

	PERSONNEL POLICIES AND PROCEDURES	
	SUBJECT: PERSONAL LEAVE OF ABSENCE	EFFECTIVE DATE: 01/01/87 REVISION DATE: 2021
	POLICY NO. 208	Page 1 of 10
ALL REVISIONS ARE MARKED BY AN ASTERISK (*)		

This Policy covers all non-union associates employed by Perdue Agribusiness, Inc., Perdue Food Products, Inc., and/or FPP Business Services, Inc.

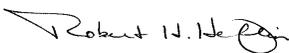
I. SUMMARY

Associates may have personal matters or responsibilities that may require the associate to request time off from work for more than a short-term basis. The purpose of this policy is to provide an option for associates to request unpaid time off from work, to attend to such personal matters or responsibilities.

II. * POLICY

- A. It is the policy of the company that supervisors/managers one level higher than the associate's supervisor/manager may approve a personal leave of absence to a full time regular associate not to exceed **two calendar weeks** with the approval of the Human Resource (HR) Manager.
- B. The Functional Director and Director of Operations in consultation with the Human Resources Manager may approve an extension of a personal leave of absence for a period not to exceed **two calendar weeks**.
- C. Upon the expiration of an approved personal leave of absence, the associate shall be reinstated in the same or equivalent position held at the time the leave was granted.
- D. The associate's length of service, past performance record and attendance record are factors to consider when evaluating a request for approval. The associate's likelihood of returning within the two weeks, company business needs, and hardship in granting the leave are also considered.
- E. **Associates eligible for leave under the Personal Leave of Absence Policy are associates who otherwise are not eligible for leave under the Family and Medical Leave, Military Leave of Absence or the Other Medical Leave policies.**
- F. Associates who have a Paid Time Off (PTO) balance may use their PTO balance concurrent with a personal leave of absence. If elected, it will not extend the time away from work.

III. ELIGIBILITY

Approved by: 	December 15, 2011	
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REVISION DATE: **2021**

POLICY NO. **208**

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This Policy covers all non-union associates employed by Perdue Agribusiness, Inc., Perdue Food Products, Inc., and/or FPP Business Services, Inc.

- A. To be eligible for an unpaid personal leave of absence the associate must be a full-time regular associate who have satisfied their probationary and/or training requirements.
- B. An associate who has taken a personal leave of absence up to two weeks will not be eligible for another personal leave of absence until 12 months of continuous employment has lapsed. Any exceptions to this provision of the policy will require the approval of a Director of Human Resources or Vice-President of Human Resources.

IV. LIMITATIONS

- A. The reason/s for the personal leave is not otherwise covered by Medical, Military, or FMLA policies and provisions.
- B. In no instance shall the leave extend beyond two weeks.
- C. Associate shall not engage in other employment during the unpaid personal leave of absence
- D. Failure of the associate to return to work immediately following the expiration of the unpaid personal leave of absence will be considered as having voluntarily resigned and separated from the company.

V. * PROCEDURES

- A. Associates requesting a Personal Leave of Absence (providing notice to the employer) shall submit to their supervisor/manager a completed PERSONNEL/002 Form – **REQUEST FOR PERSONAL AND MILITARY LEAVE OF ABSENCE** (see Attachment A).
- B. The associate’s supervisor/manager will recommend approval or disapproval and provide the request to their supervisor/manager along with the reason/s for recommending disapproval.
- C. The supervisor’s/manager’s supervisor/manager will approve or deny the request in consultation with the Human Resources Manager, and provide the reason/s for denial.

Approved by:

December 15, 2011



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D. The request will then be provided to the Human Resources Department for recordation and distribution to:

- 1. Supervisor/manager,
- 2. Associate Relation Representative (ARR) and/or Human Resources Manager (HRM)
- 3. Employment Process Administrator (EPA)

E. ARR/HRM will provide all documents to the Employment Process Administrator (EPA).

F. EPAs will:

- 1. Enter approved Personal Leave of Absence into the HRMS system,
- 2. File Personal Leave of Absence forms in a tickler file for the date of scheduled return,
- 3. Since the absence will be unpaid, provide letter to the associate indicating premiums due for benefits and method of payment (see Attachments B and C), and
- 4. If associate fails to make premium payments for benefit effect the delivery of the letter at Attachment D.
- 5. Follow-up on scheduled return date to ensure associate has return and take appropriate actions in HRMS.

