



Belt Railway Company of Chicago Policies & Procedures

POLICY No: 10

POLICY: Family Medical Leave Act

Effective: January 1, 2004

Revised: February 1, 2007, August 1, 2009

THE BELT RAILWAY COMPANY OF CHICAGO **FAMILY MEDICAL LEAVE ACT ("FMLA") LEAVE POLICY**

Eligible employees are entitled to and may take family and/or medical leaves of absences as provided under the Family and Medical Leave Act of 1993 ("FMLA"). This policy explains what leave is available, to whom and under what circumstances. If you have any questions not answered by this policy, you should contact Human Resources.

Reasons for FMLA Leave

You may take up to 12 weeks of unpaid FMLA during any 12-month period for the following reasons. Other time-off benefits may be taken before unpaid time takes over.

- the birth of a child,
- the placement of a child for adoption or foster care,
- to care for a spouse, child, or parent who has a serious health condition, or
- because of your own serious health condition. A serious health condition, generally, is an illness, injury, impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider. Serious health conditions do not include minor or routine ailments such as common cold, upset stomachs, headaches or routine medical problems.

Family/Medical leave of absence is also available for up to 26 weeks of unpaid leave in a single 12-month period for an employee to care for his or her spouse, son, daughter, parent, or next of kin recovering from a serious injury or illness suffered while on active duty in the armed forces. A serious illness or injury suffered while on active duty in the armed forces requires ongoing medical treatment, recuperation, or therapy, where the eligible family member is otherwise in outpatient status, or on the temporary disability retired list for a serious injury or illness.

Eligibility

Employees are eligible for FMLA leave under this policy if:

- they have been employed for at least 12 months; and
- they have worked for the Company for at least 1,250 hours during the 12-month period immediately preceding the effective date of the requested leave; and
- they are employed at a location with 50 or more employees or are employed at a worksite which has 50 or more employees within a 75-mile radius of that worksite.

Spouses both employed by the Company are entitled to a total of 12 weeks of leave (rather than 12 weeks each) for the birth or adoption of a child or for the care of a sick child or parent. Spouses both employed by the Company are entitled to an aggregate amount of leave of 26 weeks in a single 12 month period to care for the serious illness or injury of a family in active military service, or a combination of "qualifying exigency" leave and leave to care for the serious illness or injury

of a family member in active military service. The aggregate number of workweeks of leave to which both that husband and wife can take for a “qualifying exigency” is 12 weeks.

The Company reserves the right to deny requests for a family/medical leave where such a denial would be appropriate and authorized under federal law and any applicable state law.

Requesting FMLA Leave

In any case where the need for the leave is foreseeable, you must provide not less than 30 days’ notice before the leave begins. In those cases in which the event causing the leave begins unexpectedly and 30 days’ notice before the leave begins is not possible, you are obligated to provide as much notice as is practicable. Ordinarily this will mean notification within at least one or two business days from the date the need for the FMLA leave becomes known. When the leave is requested in connection with scheduled medical treatment for a serious health condition, you must also make a reasonable effort to schedule the treatment so that it does not unduly disrupt the operations of the Company, e.g. before or after normal business hours. Each employee is obligated to provide the Company with as much information as necessary in order to determine if a requested leave qualifies as FMLA leave.

Coordination of FMLA and Certain Benefits

Any paid time off benefit which you have available, such as earned vacation, sick days, and short-term disability benefits, must be used during any period of FMLA leave. For example, if you have 2 sick days, you must use those days as part of your 12-week FMLA leave entitlement.

Certification, Recertification and Documentation

If you request a FMLA leave of absence because of you or a close family member’s serious health condition, the Company requires that the leave request be supported by a medical certification issued by you or your family member’s health care provider. Certification forms are available from Human Resources. In any case where there is a reason to question the validity of the certification, the Company may require, at its own expense, a second opinion from a health care provider other than your health care provider. Where the second opinion differs from the original certification, the Company may require, again at its own expense, a third medical opinion which will be final and binding on all parties. The Company may also request a recertification in several circumstances, including:

- When there appears to be a significant change in your medical circumstances (i.e. your health care provider states you will need 2-3 days off per month, and you use FMLA leave 7 or 8 times in a month).
- When information casts doubt on the stated reason for your FMLA absence, such as a pattern of taking FMLA days immediately before or after your scheduled rest days.

The Company also may require an employee on FMLA leave to provide medical recertification of a need to continue on the leave. Ordinarily, recertification will only be required every thirty days, or at the expiration of the prior certification, whichever is longer. For serious health conditions that your health care provider expects will last for longer than six (6) months, the Company requires you fill out a recertification every six (6) months. When requested, recertification must be furnished no later than 15 days following receipt of the request. The Company will not require a second or third opinion for a recertification, only for original certifications.

It is your obligation under the FMLA to participate and cooperate with both your health care provider and the Company in determining the type and duration of FMLA leave you need. This includes providing a timely, complete and sufficient certification form or adequate authorization to your health care provider. This obligation to cooperate and participate applies to both the certification and recertification processes.

Benefits While on FMLA Leave

During an approved FMLA leave, you will continue to pay the premium for health insurance and receive health insurance benefits at the same level as if you had continued to work. If you receive pay during FMLA leave, the Company will continue to make payroll deductions to collect your share of the premium for health care coverage. If you are on unpaid FMLA leave, you must continue to make your portion of the premium payments either in person or by mail. If the payment is more than 30 days late, your health care coverage may be dropped for the duration of the leave. Any health insurance premiums paid by the Company during the leave may be recouped if you fail to return to work at the conclusion of the leave, unless you are unable to return to work because of the continued effects of your own serious health condition, or

because of the serious health condition of a family member, or there are other circumstances beyond your control. Employees on FMLA leave will not continue to accrue seniority or vacation rights during the period of the leave.

Intermittent FMLA Leave

Employees who request FMLA leave because of the serious health condition of a parent, spouse, child, or their own serious health condition may take leave intermittently or on a reduced schedule when medically necessary. When medical leaves are taken on an intermittent basis, the 12-week maximum leave time will be calculated based on the actual time off. For example, if you take 6 hours of unpaid leave during each of 20 weeks for a particular form of medical treatment, you will be charged with using 120 hours (3 weeks) of the total 12 weeks of unpaid leave to which you are entitled. However, if you are taking intermittent leave on a reduced schedule, you may be transferred to an equivalent alternative position with equal pay and benefits if that position better accommodates the disruptive effects of the intermittent leave.

Return from FMLA Leave

Upon timely return from FMLA leave under this policy, you will be placed in the same position you held when the leave commenced. If this is not possible, you will be placed in an equivalent position with equivalent pay, benefits, and other terms and conditions of employment. Where the leave is a result of your own serious health condition, the Company will require medical certification establishing that you are physically able to resume work as a condition of reinstatement from any FMLA leave under this policy. If you are unable to return to work upon exhaustion of your FMLA entitlement, the Company cannot guarantee your reinstatement. In the case of "key employees" (which are defined as salaried personnel who are among the highest paid 10% of the company's employees), the Company may deny reinstatement from a leave under this policy to prevent substantial and grievous economic injury to its operations. The Company will inform you prior to your leave if you are considered a key employee.