active duty or call to active duty status and the dates of the covered military member's active duty service; and 2) a certification from the employee setting forth information concerning the nature of the qualifying exigency for which leave is requested. Employees shall provide a copy of new active duty orders or other documentation issued by the military for leaves arising out of qualifying exigencies arising out of a different active duty or call to active duty status of the same or a different covered military member.

When leave is taken to care for a covered service member with a serious injury or illness, the Facility may require employees to obtain certifications completed by an authorized health care provider of the covered service member. In addition, and in accordance with the FMLA regulations, the Facility may request that the certification submitted by employees set forth additional information provided by the employee and/or the covered service member confirming entitlement to such leave.

E. Reporting Changes to Anticipated Return Date

If an employee's anticipated return to work date changes and it becomes necessary for the employee to take more or less leave than originally anticipated, the employee must provide the

Facility with reasonable notice (i.e., within 2 business days) of the employee's changed circumstances and new return to work date. If employees give the Facility unequivocal notice of their intent not to return to work, they will be considered to have voluntarily resigned and the Facility's obligation to maintain health benefits (subject to COBRA requirements) and to restore their positions will cease.

F. Substitute Paid Leave for Unpaid FMLA Leave

If employees request FMLA leave because of disability due to pregnancy, childbirth or related medical conditions, they must first substitute any accrued paid time off (PTO) leave for unpaid family/medical leave.

If employees request FMLA leave because of their own serious health conditions (excluding absences for which employees are receiving workers' compensation or short term disability benefits), they must first substitute any accrued PTO leave for unpaid family/medical leave.

If employees request FMLA leave to care for a covered family member with a serious health condition or bond with a newborn child, they must first substitute any accrued PTO for unpaid family/medical leave.

The substitution of PTO for unpaid family/medical leave time does not extend the length of FMLA leaves and the PTO runs concurrently with the FMLA entitlement.

G. Pay Employee's Share of Health Insurance Premiums

As noted above, during FMLA leave, employees are entitled to continued group health plan coverage under the same conditions as if they had continued to work. If paid leave is substituted for unpaid family/medical leave, the Facility will deduct employees' shares of the health plan premium as a regular payroll deduction. If FMLA leave is unpaid, employees must pay their portion of the premium by check to the Facility. The Facility's obligation to maintain health care coverage ceases if an employee's premium payment is more than 30 days late. If an employee's payment is more than 15 days late, the Facility will send a letter notifying the employee that coverage will be dropped on a specified date unless the co-payment is received before that date.

If employees do not return to work within 30 calendar days at the end of the leave period (unless employees cannot return to work because of a serious health condition or other circumstances beyond their control) they will be required to reimburse the Facility for the cost of the premiums the Facility paid for maintaining coverage during their unpaid FMLA leave.

IV. Coordination of FMLA Leave with Other Leave Policies

The FMLA does not affect any federal, state or local law prohibiting discrimination, or supersede any State or local law which provides greater family or medical leave rights. However, whenever permissible by law, the Facility will run FMLA leave concurrently with any other leave provided under state or local law. For additional information concerning leave entitlements and obligations that might arise when FMLA leave is either not available or exhausted, please consult the Facility's other leave policies in this Employee Handbook or contact the Human Resources Department.

V. Questions and/or Complaints About FMLA Leave

If you have questions regarding this policy, please contact the Human Resources Department. The Facility is committed to complying with the FMLA and, whenever necessary, shall interpret and apply this policy in a manner consistent with the FMLA.

The FMLA makes it unlawful for employers to: 1) interfere with, restrain, or deny the exercise of any right provided under FMLA; or 2) discharge or discriminate against any person for opposing any practice made unlawful by FMLA or involvement in any proceeding under or relating to FMLA. If employees believe their FMLA rights have been violated, they should contact the Human Resources Department immediately. The Facility will investigate any FMLA complaints and take prompt and appropriate remedial action to address and/or remedy any FMLA violation. Employees also may file FMLA complaints with the United States Department of Labor or may bring private lawsuits alleging FMLA violations.

VI. Additional Definitions:

“Spouse” means a husband or wife as defined or recognized under State law for purposes of marriage in the State where the employee resides, including common law marriage in States where it is recognized. This also includes a legal same sex marriage.

“Parent” means a biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a child, son or daughter as defined in paragraph (c) of this section. This term does not include parents “in law.”

“Child, son or daughter” means, for purposes of FMLA leave taken for birth or adoption, or to care for a family member with a serious health condition, a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under age 18, or age 18 or older and “incapable of self-care because of a mental or physical disability” or an adult dependent child at the time that FMLA leave is to commence.