VI. BENEFITS

A. During the period of unpaid personal leave of absence the associate may elect to continue to receive all benefits similar to an associate on PTO, paid absence or working. Medical, dental, vision, or supplemental life provided the associate makes arrangements with Corporate Benefits.

B. The required payment for such benefits must be received by Corporate by the prescribed date in order for benefits to continue without interruption or lapse of coverage.

VII. JOB RESTORATION

Approved by:

December 15, 2011



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- A. Upon the expiration of the personal leave of absence the associate shall be restored to the same or equivalent position and to the extent possible in the same department. In the event the associate’s position has been eliminated, the associate will be offered another vacant position for which the associate is qualified.
- B. An associate who does not report to work immediately following the expiration of their personal leave of absence will be considered as having voluntarily resigned and separated from the company

VIII. RESPONSIBILITY

The Vice President of Human Resources retains the authority and responsibility for this Policy. Questions concerning the meaning or interpretation of this Policy should be referred to the appropriate Director of Human Resources. Any circumstances that require a waiver from the Policy must be coordinated through the appropriate Director or Vice President of Human Resources.

IX. * ATTACHMENTS

The following attachments are provided to support this policy and procedures.

- Attachment A - PERSONNEL/002 – “REQUEST FOR PERSONAL AND MILITARY LEAVE OF ABSENCE”
- Attachment B - BEN/057 - Letter to Associate for payment for benefits (Group 1,2, & 3)
- Attachment C - BEN/058 - Letter to Associate for payment for benefits (Group 4)
- Attachment D - Follow up letter to associate who is delinquent in paying for benefits.

Approved by:

December 15, 2011

REQUEST FOR PERSONAL AND MILITARY LEAVES OF ABSENCE

ASSOCIATE'S NAME _____ DATE _____

ASSOCIATE ID # _____ DEPARTMENT _____

DATE OF HIRE _____ SHIFT _____

JOB _____ CURRENT PHONE # (____)____-_____

CURRENT ADDRESS _____

TYPE OF LEAVE REQUESTED

(Check One)

_____ PERSONAL

_____ MILITARY

LEAVE DATES

DATE LEAVE BEGINS

DATE LEAVE ENDS

DATE RETURNING TO WORK

REASON FOR LEAVE

I understand if I fail to return at the expiration of this leave period for a Personal Leave and within the timeframes established by law for Military Leave it will be deemed to be a voluntary resignation of my position. During any leave of absence, taking another job, working for another employer, or becoming self-employed will result in termination.

Associate's Signature

Date

APPROVALS

Immediate Supervisor's or Team Leader's Signature

Date

Department Manager or Shift Leader or Unit Leader's Signature

Date

Human Resources Manager's Signature

Date



Group 1, 2, 3

Date _____

Plant Location _____

SS# _____

EMPL ID # _____

RE: Leave of Absence

Dear _____:

Your request for a Leave of Absence has been approved for the time period of ____/____/____ to ____/____/____.

Your leave has been approved as (circle one) **unpaid personal leave** **unpaid medical leave** **paid medical leave** **other (describe)**

You are scheduled to return to work on ____/____/____.

If you are on a medical leave of absence you are required to submit a Physician's Statement to your medical department, that includes a diagnosis, prognosis and estimated return to work date. You may be required to submit an update periodically. If your disabling medical condition ends and you are released by your Physician prior to _____, you must return to work on the next regularly scheduled work day and report to the medical department.

Failure to return to work or provide an updated physicians statement by the return to work date noted above will be considered to be a voluntary resignation.

PAID LEAVE. The following is a summary of your benefits:

Your Perdue Benefits and 401(k) Savings Plan. Your Basic Life coverage will continue as long as you remain an active associate. The deductions for your Perdue Benefits elections, 401(k) Savings Plan contributions, and Savings Plan loan (if any) will continue to be made from your disability pay.

If you are receiving Long-Term Disability pay during your leave of absence, your deductions cannot automatically be withdrawn from your pay. You are required to submit benefits payments as outlined in the section titled "Unpaid Leave".

UNPAID LEAVE. The following is a summary of your benefits:

Your Perdue Benefits. Your Basic Life coverage will continue as long as you remain an active associate. For your other benefit elections (Supplemental Life, Accidental Death and Dismemberment (AD&D), Dependent Life, Long Term Disability (LTD), Health Care Flexible Spending Account (HCSA), Dependent Care Flexible Spending Account (DCSA), Medical, Dental, or Vision coverage, you will need to make the required contributions as summarized on the next page in order for your benefits to continue. **(Note:** If while out of work on an approved medical leave you become totally disabled, you should contact the Corporate Benefits department as you may be able to continue your Supplemental Life insurance coverage at no cost to you.

