FAMILY AND MEDICAL LEAVE POLICY

PURPOSE:

This policy outlines the procedures for Holley, compliance with the Family and Medical Leave Act of 1993, and applicable state laws. Leave taken under this policy will be designated as "FMLA Leave". The total leave available under this policy is up to twelve (12) weeks of leave within a rolling backwards twelve (12) month period.

GENERAL PROVISIONS:

The Leave Policy:
You are eligible to take up to 12 weeks of family/medical leave within any 12 month period and be restored to the same or an equivalent position upon your return from leave provided you: (1) have at least 12 months of work history with the employer in the past 7 years, and have worked for at least 1250 hours in the last 12 months; and (2) are employed at a worksite that has 50 or more associates within 75 miles.

Reasons for Leave:
You may take family/medical leave for any of the following reasons: (1) the birth of a son or daughter and in order to care for such son or daughter; (2) the placement of a son or daughter with you for adoption or foster care and in order to care for the newly placed son or daughter; (3) to care for a spouse, son, daughter, or parent ("covered relation") with a serious health condition; or (4) because of your own serious health condition which renders you unable to perform an essential function of your position, (5) because of any qualifying exigency arising out of the fact that your spouse, son, daughter, or parent is on active duty in the military or has been notified of an impending call to active duty status, in support of a contingency operation, (6) for military caregiver leave that permits a spouse, son or daughter, parent, or next of kin to care for a service member with a serious illness or injury sustained in the line of duty on active duty (up to 26 weeks of FMLA leave are available to employees qualifying for military caregiver leave). Leave because of reasons "1" or "2" must be completed within the 12-month period beginning on the date of birth or placement. In addition, spouses employed by the Company who request leave because of reasons "1" or "2" or to care for an associate's parent with a serious health condition may only take a combined total of 12 weeks leave during any 12-month period.

Notice of Leave:
If your need for family/medical leave is foreseeable, you must give the Company at least 30 days prior written notice. If this is not possible, you must at least give notice as soon as practicable (within 1 to 2 business days of learning of your need for leave). Failure to provide such notice may be grounds for delay of leave. Additionally, if you are planning a medical treatment you must consult with the Company first regarding the dates of such treatment. Where the need for leave is not foreseeable, you are expected to notify the Company within 1 to 2 business days of learning of your need for leave, except in extraordinary circumstances.

Approval of your leave of absence is contingent on the receipt of medical certification. If medical certification is required and not received, your leave of absence may not be approved. Also, if your condition or situation is not deemed a qualifying FMLA leave of absence as evidenced by an approved medical certification, you will need to cover time away from work with PTO or absences for any time missed **will be deemed absent and will be subject to the Holley Attendance Policy which can lead to disciplinary action, including termination.**

Medical Certification:
If you are requesting leave because of your own or a covered relation's serious health condition, you and the relevant health care provider must supply appropriate medical certification. You may obtain Medical Certification Forms from the HR Department. When you request leave, the Company will notify you of the requirement for medical certification and when it is due (at least 15 days after you request leave). If you provide at least 30 days' notice of medical leave, you should also provide the medical certification before leave begins.

Failure to provide requested medical certification in a timely manner might result in denial of leave until certification is provided.

The Company, at its expense, may require an examination by a second health care provider designated by the Company, if it reasonably doubts the medical certification you initially provide. If the second health care provider's opinion conflicts with the original medical certification, the Company, at its expense, may require a third, mutually agreeable, health care provider to conduct an examination and provide a final and binding opinion. The Company may require subsequent medical recertification. Failure to provide requested certification within 15 days, if such is practicable, my result in delay of further leave until it is provided.

Reporting While on Leave:
If you take leave because of your own serious health condition or to care for a covered relation you must give notice as soon as practicable (within 2 business days if feasible) if the dates of leave change, or are extended, or initially were unknown. When you are reporting an absence, failure to notify that it is FMLA related if you are on an approved leave will result in the denial of protection of that date away from work for failure to properly notify your employer of the absence.

Leave Is Unpaid:
Family/medical leave is unpaid leave, **although you may be eligible for short or long-term disability payments and/or workers' compensation benefits under those insurance plans.** If you request leave because of an adoption or foster care placement of a child, any accrued paid time off first will be substituted for unpaid family/medical leave. If you request leave because of your own serious health condition and are approved for continuous FMLA leave the employee has the option of using accrued PTO prior to the start of Short Term Disability payments. To care for a covered relation with a serious health condition, any accrued paid time off first will be substituted. The substitution of paid leave time for unpaid leave time *does not extend the 12-week leave period*. **Your family/medical leave runs concurrently with other types of leave (i.e., paid time off, Short Term Disability).** Further, in no case can the substitution of paid leave time for unpaid leave time result in your receipt of more than 100% of your salary.

Medical and Other Benefits:
During an approved family/medical leave, the Company will maintain your health benefits, as if you continued to be actively employed. If paid leave is substituted for unpaid family/medical leave, the Company will deduct your portion of the health plan premium as a regular payroll deduction. If your leave is unpaid, you must pay your portion of the premium through the HR Department. Your health care coverage will cease if your premium payment is more than 30 days late. If you elect not to return to work for at least 30 calendar days at the end of the leave period, you will be required to reimburse the Company for the cost of the health benefit premiums paid by the Company for maintaining coverage during your unpaid leave, unless you cannot return to work because of a serious health condition or other circumstances beyond your control.