(1) **“Incapable of self-care”** means that the individual requires active assistance or supervision to provide daily self-care in three or more of the “activities of daily living” (ADLs) or “instrumental activities of daily living” (IADLs). Activities of daily living include adaptive activities such as caring appropriately for one’s grooming and hygiene, bathing, dressing and eating. Instrumental activities of daily living include cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, using telephones and directories, using a post office, etc.

(2) **“Mental or physical disability”** means a physical or mental impairment that limits one or more of the major life activities of an individual. Regulations at 29 CFR 1630.2(h), (i), and (j), issued by the Equal Employment Opportunity Commission under the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq., define these terms.

(3) Persons who are **“in loco parentis”** include those with day-to-day responsibilities to care for and financially support a child, or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

“Adoption” means legally and permanently assuming the responsibility of raising a child as one’s own. The source of an adopted child (e.g., whether from a licensed placement agency or otherwise) is not a factor in determining eligibility for FMLA leave.

“Foster care” is 24-hour care for children in substitution for, and away from, their parents or guardian. Such placement is made by or with the agreement of the State as a result of a voluntary agreement between the parent or guardian that the child be removed from the home, or pursuant to a judicial determination of the necessity for foster care, and involves agreement between the State and foster family that the foster family will take care of the child. Although foster care may be with relatives of the child, State action is involved in the removal of the child from parental custody.

“Son or daughter on active duty or call to active duty status” means the employee’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the employee stood in loco parentis, who is on active duty or call to active duty status, and who is of any age.

“Son or daughter of a covered service member” means the service member’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the service member stood in loco parentis, and who is of any age.

“Parent of a covered service member” means a covered service member’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered service member. This term does not include parents “in law.”

“Next of kin of a covered service member” means the nearest blood relative other than the covered service member’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member’s next of kin and may take FMLA leave to provide care to the covered service member, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered service member’s only next of kin.

"Health Care Provider" means: (1) A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; (2) podiatrists, dentists, clinical psychologists, optometrists, chiropractors (limited treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-Ray to exist) authorized to practice under the State law and performing within the scope of their practice as defined by State law; (3) nurse practitioners, nurse-midwives, clinical social workers and physician assistants authorized under State law and performing within the scope of their practice as defined by State law; (4) Christian Science practitioners (may be required to submit to second or third certification through examination - not treatment of a health care

provider); (5) any other health care provider from whom the employer or the employee's group health plan benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits; and (7) a health care provider who practices in a country other than the United States who is authorized to practice in accordance with the laws of that country and is performing within the scope of his or her practice as defined under such law. For purposes of leave taken to care for a covered service member, any one of the following health care providers may complete such a certification: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; or (4) a DOD non-network TRICARE authorized private health care provider.

Health, Dental, and Vision Insurance

Full-time and part-time employees meeting certain requirements (as described below) are eligible to participate in the health, vision, and dental insurance plans. Per Diem employees may be eligible to participate in the health Value Plan.

When enrolling in these plans in Human Resources, employees will be given detailed information regarding coverage and costs for themselves, and/or dependents.

When an employee terminates employment, insurance coverage ceases on the first of the month following the last day of employment unless he/she chooses to exercise the COBRA option.

If the employee or his/her dependents are covered by the Facility's health and dental plans, he/she has the right to continue this benefit if he/she loses coverage through termination or transfer to a status not entitled to benefits. The details of insurance conversion will be given to the employee by the Human Resources Department. These details include eligibility criteria, cost, and deadline for enrollment and other information which relate to "COBRA" conversion.

If employees have questions about health or dental benefits, please contact Human Resources.

Jury/Witness Duty Leave

Under federal and state law, the Facility must excuse you if you are called for jury duty or summoned as a witness, but the Facility is not required to pay you for the hours you are absent from work. However, for non-exempt employees, the Facility will pay for up to three (3) days or 24 hours for jury duty per calendar year; jury duty lasting in excess of this is unpaid unless an employee uses vacation time. If the exempt employee misses a partial week of work due to jury duty, he/she will be paid for a full work week. If the exempt employee misses a full workweek and performs no work during that workweek, he/she will not be paid, but can use paid time off if he/she so wishes.

Furthermore, a non-exempt employee who is required by law to appear in court as a witness may take unpaid time off for such purposes, unless required to appear by the Facility, and in which case, the witness duty time is treated as time worked. If the exempt employee misses a partial week of work due to appearing in court as a witness, he/she will be paid for a full work

week. If the exempt employee misses a full workweek and performs no work during that workweek, he/she will not be paid, but can use paid time off if he/she so wishes.