401(k) Savings Plan. You cannot contribute to the Savings Plan while on unpaid leave. Additionally, if you have a loan, the balances will be frozen and your repayment obligations will be suspended until the earlier of twelve months or your return to work. In the event you do not return to work, any outstanding loan will become taxable if the loan is not paid in full and you will receive a 1099.

REQUIRED WEEKLY PERDUE BENEFIT CONTRIBUTIONS WHILE ON UNPAID LEAVE (some or all may apply)

Medical \$ _____	Supplemental Life \$ _____
Dental \$ _____	AD & D \$ _____
Vision \$ _____	Dependent Life \$ _____
HCSA \$ _____	LTD \$ _____
DCSA \$ _____	
Total Cost Per Week \$ _____	

Your check or money order for the above coverage should be made payable to Perdue and mailed to: **Perdue, Corporate Benefits Department, ATTN: Chris Rhoads, 410-543-3324, PO Box 1537, Salisbury, MD 21802.**

Payments are due on the **first of each calendar month**. There is a 30-day grace period for payments. **IF PAYMENT FOR YOUR PERDUE BENEFITS COVERAGE IS NOT RECEIVED BY THE END OF THE GRACE PERIOD, YOUR COVERAGE WILL BE CANCELED RETROACTIVE TO THE FIRST DAY OF UNPAID LEAVE.** You will be notified before the end of the month if your nonpayment may trigger the retroactive loss of coverage. This means that you won't receive benefits for expenses incurred or events that take place during the nonpayment period and such expenses will be your responsibility. If you have HCSA or DCSA claims that were incurred during the nonpayment period you will not be eligible for reimbursement from these accounts.

When you return from your Leave of Absence (other than leave under the Family and Medical Leave Act or military leave), if you have not been maintaining your payments you will not be eligible for medical, dental, vision, LTD, and/or FSA coverage until the next **OPEN ENROLLMENT**, unless you have a qualified family status change. If Supplemental Life and/or LTD coverage are dropped, you will need to re-apply and submit evidence of good health to restore these benefits.

If you return on time from your approved FMLA leave or military leave and your benefits have been cancelled for non-payment, your Perdue Benefits and deductions will resume. However, you will not be covered for claims incurred during any period of your FMLA or military leave.

OTHER INFORMATION

Family and Medical Leave Act (FMLA). Your leave of absence will [] will not [] be counted under the FMLA. If your leave is being counted under FMLA, attached is a copy of the FMLA provisions.

PAID TIME OFF (PTO). You will not be allowed to receive PTO and disability pay at the same time. If you are on paid leave and your PTO anniversary year ends and you have not used all of your PTO, it will be forfeited (you cannot carry it forward to the next PTO anniversary year). If you are on an unpaid leave, you may be eligible to receive pay for any unused PTO. Further PTO entitlement may be reduced based on length of leave.

If you have any questions concerning your leave of absence, please contact your Human Resources Department.

Human Resource Representative
cc: Associate's Human Resources' file

Revised 07/11

BEN/057



Benefit Group 4

Date _____

Plant Location _____

SS# _____

Empl ID# _____

RE: Leave of Absence

Dear _____:

Your request for a Leave of Absence has been approved for the time period of ____/____/____ to ____/____/____.

Your leave has been approved as (circle one) unpaid personal leave unpaid medical leave paid medical leave other (describe)

You are scheduled to return to work on ____/____/____.

If you are on a medical leave of absence you are required to submit a Physician's Statement to your medical department, that includes a diagnosis, prognosis and estimated return to work date. You may be required to periodically submit an update. If your disabling medical condition ends and you are released by your Physician prior to _____, you must return to work on the next regularly scheduled work day and report to the medical department.

Failure to return to work or provide an updated physicians statement by the return to work date noted above will be considered to be a voluntary resignation.

PAID LEAVE. The following is a summary of your benefits:

Your Perdue Benefits and 401(k) Savings Plan. Your Basic Life coverage will continue as long as you remain an active associate. The deductions for your Perdue benefit elections, 401(k) Savings Plan contributions, and Savings Plan loan (if any) will continue to be made from your disability pay.

