EXCEPTIONAL LEAVE POLICY

Eligible full-time employees may request a leave from work for an exceptional situation that is not otherwise granted by law, covered by other leave policies, or covered through vacation or sick leave. Exceptional Leave requests are granted at TrueBlue’s discretion.

Examples of Reasons for which TrueBlue may approve an Exceptional Leave request
- Leave for victims of domestic violence, sexual assault, or stalking where not otherwise covered by law.
- Bereavement leave in excess of the TrueBlue Bereavement Leave policy.
- Leave to care for a parent, child or spouse with a “serious health condition” (as defined by the Family Medical Leave Act).
- Leave for your own serious health condition.
- Leave to deal with a documented personal catastrophic loss, such as car accident, house fire, natural disaster, etc.

GUIDELINES AND CRITERIA
An employee that has completed their first 90 days of employment and has not had any performance and/or attendance issues (regardless of whether they have been formally documented) within the last 12 months may request an Exceptional Leave of up to six (6) weeks.

Requests should be provided in writing to the Benefits Department. No employee is entitled to leave as a right under this Policy.

Any Exceptional Leave is unpaid, except that the employee will be required to concurrently apply and exhaust all accrued sick pay, vacation and personal days (in this order) up to a maximum of the approved leave period.

Employees on Exceptional Leave shall not perform work for pay during leave taken under this policy.

As a condition of granting Exceptional Leave, TrueBlue is entitled to request and review documentation or other proof verifying the need for Exceptional Leave.

Impact on medical coverage and other benefits for employees who are eligible for such benefits:

- TrueBlue’s share of medical benefits, voluntary group life insurance premiums and short-term and long-term disability are paid by TrueBlue during an employee’s approved leave; the employee’s share of such premiums will be advanced by TrueBlue during the leave.
- During this time the employee’s share of premiums will go into arrears and will be paid by the employee to TrueBlue via payroll deduction upon return from leave at the rate of 1 ½ the regular premium.
- If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee’s family member or a circumstance beyond the employee’s control, the employee will be required to reimburse TrueBlue the amount it paid for the employee’s health insurance premium and voluntary group life insurance during the leave period. TrueBlue is entitled to deduct any such balance owing from an employee’s final paycheck.

Revised September 2012
- Vacation, sick leave and personal day do not accrue during any period of unpaid Exceptional Leave, unless otherwise required by law. Employees on Exceptional Leave are not eligible for holiday pay.
- The Company may make reasonable efforts, in its sole discretion, to attempt to hold the employee’s job, or one of similar duties and benefits, through the end of the approved period; however, reinstatement is not guaranteed. An employee on Exceptional Leave has no greater job rights than an otherwise similarly situated employee who is not on leave.

Nothing in this Policy is a contract of employment or alters the at-will nature of employment, nor does it guarantee specific treatment under any specific factual situation. Exceptional Leave is for exceptional reasons only, and is not to be used for vacation or personal leisure purposes. Any abuse of TrueBlue’s Exceptional Leave policy is grounds for discipline, up to and including immediate termination.

It is the responsibility of the employee granted Exceptional Leave to communicate with the Benefits Department every 14 days to keep TrueBlue apprised of his or her intent to return to work. An employee who does not return from leave on the date scheduled for return will be deemed to have resigned from employment.

Request for Other Types of Leave
NOTE: If you are seeking leave relating to a medical condition, disability, pregnancy, childbirth or parental leave, FMLA or related state leave laws, DO NOT FILL OUT AN EXCEPTIONAL LEAVE REQUEST FORM. Instead, contact Liberty Mutual at 1-888-408-7300 to request the appropriate leave form(s). DO NOT INCLUDE ANY MEDICAL INFORMATION RELATING TO YOURSELF OR ANYONE ELSE IN THIS FORM unless otherwise directed to after consultation with the Benefits Department.
EXCEPTIONAL LEAVE REQUEST FORM

I acknowledge that it is within TrueBlue’s sole discretion whether to grant the Exceptional Leave that I am applying for. I acknowledge that the Exceptional Leave Policy is neither a contract of employment nor a legal document and nothing in the Exceptional Leave Policy creates an express or implied contract of employment. I acknowledge that my employment with TrueBlue is an “at-will” relationship that has no specific duration. This means that I can resign from my employment at any time, with or without reason or advance notice, and that TrueBlue has the right to terminate my employment at any time, with or without reason or advance notice. I understand that I am not guaranteed specific treatment under any specific factual situation. By signing below, I agree to all conditions set forth in TrueBlue’s Exceptional Leave policy, including, without limitation, my repayment obligations for any monies advanced by TrueBlue for insurance premium or any other purposes.

_____________________________  GUA  ____________________________
Employee Name  Date

Date(s) requested for Exceptional Leave: ________________________________

Reasons for Request:

Has the above named employee had any performance and/or attendance issues within the past 12 months? Yes ________  No ________

__________________________  ____________________________  ____________________________
Manager Name (Print)  Manager Signature  Date

TO BE COMPLETED BY BENEFITS DEPARTMENT

__________________________  ____________________________  ____________________________
Approved  Denied  Reason for denial

__________________________  ____________________________
Benefits Department  Date