Military Duty Leave

The Facility provides unpaid leaves of absence to all employees for military reserve duty in accordance with applicable state and federal laws. A request for military leave should be submitted promptly and accompanied by a copy of the orders indicating the beginning and ending dates of the duty period. Eligibility for reinstatement after the military duty is completed will be determined in accordance with applicable federal and state law.

Occupational Disability Leave

You will be eligible for occupational disability leave of absence if you are unable to perform the essential job duties of your position due to a work-related health condition. All requests for an occupational disability LOA must include a Medical Certification form. Absent extenuating circumstances, failure to provide the completed Medical Certification form within fifteen (15) days of your request for leave may result in denial of your leave and any time off will be deemed an unexcused absence. Intermittent leave, reduced schedules, or leave which is foreseeable must be scheduled in a manner which will minimize disruption to operations. An LOA for an occupational disability shall be extended for the duration of the disability unless terminated earlier as a result of business realities or business necessity. If your work-related injury requires a leave of absence, this leave may count toward your annual Family and Medical Leave, if you qualify for leave under those programs. You may not be employed with any other employer during your LOA. Outside employment during your LOA will result in immediate termination.

Volunteer Firefighters/EMTs

Employees who are members of volunteer fire departments or who provide emergency medical services may be absent from work in order to respond to an emergency.

Ongoing Education

Ongoing Facility education is provided for employees including General Orientation, Nursing Orientation, Annual Skills Fair (Annual Update), Nursing Competency Days, and other varied educational activities based on needs assessments.

Paid Time Off

Full and part-time employees are eligible for paid time off. Excluded are all other employees including, but not limited to, temporary employees and per diem employees.

Paid Vacation Time

Paid vacation benefits are paid days available to eligible employees to be used for any personal reason including, but not limited to, vacation plans, personal days, or sick days.

Paid Sick Time

Paid sick leave may be used for the employee's own illness or the illness of a family member. An employee must properly notify his/her department head/director/manager/supervisor whether sick time is being taken for his/her own illness or to attend to the illness of a family member.

There will be no compensation for absences due to illness or injury once all of the employee's accrued sick leave is exhausted, unless they opt to use paid vacation time.

Deductions from exempt employees' sick leave banks will be based on two-hour increments. Exempt employees who exhaust their sick leave and continue to be absent for reasons of injury or illness will have deductions made from their salary for full day absences only, unless their absences have been designated as intermittent leave under the Family Medical Leave Act or they opt to use paid vacation time. In cases of FMLA intermittent leave, the deductions from an exempt employee's salary will be made consistent with the FMLA's requirements. Exempt employees who believe deductions from their salary have been made because of absences due to illness or injury and which are inconsistent with this policy should immediately bring it to the attention of Human Resources, who will investigate the matter.

Paid Holiday Time

The following days are recognized holidays, and on these days, employees may receive up to eight (8) hours of compensation at their regular rate of pay ("Holiday Pay"):

1. New Year's Day
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Day after Thanksgiving
7. Christmas Day

Holidays occurring on Saturday will be observed on the preceding Friday, while those occurring on Sunday will be observed the following Monday. Observed Holidays are not paid at premium pay. Only productive hours worked on the recognized holiday qualify for premium pay in accordance with this policy. Holidays not worked are considered non-productive hours and, therefore, are not included in the hours worked for the purpose of computing overtime pay. Likewise, shift differential applies only to hours worked (productive hours) and is not included in the un-worked holiday pay.

Whenever possible for those departments open 24/7, a request for time off to observe the holiday in accordance with the Holiday Policy is to be granted on the scheduled day that the Facility recognizes the holiday. It is the employee's responsibility to ensure that the day off is scheduled with his/her department head/director/manager/supervisor. If this is impossible and the employee must work on the day of the recognized holiday, then the Facility will pay the employee time-and- one-half his/her regular rate of pay for all hours worked. For those departments closed on a Facility recognized holiday or observed holiday (in the case where holidays fall on a Saturday or Sunday and the holiday is observed on the preceding Friday or subsequent Monday respectively), the Facility will pay those employees the Holiday Pay in accordance with its Holiday Policy.

The Facility reserves the right to require an employee to work on a holiday if necessary to meet scheduling requirements and to ensure efficient and uninterrupted services. However, holiday

work should usually be scheduled in such a manner that all employees work their share of holidays. When the day of observance falls on an employee's regularly scheduled work day off, he/she will be paid for the paid Holiday in accordance with the Holiday Policy.

