

Michigan Handbook Addendum

ABOUT THIS HANDBOOK

This Michigan Handbook Addendum applies to Stiles Machinery employees who work in the State of Michigan and supplements our Employee Handbook. The policies noted in this Addendum are in addition to those that make up the Employee Handbook, and the policies that reside within that Handbook still apply to all employees of Stiles Machinery. In the event of any inconsistency between the Handbook and this Addendum, this Addendum will control for our employees working in Michigan.

Michigan-Specific Policies

Paid Medical Leave Policy

Because Stiles Machinery's Paid Time Off policy provides paid time off to full-time employees that can be used for the purposes outlined in the Paid Medical Leave Act (PMLA), under the same conditions as outlined in the PMLA, and allows full-time employees to accumulate time at a rate greater than the rate required under the PMLA, the Company has made no change to its policy relating to how full-time employees accumulate or use PTO.

Non-exempt employees who are not eligible to accrue PTO, but who work, on average, twenty-five (25) hours per week (based on the immediately preceding calendar year) are eligible to earn paid medical leave as described below.

Accrual of Paid Medical Leave

Paid medical leave accrues beginning at the start of an employee's employment. Employees will accrue one (1) hour of paid medical leave for every thirty-five (35) hours worked.

Eligibility to Use/Carryover of Accrued Paid Medical Leave

Employees who have completed ninety (90) days of employment may use sick leave in minimum increments of two (2) hours per occasion, but may only use up to forty (40) hours of paid medical leave per year. Up to forty hours of accrued time under this policy will carry over each year.

For paid medical leave accrual and carryover purposes, a "year" means consecutive 12 month period.

To the extent permitted by law, paid medical leave will run concurrently with leave taken under other Company policies and under other applicable laws.

Authorized Uses of Paid Medical Leave

Paid medical leave may be used for any of the following purposes:

- Physical or mental illness, injury, or health condition of the employee or his or her family member
- Medical diagnosis, care, or treatment of the employee or employee's family member
- Preventative care of the employee or his or her family member
- Closure of the employee's primary workplace by order of a public official due to a public health emergency
- The care of his or her child whose school or place of care has been closed by order of a public official due to a public health emergency

- The employee's or his or her family member's exposure to a communicable disease that would jeopardize the health of others as determined by health authorities or a health care provider
- For domestic violence and sexual assault situations, employees may use paid medical leave for any of the following: (a) Medical care or psychological or other counseling ; (b) Receiving services from a victim services organization; (c) Relocation and obtaining legal services; or (d) Participation in civil or criminal proceedings related to or resulting from the domestic violence or sexual assault

The term "family member" means: a biological, adopted or foster child, stepchild or legal ward, or a child to whom the employee stands in loco parentis; a biological parent, foster parent, stepparent, adoptive parent, or legal guardian of an employee; a spouse or individual to whom the employee is legally married under the laws of any state; a person who stood in loco parentis when the employee was a minor child; a grandparent; a grandchild; and biological, foster, and adopted siblings.

Reasonable Notice for the Use of Paid Medical Leave

If an employee knows in advance that the employee will need to use paid medical leave, the employee must provide the Company with as much advance notice as possible prior to the day the paid medical leave is to begin. Where advance notice is not possible, an employee must notify the Company as soon as practicable.

Verification for Absences

For paid medical leave, employees must follow the Company's usual and customary notice, procedural, and documentation requirements outlined in the Company's Employee Handbook for time off. Should the Company request documentation to substantiate the need for paid medical leave, employees will be provided three (3) days to provide such documentation.

Termination of Employment

Accrued, but unused paid medical leave is not paid out upon termination of employment.

Retaliation Prohibited

Employees will not be disciplined for the lawful use of paid medical leave. Retaliatory personnel action by the Company against an employee for requesting or using paid medical leave for which the employee is eligible, or otherwise engaging in activity protected by the PMLSA, is absolutely prohibited.

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Michigan Handbook Addendum Acknowledgment

This Michigan specific Handbook Addendum is an important document intended to help our employees become acquainted with policies specific to the State of Michigan. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of leadership.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Alabama Handbook Addendum.

I have received and read a copy of Stiles Machinery's Michigan Handbook Addendum. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of the Company at any time.

I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that no representative of Stiles Machinery other than the Head of Human Resources and/or the President may alter "at will" status, and any such modification must be in a signed writing.

I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Alabama Handbook Addendum.

Employee's Printed Name: _____

Employee's Signature: _____ Date: _____

The signed original copy of this acknowledgment will be filed in your personnel file.