



Ames Construction

PARENTAL LEAVE POLICY

Purpose

The purpose of paid parental leave is to enable the employee to care for and bond with a newborn. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave and state leave, as applicable.

For eligible employees, Ames will provide:

- Maternity Leave: Six (6) weeks of 100% paid maternity leave;
- Paternity Leave: One (1) week of 100% paid paternity leave; or
- Adoption Leave: Six (6) weeks (primary caregiver) or one (1) week (secondary caregiver) of 100% paid adoption leave.

Eligibility

- Employee is a regular, full-time employee of Ames;
- Eligibility begins ninety (90) days after hire; and
- Employee must meet one of the following criteria:
 - Maternity Leave: Has given birth to your child;
 - Paternity Leave: Partner has given birth to your child; or
 - Adoption Leave: Has adopted a newborn child.
 - Primary Caregiver: The person who has primary parental responsibility for the care of a child who has been added to the family through adoption.
 - Secondary Caregiver: The person who has parental responsibility for a child who has been added to the family through adoption but is not the primary caregiver.

Benefits Payable

- Paid benefits are 100% of regular base pay. Base pay does not include bonuses, commissions, overtime, per diem, other special pay or benefits.
- Parental leave payments will be made on the eligible employee's regularly scheduled payroll dates.

Benefits Duration

- In a rolling twelve-month period, eligible employees will receive a maximum of:
 - Maternity Leave: Six (6) weeks of paid leave per birth;
 - Paternity Leave: One (1) week of paid leave per birth; or
 - Adoption Leave: Six (6) weeks (primary caregiver) or one (1) week (secondary caregiver) of paid leave per birth.
- Leave must be taken in one continuous period of time:
 - Maternity Leave: Immediately following the birth.
 - Paternity Leave: Within six months following the birth.
 - Adoption Leave:
 - Primary Caregiver: Immediately following the birth of the adopted newborn.
 - Secondary Caregiver: Within six months following the birth of the adopted newborn.
- Multiple births or adoptions (e.g., the birth of twins or adoption of siblings) does not increase the total amount of paid parental leave granted.

Coordination with Other Policies

- Employees under this policy are ineligible for short-term disability and paid state leave, as applicable.
- Leave taken under this policy will run concurrently with FMLA and state leave, as applicable. Please refer to FMLA and your specific state leave documents for further guidance.
- Health benefits are continued during paid parental leave and the employee is responsible for any missed insurance premiums.

Requests for Paid Parental Leave

1. Provide Supervisor and Area Human Resources with the 'Paid Parental Leave Request Form' at least 90 days prior to the proposed date of the leave (or if the leave was not foreseeable, as soon as possible).
2. Within thirty (30) days of birth, employee must submit child's record of birth or adoption documentation that includes the employee's name. Approved documentation includes one item from the appropriate leave list below:
 - Maternity Leave & Paternity Leave:
 - Hospital admission form associated with the delivery
 - Documentation provided by the child's healthcare provider
 - Birth certificate
 - Document naming employee as second parent, such as declaration of paternity or court order of filiation
 - Appropriate court documents
 - Adoption Leave:
 - Documentation provided by the adoption agency confirming the placement and date of placement
 - Letter signed by the parent's/parents' attorney confirming the placement and date of placement
 - Adoptive placement agreement
 - Independent adoption placement agreement

If approved documentation is not received within thirty (30) days of the event, any parental leave payment made may be withheld from future wages.



PAID PARENTAL LEAVE REQUEST FORM

Paid Parental Leave Conditions

1. Eligibility:
 - Employee is a regular, full-time employee of Ames;
 - Eligibility begins ninety (90) days after hire; and
 - Employee must meet one of the following criteria:
 - Maternity Leave: Has given birth to your child.
 - Paternity Leave: Partner has given birth to your child.
 - Adoption Leave: Has adopted a newborn child.
2. Employee understands:
 - Paid benefits are 100% of regular base pay.
 - Employee is ineligible for short-term disability and paid state leave, as applicable.
 - Leave taken under this policy will run concurrently with leave under FMLA and state paid leave, as applicable.
 - Health benefits are continued during paid parental leave and the employee is responsible for any missed insurance premiums.
3. Failure to return from Paid Parental Leave, FMLA, or state leave may result in termination for job abandonment.

Employee Statement (to be completed by the employee):

Employee Name:	Date:
Area:	Hire Date:
Contact Phone Number (during Paid Parental Leave if approved):	
I, _____ (name), request Paid Parental Leave to begin on or around ____/____/20____. for the following reason: (check one) <input type="checkbox"/> Birth of a son or daughter, and to bond with the newborn child; <input type="checkbox"/> Partner has given birth to a son or daughter, and to bond with the newborn child; or <input type="checkbox"/> Placement with the employee of a newborn child for adoption, and to bond with that child. If checked, please indicate: <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Secondary Caregiver	
I have read and fully understand and acknowledge the Paid Parental Leave Policy. I understand that my entitlement to leave will be determined in accordance with the Paid Parental Leave Policy.	
_____ Employee Signature	_____ Date
<p><i>Requirements: 1) You must submit this completed form at least 90 days prior to the proposed date of the leave and 2) you must submit documentation per list within 30 days after the event.</i></p>	

Approval:

Employee Meets Eligibility Requirements:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Record of child’s birth or adoption documentation that includes the employee’s name:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approved Dates of Parental Leave: Beginning _____ and Ending _____		
Human Resources Signature:	Date:	
For Office Use Only: Area approved Parental Leave Requests shall be provided to Corporate HR in a timely basis.		