Hours worked on a recognized holiday as defined below:

For twelve (12) hour employees the holiday pay day will start at 6p/7p eve of the recognized holiday and continue until Midnight the day of the recognized holiday.

For eight (8) hour employees the holiday pay day will start at 11p/MN the eve/day of the recognized holiday and continue until Midnight the day of the recognized holiday.

Accrual of Paid Vacation, Sick and Holiday Time

Paid vacation, sick and holiday time are divided into three separate banks - one for paid vacation time, one for paid sick time and one for paid holiday time. Paid vacation, sick and holiday benefits each accrue at different rates.

1. Accrual of paid vacation, sick and holiday benefits will begin from the first day of employment or status change (e.g. per diem to full time) and is accrued on a pro-rata basis.
2. New employees are eligible to use accrued paid vacation, holiday and sick time benefits upon accrual.
3. Paid vacation, sick and holiday benefits accrue on a pro-rata basis, based on employment status, hours worked and length of continuous service. Benefit accrual rates will change at the beginning of the first pay period following the anniversary date.
4. Paid vacation, sick and holiday time cannot be used prior to the time it is accrued.
5. Paid vacation, sick and holiday time shall not accrue when the employee has not worked any hours during the pay period unless the employee opts to use vacation, holiday or sick time, respectively.
6. Employees who allow either their vacation, sick time or holiday banks to reach the maximum accrual limits will not continue to accrue additional paid time for any bank that has reached the maximum accrual limit until the accrued balance for that particular bank falls below the maximum accrual limit. It is the employees' responsibility to monitor their accruals.
7. When requesting vacation time, employees must request time off 30 days in advance of their proposed absence to permit management to consider their request and to accommodate the request where practical. In the case of illness, employees are responsible for reporting absences in accordance with departmental policy. The department head/director/manager/supervisor may approve or disapprove the request for time off based upon the needs of the department or work unit.

8. Paid vacation, sick or holiday time hours will be paid at the employee's current base rate of pay less shift differentials. These hours are not counted as "hours worked" for the purpose of computing overtime.
9. When business needs dictate, non-exempt employees may be asked to "flex" (taking time off based on business needs). Non-exempt employees may then elect to take "flex" time as paid vacation time or take unpaid time. If an employee is "flexed," he/she will continue to accrue vacation, holiday, and sick time for the hours flexed.
10. Paid vacation, sick or holiday hours, when used to supplement scheduled worked hours, may only be taken up to a maximum of normally scheduled worked hours per day or per scheduled shifts per pay period. Supplementing paid vacation, sick or holiday hours for additional shifts in excess of scheduled shifts per pay period is not permitted.
11. Employees who have accrued paid vacation, sick or holiday time and take time off will be paid for that time from available, accrued paid vacation, sick or holiday hours. An employee may not take (non-flex) time off from work without pay if he/she has accrued paid vacation, sick or holiday time, unless otherwise allowed by state or federal law. Employees must submit a signed paid vacation, sick or holiday time off request to the department head/director/manager/ supervisor.
12. An employee who is reinstated into a benefit-eligible status within 90 calendar days from the date of termination or status change will begin to accrue paid vacation, sick and holiday time at the accrual rate in effect at the time of termination. An employee who is rehired after 90 calendar days from the date of termination or status change will be treated as a new hire for accrual purposes.
13. An employee who gives notice of resignation of employment is not permitted to utilize accrued but unused vacation time, sick time, or holiday time during their notice period.
14. All employees who have hours in their vacation time bank at the time of their separation shall receive all accrued paid vacation time at their current base rate of pay, except if:
 - Terminated while in their introductory period, employee will not be paid any vacation accrued unless otherwise specified by state law.
 - Employee failed to provide appropriate notice as outlined in the Employee Handbook.
 - Employee failed to work through their notice period.Accrued unused paid sick and holiday time are not paid upon separation of employment.
15. Employees who convert to a non-eligible position shall be paid in the next pay period at their full-time or part-time hourly rate of pay for accrued and unused paid vacation time in existence at the time of the conversion.
16. If an employee transfers in compliance with the Facility's transfer policy, accrued vacation, sick and holiday banks will be transferred to the new facility.

17. If a Facility-recognized holiday falls during a scheduled vacation, the holiday time off will not be charged against the employee's accrued vacation time.
18. If an employee is on unpaid disciplinary suspension, he/she cannot utilize vacation time, sick time, or holiday time.

Performance Appraisals and Competency Assessment

An employee performance appraisal will be performed annually. Competencies are also reviewed regularly. The employee's annual performance review date is ordinarily on the anniversary of his/her employment. However, the employee's review date will be changed if he/she receives a promotion or demotion with a pay adjustment, or if he/she is on a leave-of-absence for more than thirty (30) days.