Intermittent and Reduced Schedule Leave:
Leave because of a serious health condition, may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the usual number of hours you work per workweek or workday) if medically necessary. If leave is unpaid, the Company will reduce your salary based on the amount of time actually worked. In addition, while you are on an intermittent or reduced schedule leave, the Company may temporarily transfer you to an available alternative position which better accommodates your recurring leave and which has equivalent pay and benefits. Associates taking intermittent leave may be required to apply for re-certification every 30 days in order to maintain current medical authorization and status of your medical condition from the attending physician.

Returning From Leave:
If you take leave because of your own serious health condition, (except if you are taking intermittent leave) you are required to provide medical certification that you are fit to resume work. Associates failing to provide medical certification will not be permitted to resume work until it is provided.

Extended Leave for Serious Health Condition:
Leave taken because of your own serious health condition may be extended on a month-to-month basis for a maximum of an additional 14 weeks (except as otherwise required by applicable law) upon: (1) written request to the Company; (2) proof that the serious health condition has continued; and (3) approval by the Company (which is subject to its business needs). If you do not return to work on the originally scheduled return date nor request in advance an extension of the agreed upon leave with appropriate documentation, you will be

deemed to have voluntarily terminated your employment with the Company. If you request an extension of your leave beyond the initial 12-week period, you must submit medical certification of your continued serious health condition in advance for each month that the leave is extended. Reinstatement is not guaranteed on an extended leave and will depend on Company needs.

No Work While On Leave:
Working another job while on Family/Medical Leave or any other authorized leave of absence may be grounds for immediate termination. .

State And Local Family And Medical Leave Laws And Other Company Policies:
Where State or local family and medical leave laws offer more protections or benefits to associates, the protections or benefits provided by such laws will apply.

Definitions:
For the purposes of this policy, the following definitions apply:

- "Spouse" is defined in accordance with applicable State law of the state where the associate resides, including common law marriages where recognized by the state where the associate resides.

- "Parent" includes biological parents and individuals who acted as your parents, but does not include parents-in-law.

- "Son" or "daughter" includes biological, adopted, foster children, stepchildren, legal wards, and other persons for whom you act in the capacity of a parent and who is under 18 years of age or over 18 years of age but incapable of caring for themselves because of a physical or mental disability.

- "Serious Health Conditions" means an illness, injury, impairment, or physical or mental condition which involves: (1) "Inpatient care," meaning an overnight stay in a hospital, hospice or residential care facility, including any period of "incapacity" or any subsequent "treatment" in connection with such inpatient care; or (2) "Continuing treatment" by a "health care provider," meaning an incapacity of more than three consecutive calendar days; and (a) two or more treatments by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders or referral of a health care provider; or (b) one treatment by a health care provider which results in a "regimen of continuing treatment: under the supervision of the health care provider (e.g., prescription medication).

  "Serious health condition" also includes: Any period of incapacity because of pregnancy or prenatal care (even without treatment by a health care provider during the absence and even if the absence is less than 3 days: e.g., morning sickness); or any period of incapacity because of a "chronic serious health condition" (even without treatment by a health care provider during the absence and even if the absence is less than 3 days: e.g., asthma attack, migraine headaches, etc.; or any period of absence to receive multiple treatments by health care providers or provider of health care services (under order or referral of a health care provider) for reconstructive surgery after an accident, injury, or for a condition that would likely result in a period of incapacity of more than 3 consecutive calendar days if untreated: e.g., cancer (chemotherapy); severe arthritis (physical therapy), kidney disease (dialysis).

- "Continuing treatment" means: (1) two or more treatments by a health care provider; (2) two or more treatments by a provider of health care services (e.g., physical therapist) on referral by or under orders of a health care provider; (3) at least one treatment by a health care provider which results in a regimen of continuing treatment under the supervision of the health care provider (e.g., a program of medication or therapy); or (4) under the supervision of, although not actively treated by, a health care provider for a serious long-term or chronic condition or disability which cannot be cured (e.g., Alzheimer's or severe stroke).

- "Health care provider" means: (1) a MD or OD licensed by the State (or country in which he/she 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: (3) nurse practitioners and nurse-midwives authorized under 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) certified social workers; (6) A health care provider also includes a health care provider who practices in a foreign country in accordance with the laws of that country and; (7) any other health care provider from whom the employer or the associate's group health plan benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

- "Needed to care for" a family member encompasses: (1) physical and psychological care of a child, spouse or parent with a serious health condition; and (2) where the associate is needed to fill in for others providing care or to arrange for third party care of a child, spouse or parent who is receiving inpatient or home care.

- The phrase "unable to perform the functions of his/her job" means an associate is: (1) unable to work at all; or (2) unable to perform any one of the essential functions of his/her position at the time notice is given or leave commenced, whichever is earlier. The term "essential functions" is borrowed from the Americans with Disabilities Act ("ADA") to mean "the fundamental job duties of the employment position," but does not include the marginal functions of the position.

- "Military caregiver leave" is to care for a current service member of the regular 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 otherwise on the temporary disability retired list for a serious injury or illness sustained or aggravated by service in the line of duty on active duty.

Questions concerning this policy should be directed to the HR Department.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

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