

Client Name: _____

Client Contact Name: _____ Date: _____

Please fill out the form below to establish a governing policy for your employees leave of absences. CLEAR Employer Services will use the guidelines listed below to implement for all leave or absences for your company unless otherwise requested.

A	FMLA Requirements and Acknowledgement of Leave of Absence Policies
	<p>Does your company have over 50 employees within a 75-mile radius of each location or share like ownership of companies with combined total of 50 employees or more within a 75 mile radius?</p> <ul style="list-style-type: none"> ▪ Please note that even though you may be an employer that has to comply with the FMLA, employees must be employed for one year or 1,250 hours in order to be eligible for this benefit. ▪ If you are a PA Employer, please be aware that if you have 4 or more employees, you must comply with the PA Human Relations Act and it is unlawful to discharge or discriminate against an employee based upon a disability of the individual and therefore, you may be required to offer a reasonable accommodation. Please consult with a Human Resources Specialist at CLEAR. <p style="text-align: center;"> Yes (proceed to Part B) No </p>
	<p>If NO, would you like to follow FMLA regulations anyhow?</p> <p style="text-align: center;"> Yes No </p> <p>If NO, how much time would you like to allow employee, if any?: _____</p> <p style="text-align: center;"><i>If you do not offer your employees any leave of absence policies, you can stop here.</i></p>

B	During an employee's FMLA or Leave of Absence how will the company manage the employee's health and ancillary benefit premiums?
	<p>Employee will be required to make monthly premium payments* directly to the client and the client will be responsible for notifying** CLEAR Employer Services when payments are received.</p> <p>*Failure by the employee to make this payment within 30 days of the due date will result in termination of employee benefits and trigger COBRA notifications.</p> <p>**Failure of the client to notify CLEAR of employee premium payments received could result in the employee's benefits being cancelled. It is VERY IMPORTANT that we are notified.</p> <p>Employee payment should be made to:</p> <p>_____ (Representative Name) _____ (Email)</p> <p>_____ (Address) _____ (Phone)</p>
	<p>Our company, will allow the employee to make payments through additional payroll deductions when the employee returns to work.</p> <p>*The company will assume the cost of premiums for employer and employee during the leave. Additionally, the company assumes the risk of financial responsibility for covering this cost if the employee does not return or separates from the company prior to the full repayment of the premiums.</p> <p>Please identify the duration that the company will cover the premiums: _____</p>
	<p>Our company will cover the cost of the employee's premium during a specified duration of that employee's leave. The employee is not required to repay any premiums paid by the employer. *The company will assume the total cost of premiums for employer and employee for the specified duration.</p> <p>Please identify the duration that the company will cover the premiums: _____</p>

C	Managing Paid Time Off
	<p>Do you require employees to utilize any accrued paid time off as part of their leave time?</p> <p style="text-align: center;">Yes No</p> <p>*Please note that in NJ, only two weeks of leave time can be required by an employer for the purposes of New Jersey Paid Family Leave</p> <p>If you answered YES to part C, do you set a limit of how much time they are required to use?</p> <p style="text-align: center;">Yes, How much? _____</p> <p style="text-align: center;">No</p>

Additional explanation of options selected above:

Name of Manager/Company Representative: _____

Manager Signature: _____ Date: _____