If the employee receives a pay increase, it will be effective at the beginning of the pay period closest to his/her review date.

Tuition Reimbursement

The Facility encourages its employees to increase and broaden their healthcare related skills and knowledge through the educational process. When the course of study is for an advanced education in a healthcare related field, the Facility will reimburse tuition costs up to a designated amount. Employees need to obtain approval from Human Resources prior to starting the approved program.

All regular full-time or part-time employees who are in good standing, who have completed one year of continuous service are eligible.

The courses must be taken as part of a formal program offered by professionally accredited or licensed institutions, such as universities, colleges, community colleges, and vocational schools. Each class must be completed with a grade of "C" or better in order to qualify for tuition reimbursement.

For complete details and qualifications, employees should refer to their department head/director/manager/supervisor, or Human Resources.

Unemployment Insurance

If employment terminates, an employee may be eligible to receive unemployment benefits from the State of Ohio. Employees must file a claim with the State, which, in turn, determines whether or not the employee qualifies for benefits and, if so, to what extent. For further information, contact Human Resources.

Uniforms

Uniforms provided by the Facility may be laundered and maintained by the Facility at no cost to the employee. However, employees are responsible for the safekeeping of all uniforms they are furnished.

The Facility shall have the sole discretion to determine if a uniform shall be worn, who shall wear a uniform and the conditions under which it must be worn (exception: Operating Room

staff will work in accordance with AORN [Association of PeriOperative Registered Nurses]). Employees shall wear the uniform and maintain a proper appearance as specified by the Facility.

When an employee's employment terminates voluntarily or involuntarily, the employee must return all uniforms he or she has received. The employee may be asked to sign an agreement that verifies their responsibility for any uniforms that they are furnished.

SAFETY

Employee Health and Infection Control

Employee Health/Infection Control focuses on problems related to blood borne disease and the recognition, prevention of acquiring and/or transmitting diseases immediately. The Exposure Control Plan, the Tuberculosis Control Plan and other policies/procedures that pertain to employee health are located in the Infection Control manual.

Should an employee become injured at work (including needle sticks and exposures) he/she will need to contact his/her department head/director/manager/supervisor or the nursing supervisor. Employees who have a blood borne pathogen exposure must be screened in the Emergency Department. This procedure is in place to ensure that the proper interventions are instituted and proper labs are drawn on the employee. Follow up is done with Employee Health/Infection Control and the source is screened for needed labs.

All employees are required to complete an annual screening questionnaire. It may either involve a skin test (ppd) or a questionnaire if he/she had a positive ppd in the past. The screening is for the employee's own protection. The annual screening is a CDC and OSHA requirement.

Vaccines: The Hepatitis B vaccine is available to all staff. The influenza vaccine is offered every fall and winter (as available) and is highly recommended for all health care workers (providing there are no personal contraindications). If the employee does not want to receive a flu shot, a declination must be signed.

Infection Control education is required upon hire and annually thereafter as mandated by the OSHA Blood borne Pathogens rule.

Infections can occur in many settings. Infection control programs are designed to protect patients and staff from infections. Remember, most infections are spread by direct contact. Employees should carefully wash their hands **every time** they have contact with their own secretions and **before and after** any patient contact.

There are three types of isolation precautions used in addition to Standard Precautions which allows employees to protect themselves by wearing gloves, gown, etc. Each type of isolation has a distinct sign that is placed on the outside of a patient's room. The personal protective equipment ("PPE") used for the precautions is located in the cart outside the patient room. Remember to remove all personal protective equipment inside the room. The isolation precautions may be used alone or in conjunction with one another. Contact isolation is the most

widely used. Contact isolation requires gowns and gloves upon entering. Droplet isolation is used to protect against large droplets. Droplet isolation is commonly used for MRSA in the sputum and this isolation type requires a surgical mask to be worn by the person entering the room. Finally, the Facility uses airborne precautions mainly for chickenpox (varicella) or TB. This type of isolation requires an N-95 mask to be worn by the person entering the room. Employees may only wear an N-95 after they have been fit tested.

Infection Control is **EVERYONE'S** job.

Health and Safety

It is the policy of the Facility to provide safe and healthful working conditions and to guard the health of the employees and the patients whom the Facility serves. If an employee has concerns about a health issue, bring it to the attention of his/her department head/director/manager/supervisor. The same is true for reporting unsafe working conditions.