UNPAID LEAVE. The following is a summary of your benefits:

Your Perdue Benefits. Your Basic Life coverage will continue as long as you remain an active associate. For your other benefit elections (Supplemental Life, Accidental Death and Dismemberment (AD&D), Dependent Life, Medical, Dental, or Vision coverage, you will need to make the required contributions as summarized on the next page in order for your benefits to continue. (Note: If while out of work on an approved medical leave you become totally disabled, you should contact the Corporate Benefits department as you may be able to continue your Supplemental Life insurance coverage at no cost to you.

401(k) Savings Plan. You cannot contribute to the Savings Plan while on unpaid leave. Additionally, if you have a loan, the balances will be frozen and your repayment obligations will be suspended until the earlier of twelve months or your return to work. In the event you do not return to work, any outstanding loan will become taxable if the loan is not paid in full and you will receive a 1099.

REQUIRED WEEKLY PERDUE BENEFIT CONTRIBUTIONS WHILE ON UNPAID LEAVE (some or all may apply)

*Premiums are waived for the seven day waiting period.

Medical \$ _____ Supplemental Life \$ _____

Dental \$ _____ AD&D \$ _____

Vision \$ _____ Dependent Life \$ _____

Total Cost Per Week \$ _____

Your check or money order for the above coverage should be made payable to Perdue and mailed to: **Perdue, Corporate Benefits Department, ATTN: Chris Rhoads, P.O. Box 1537, Salisbury, MD 21802-1537.**

Payments are due on the **first of each calendar month**. There is a 30-day grace period for payments. **IF PAYMENT FOR YOUR PERDUE BENEFITS IS NOT RECEIVED BY THE END OF THE GRACE PERIOD, YOUR COVERAGE WILL BE CANCELED RETROACTIVE TO THE FIRST DAY OF UNPAID LEAVE.** You will be notified before the end of the month if your nonpayment may trigger the retroactive loss of coverage. This means that you won't receive benefits for expenses incurred or events that take place during the nonpayment period and such expenses will be your responsibility.

When you return from your Leave of Absence (other than approved leave under the Family and Medical Leave Act or military leave) if you have not been maintaining your payments you will not be eligible for medical, dental, or vision coverage until the next **OPEN ENROLLMENT**, unless you have a qualified family status change. If Supplemental Life coverage is dropped, you will need to re-apply and submit evidence of good health to restore this benefit.

If you return on time from your approved FMLA or military leave and your benefits have been cancelled for non-payment, your Perdue Benefits and deductions will resume. However, you will not be covered for claims incurred during any period of your FMLA or military leave.

OTHER INFORMATION

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If you have any questions concerning your leave of absence, please contact your Human Resources Department.

Human Resource Representative
cc: Associate's Human Resources' file
Revised 07/11

BEN/058

Perdue

P.O. Box 1537
Salisbury, MD 21802-1537

July 25, 2011

John Doe
123 Main Street
Anywhere, Maryland 12345-6789

John,

While you are on Unpaid Leave of Absence from work, you are required to pay the insurance premiums that are normally deducted from your paycheck. The Leave of Absence Approval form, signed by you and your HR representative, informs you of this obligation.

To date, we have not received payment for the premiums due during your Leave of Absence that began on **May 25, 2011**.

Your weekly premiums are \$19.64, and the total you owe for six (6) week(s) is \$117.84.

(If you are still out on your Leave of Absence, we calculate the amount needed to bring you up to date as of **August 06, 2011** which is approximately two weeks from the date of this letter.)

IF YOU DO NOT PAY FOR YOUR INSURANCE PREMIUMS BY **AUGUST 06, 2011, WE WILL CANCEL YOUR BENEFITS BACK TO THE BEGINNING OF YOUR LEAVE OF ABSENCE. YOU WILL ALSO NOT BE ABLE TO RE-ENROLL UNTIL THE NEXT OPEN ENROLLMENT, UNLESS YOU HAVE A FAMILY STATUS CHANGE.**

Please send payment for your premiums to the following address:

Perdue
Benefits Department; Attn: Chris Rhoads
P.O. Box 1537
Salisbury, MD 21802-1537

If you have any questions, please call me at (410) 543-3324
Please have your employee ID available (**123456**) so I can access your information quickly.

Thank You,

Chris Rhoads
Welfare Plans Coordinator
Perdue