



PERSONNEL POLICIES AND PROCEDURES

SUBJECT:

SCHEDULED DAY OFF

EFFECTIVE DATE: 4/01/2011

REVISION DATE: 2019

POLICY NO. **201**

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ALL REVISIONS ARE MARKED BY AN ASTERISK (*)

This Policy covers all non-union associates employed by Perdue Farms, Inc. and all its subsidiaries and, where required by law, applicants for these entities.

I. * SUMMARY

Scheduled Day Off is provided for the purpose of a planned interruption from the workplace or to attend to personal business. Supervisors/managers have the responsibility to plan schedules that meet both operating requirements of departments and time off needs of associates. In order to balance and meet production, service and staffing requirements, associates and supervisors should plan time off schedules well in advance. This policy covers approval to leave work early, arrive late or have the entire day off. Additional time off, with or without pay, will be provided to the extent required and in accordance with applicable law.

II. * ELIGIBILITY

All full time non-exempt associates are eligible to **request** unpaid time away from work provided all of the following are met, to the maximum extent permitted by applicable law:
The associate

1. Is not in their introductory/probationary period,
2. Has submitted a written request 72 hours in advance of the requested time off using PER/162 titled Request For Time Off Form,
3. Has no active Disciplinary Records in their file or a disciplinary action pending,
4. Has **NO MORE THAN two (2)** unexcused absences,
5. Has not had a scheduled time off request approved and time taken in the past four (4) months from the date of the request, and
6. Has used all available Paid Time Off (PTO).

III. * PROCEDURES AND GUIDELINES

A. All full time non-exempt associates determine that time off for some specific reason is necessary and unavoidable, a Request For Time Off Form is completed and given to the supervisor/manager as far in advance as possible but must be given at least 72 hours in advance of the requested time off.

B. The associate will complete the form by indicating:

1. The date and time they wish to leave work early, or
2. The date and time they wish to come in late to work, or



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3. The date and time for the day they request to have off and the date and time they will return to work, and
 4. The reason/s for the request.
- C. The associate’s supervisor/manger will then recommend approval or disapproval based upon operational and work requirements.
- D. The supervisor’s/manager’s supervisor will then approve or disapprove the request after considering the following:
1. Reason/s for the request,
 2. Supervisor’s/Manager’s recommendation, and
 3. Operational/Work requirements.
- E. If this supervisor (the associate’ supervisor’s/manager’s supervisor) disapproves the request, a reason for the disapproval will be given and communicated to the associate making the request within 24 hours of the associate making the request. This allows for the associate to have 48 hours advance notice of approval or disapproval of their request.
- F. The original request form will be given to Human Resources for notation, posting to attendance records and for filing in the associate’s personnel file.
- G. If approved, the absence will be an excused absence.
- H. Associates **MAY NOT** request to leave early, arrive late or have the day off the day before, day of or day after an observed holiday. Such request will be disapproved citing this section of the policy as the reason for disapproval.
- I. This policy **does not** allow for time off in excess of one day (24 hours).

IV. * 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 Vice President or appropriate Director of Human Resources.



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V. * ATTACHMENTS

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

Attachment A PER/162 – REQUEST FOR TIME OFF FORM

REQUEST FOR TIME OFF FORM

1. Associate's Name: _____
2. Associate's ID #: _____ 3. Job Title: _____
4. Department: _____ 5. Shift: _____
6. Supervisor/Team Leader's Name: _____
7. Date Request Prepared and Given to Supervisor / Team Leader: _____

8. I am requesting:
a. To leave early on _____ (date) at _____ (time) for the reason(s) listed below.
b. To report late on _____ (date) at _____ (time) for the reason(s) listed below.
 c. A day off on _____ (date) at _____ (time) for the reason(s) listed below and will be returning
 to work on _____ (date) at _____ (time) .

(NOTE: This option may not be available at all locations.)

9. Reason(s): _____

10. Signature of Associate: _____ Date: _____ Time: _____

Items 1 through 10 must be completed by the associate. This form, when completed, must be given to the associate's Supervisor / Team Leader at least 72 hours in advance of the requested time off.

OFFICE USE ONLY	
Number of Unexcused Absences	_____ AS OF _____
Number of Active Disciplinary Records	_____ AS OF _____
Number of Time Off Forms Approved in Last 6 Months	_____
Date of Last Approved Time Off Form:	_____

11. Supervisor/Team Leader's Signature: _____ Date: _____ Time: _____
Recommend Approval Recommend Disapproval - Reason: _____
12. Shift Leader / Manager's Signature: _____ Date: _____ Time: _____
Approved Disapproved - Reason: _____
13. Plant / Human Resources Manager's Signature: _____ Date: _____ Time: _____