Identification Badges

The purpose of identification badges is two-fold: (1) to clearly identify employees to patients, their visitors and security and (2) to identify employees to police, fire, and emergency personnel in the event of an emergency.

All employees and medical staff will be issued a picture identification badge. The employee and medical staff is responsible for wearing his or her identification badge at all times while on Facility property and during working time.

The Facility identification badge is to be worn at all times while on duty and it shall be above the waist with the picture and name displayed. Name patches on lab coats or uniforms are not substitutes for identification badges

If lost, a replacement identification badge may be obtained through the Human Resources Department. If the replacement badge is a result of the employee's gross negligence or by a dishonest or willful act, the employee will be charged for the replacement of the badge.

Non-compliance with this policy may result in the employee being required to leave the Facility premises.

Facility identification badges must be returned to the Human Resources Department upon termination of employment.

Injuries On-The-Job

All on-the-job injuries or work-related illness must be reported to the employee's department head/director/manager/supervisor immediately. Medical costs for required treatment due to a bonafide work-related injury or work-related illness, are paid for by the Facility's Workers' Compensation Insurance program.

In order for an employee to protect his/her rights to treatment and benefits under the Workers' Compensation program, he/she must:

- Report the accident, injury or illness to his/her department head/director/manager/supervisor immediately;
- Complete an Employee's Claim for Workers' Compensation Benefits and Employee Accident Report

Return-to-Work Program

To the fullest extent possible, the Return-to-Work Program will be made available to an employee if he/she is temporarily unable to perform regular work duties due to temporary medical restrictions resulting from a job-related illness or injury. This program is designed for employees with short-term (up to 60 days) temporary partial restrictions due to injury or illness. Such employees are expected to adhere to those restrictions and will need to show progress in their recovery in order to remain in this program. Based on business necessity, some non-work related injuries may be accommodated.

Safety/Workplace Violence Prevention

The Facility is committed to providing a safe and healthful environment and delivering quality care. The Safety Program, under the direction of the facility, supports an organization wide, interdisciplinary team approach to provide ongoing proactive, concurrent and retrospective assessment and improvement in all areas of safety.

Employees, visitors, patients and physicians are encouraged to contact the person in charge of safety directly regarding all safety issues and concerns. The purpose of this policy is to minimize the risk of personal injury to patients, employees and damage to Facility property. The Facility specifically discourages employees from engaging in any physical confrontation with a violent or potentially violent employee. However, the Facility expects and encourages employees to exercise reasonable judgment in identifying potentially dangerous situations and informing management accordingly.

Threats, threatening language, or any other acts of aggression or violence made toward or by any Facility employee will not be tolerated. For purposes of this policy, a threat includes any verbal or physical harassment or abuse, attempts to intimidate or to instill fear in others, menacing gestures, bringing weapons to the workplace, stalking, or any other hostile, aggressive, injurious and/or destructive actions undertaken for the purpose of domination or intimidation.

All potentially dangerous situations including threats by co-workers should be reported immediately to the employee's department head/director/manager/supervisor or to any other member of management with whom he/she feels comfortable. If an employee still has concerns, he/she may avail himself/herself of other avenues for reporting including calling any of the state, federal, or accreditation agencies. Reports of threats may be made anonymously. All threats will be promptly investigated.

It is our expectation that employees who have concerns about the safety or quality of care provided in our organization will avail themselves of our established mechanisms to report these concerns. Under no circumstances will the Facility embark on a course of retaliatory disciplinary action related to an employee's report of safety or quality of care concerns.

If an investigation confirms that threat of a violent act or violence itself has occurred, the Facility will take appropriate corrective action. Anyone, regardless of position or title, whom the Facility determines has engaged in conduct that violates this policy, including retaliation, will be subject to discipline, up to and including termination.

If an employee is the recipient of a threat made by an outside party, please follow the steps detailed in this section. It is important for the Facility to be aware of any potential danger in our workplace. Indeed, the Facility wants to take every precaution to protect everyone from the threat of a violent act by an employee or anyone else.

Workers' Compensation

If an employee suffers an on-the-job injury, he/she must report the accident immediately to his/her department head/director/manager/supervisor or designee, if he/she is on duty. After normal work hours and weekends, report all injuries to the Hospital Supervisor. Fill out the Workers' Compensation paperwork and submit it to the appropriate department. *Should an employee have a true medical emergency, he/she should go to the Emergency Room immediately and the Department Head/Director/Manager/Supervisor and Human Resources will be notified. For further details contact Human Resources.*

GENERAL EMPLOYMENT

At-Will Employment

Employment with the Facility is "at will." This means that both the Facility and the employee have the right to terminate the employment relationship at any time, for any reason, with or without prior notice or cause. Thus, nothing in the Policy Manual or any other Facility document should be understood as creating guaranteed or continued employment, employment for any specific duration of time, a requirement that "cause" exist before termination, or any other guarantee or continued benefits. Any such representation made prior to the effective date of this policy and procedure manual are hereby rescinded and superseded. This at-will relationship is the full and complete agreement regarding the duration of employment and may be altered only by an express individual written employment agreement signed by the Facility Administrator/Chief Executive Officer ("CEO") and which expressly changes this "at-will" relationship.

Binding Arbitration of Disputes

As a condition of employment, employees are required to sign an "Arbitration Agreement" ("Agreement") by which the employee and the Facility agree to arbitrate any employment-related claims or disputes that arise during or following employment. Each employee is given a copy of the Agreement once he or she has signed it. Employees should refer to the Agreement for details concerning its provisions.

Bioethics

The Bioethics Committee is available whenever there is an identified patient care concern with potential ethical, cultural, and/or religious conflicts. Any member of the care team, including physician, staff or patient/family may request a Bioethics review.

Bulletin Boards

Facility bulletin boards are to be used only for the posting of Facility-related materials.

Job Posting

The Job Opportunities list is updated on a regular basis and is posted on the Human Resources Department/Facility's website.

Employees are encouraged to invite qualified friends and colleagues to apply for available positions.

Employees interested in transfers and promotional opportunities are also encouraged to refer to the Job Opportunities list to determine which positions are currently available and to apply accordingly.

Lay Off

It is the policy of the Facility to hire in good faith and to schedule in accordance with fluctuations in patient census. However, circumstances may warrant the reduction of staff through layoffs or elimination of certain positions. The Facility reserves the right to determine the order of the layoff and particular positions impacted, and may take into account such factors as (but not limited to) seniority, performance, skill level, employment status, and any other factor related to a business purpose.

Licensure/Certification

If an employee's position requires licensure or certification, he/she is responsible for maintaining its current status. If there is a lapse, he/she will be suspended (not to exceed 14 days) until the license is renewed. Failure to renew a required license or certification within a reasonable time will result in termination.

Suspensions for expired licensure will be processed during HR office hours. If an item expires on a non-business day (non-business day includes Saturdays, Sundays and Holidays) then HR will suspend the employee on the last business day prior to the expiration and would not be able to lift the suspension until the office opens on the next business day.

Licensure will be verified through the primary source and certification should be submitted to HR for verification.

It is entirely an employee's responsibility to obtain any continuing education credits which may be required to maintain licensure or certification.

Transfer

The Facility promotes and transfers employees when such action is consistent with Facility's objectives and the employee's career goals. Employees are encouraged to maximize their skills to take advantage of opportunities for advancement.

Non-exempt employees are generally eligible for transfer to open positions after six calendar months of service or will be reviewed on a case by case basis by Human Resources based on

the business need of the facility. Employee selection is based on a number of factors, including employee's skill and ability, length of time in the current position, performance level, and other business needs and considerations. It is within the Facility's discretion whether to approve the transfer request.

If an employee is interested in a transfer, he/she may refer to the Job Opportunities list to determine which positions are currently available. If an employee believes he/she is qualified for the new position, he/she must notify his/her immediate department head/director/manager/supervisor of his/her intent to apply and must submit a completed transfer request form to the hiring department head/director/manager/supervisor.

Anti-Retaliation

The Facility is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful practices, including retaliation.

The Facility encourages reporting of all incidents of perceived unlawful or unethical conduct. Employees who believe they have been the victim of or have otherwise observed such unethical or unlawful conduct should discuss their concerns with their immediate department head/director/manager/supervisor, any member of human resources, or any member of management.

Individuals who believe they have been the victims of retaliation or believe they have witnessed unlawful or unethical conduct should discuss their concerns with their immediate department head/director/manager/supervisor (unless he or she is the source of the concern), any member of human resources, or any member of management.

The Facility encourages the prompt reporting of complaints or concerns so that rapid and constructive action can be taken. Therefore, while no fixed reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving issues. Employees making a complaint of unlawful or unethical conduct or retaliation that the employee knows to be false may be the subject of appropriate disciplinary action.

Confidentiality will be maintained throughout the investigatory process to the extent possible, consistent with performing an adequate and lawful investigation, and implementing appropriate corrective action.

Although individuals are encouraged to follow internal dispute resolution procedures, the Facility recognizes that individuals who believe they have been the victims of retaliation or have witnessed unlawful or unethical conduct may choose to report such conduct to outside agencies instead of making an internal complaint. The Facility recognizes such individuals are entitled to the same level of protections against retaliation as individuals who raise such concerns internally.

The Facility prohibits retaliation against any individual who: (i) reports suspected unlawful or unethical conduct; or (ii) participates in an investigation of such conduct; or (iii) testifies or

assists in a proceeding about an alleged violation or alleged misconduct; and/or (iv) objects to or refuses to participate in unethical or unlawful activity. Retaliation against an individual who engages in any of these enumerated and protected activities constitutes a violation of this policy, will not be tolerated, and will result in disciplinary action, up to and including termination of employment.

Any reported allegations of unlawful or unethical conduct will be investigated fully and promptly. Likewise, acts of retaliation should be reported immediately and will be promptly and fully investigated, and where appropriate, responsive action will be taken.

Investigations may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged misconduct or may have other relevant knowledge. Responsive action may include, for example, training, referral to counseling or disciplinary action such as a warning, reprimand, withholding of a promotion or pay increase, reassignment, temporary suspension without pay, or termination, as the Facility management deems appropriate under the circumstances.

Provisions Relating to Retaliation and the Affordable Care Act

Pursuant to the Affordable Care Act, no employee shall be discharged, disciplined, or in any manner discriminated against with respect to his or her compensation, terms, conditions, or other privileges of employment because the employee or an individual acting at the request of the employee has:

1. Received a credit under section 36B of the Internal Revenue Code of 1986 or a subsidy under section 1402 of the Affordable Care Act;
2. Provided, caused to be provided, or is about to provide or cause to be provided to the employer, the Federal Government, or the attorney general of a State information relating to any violation of, or any act or omission the employee reasonably believes to be a violation of, any provision of Title I of the Affordable Care Act;
3. Testified or is about to testify in a proceeding concerning such violation;
4. Assisted or participated, or is about to assist or participate, in such a proceeding; or
5. Objected to, or refused to participate in, any activity, policy, practice, or assigned task that the employee reasonably believed to be in violation of any provision of Title I of the Affordable Care Act, or any order, rule, regulation, standard, or ban under Title I of the Affordable Care Act.

A FEW CLOSING WORDS

This Handbook is intended to give employees a broad summary of things to know about the Facility. The information in this Handbook is general in nature and, should questions arise, the employee's department head/director/manager/supervisor should be consulted for complete details. It is obviously not possible to anticipate every situation that may arise in the workplace, or to provide information that answers every possible question. In addition, circumstances will undoubtedly require that policies, practices and benefits described in this handbook change from time to time. Accordingly, the Facility must reserve the right to modify, supplement, rescind or revise any provisions of this handbook, other than the employment at-will provisions, from time to time as it deems necessary or appropriate in its discretion. Employees will, of course, be advised of changes that occur.

Employees should not hesitate to speak to their department head/director/manager/supervisor or the Human Resources Department if they have any questions.

Again, welcome to the Facility!



EMPLOYEE ACKNOWLEDGMENT

This is to acknowledge that I have received a copy of the Employee Handbook and understand that it contains important information on the Facility’s general personnel policies and on my privileges and obligations as an employee. I acknowledge that I am expect to read, understand and adhere to Facility policies and will familiarize myself with the material in the handbook. I understand that I am governed by the contents of the handbook and that the Facility may change, rescind or add to any policies, benefits or practices described in the handbook, other than the employment at-will policy, from time to time, in its sole and absolute discretion, with or without prior notice. The Facility will advise employees of material changes within a reasonable time.

Furthermore, I understand that employment with the Facility is not for a specified term and is at the mutual consent of the employee and the Facility. Accordingly, either the employee or the Facility can terminate the employment relationship at will, with or without reasonable cause, at any time. This represents a final and binding integrated agreement, with respect to the at-will nature of the employment relationship and cannot be modified, unless it is modified in a written agreement, signed both by the Facility Administrator/CEO and me.

I understand that once I have consented to the Electronic Acknowledgment Policy, I can electronically acknowledge acceptance and understanding of policies contained in the Employee Handbook. I can do so by clicking on the “I acknowledge” box on the electronic version of this Employee Handbook and that such acknowledgment has the same force and effect as my handwriting my acknowledgment below. Alternatively, I may acknowledge the Employee Handbook in handwriting under the “Handwritten Acknowledgment” section of the form.

ELECTRONIC or HANDWRITTEN ACKNOWLEDGMENT (Return to your Supervisor/Manager/Director/Department Head/Human Resources)

Date

Employee Name

Employee Signature