FALL RIVER RURAL ELECTRIC COOPERATIVE

Where Service Matters

FALL RIVER RURAL ELECTRIC COOPERATIVE, INC.

GENERAL POLICY No. 621
SUBJECT: SICK LEAVE

I. PURPOSE:

The Cooperative may, in its sole discretion, grant paid or unpaid time off to employees during periods of illness according to the provisions of this policy.

II. POLICY:

The Cooperative may endeavor to grant time off with pay to employees during periods of illness according to the provisions of this policy.

III. RESPONSIBILITY:

The CEO/General Manager and Department Heads shall be primarily responsible for implementation and oversight of this policy.

IV. PROVISIONS:

The following provisions and procedures shall apply to this policy:

A. Regular and probationary employees may accrue sick leave credits up to a maximum of eight (8) days or sixty-four hours per year. These days may be accrued at a maximum rate of 8/12ths of a day (5 1/3 hours) per month for each month the employee is employed as a regular or probationary employee of the Cooperative. Sick leave may only be charged against the sick leave credits accrued and credited to an employee in accordance with the terms and conditions of this policy.

B. At the end of the sick leave year (December 31), the employee may, in the Cooperative's sole discretion, be paid at the employee's regular hourly rate for unused hours of sick leave over eight days (64 hours). In lieu of payment, an employee may accumulate up to 20 days of sick leave to be used later. If the employee is enrolled in an IRS qualifying High Deductible

Health Plan and has a personal Health Savings Account (HSA), they may request a pre-tax contribution be made to their personal HSA account from the sick leave they wish paid out over sixty-four hours.

C. An employee with accumulated days of sick leave credits from any of the Cooperative's previous sick leave plans must use those accumulated days of sick leave first.

D. An employee who is unable to work because of an injury or sickness shall notify or have another notify his or her department head or supervisor prior to the next normal reporting time for work, or as soon thereafter as possible. Failure to promptly report may result in loss of sick leave for that working period.

E. Each employee may be required to furnish a doctor's certificate or other evidence indicating the necessity of his or her sick leave before sick leave benefits are granted. Sick leave may not be used as a substitute for vacation leave.

F. Without limitation on any of the other items stated in this policy, when an employee's sick leave extends beyond a period of three continuous days, or after an employee has been allowed three separate leaves for the same or related medical conditions during any one calendar year, the Cooperative may require a statement by a duly licensed physician regarding the Employee's condition. The Cooperative may, to the maximum extent allowed by law, require a physical examination and/or a licensed medical doctor's statement before the employee is permitted to resume full-time responsibilities in their position. The Cooperative may additionally require a medical release from the employee and/or their physician including, without limitation, one with at least the responses to the inquiries set forth in the form included in Addendum #1 hereto.

G. Sick leave may also be allowed in the case of serious illness or death of a close relative, a close relative being defined for the limited purpose of this item as either: (1) a person who is, either by blood, law, or marriage,

including half, step, foster, and adoptive relations, a spouse, child, grandchild, parent, grandparent, or sibling; or (2) a person principally residing in the same residence as the employee.

H. In addition to sick leave, each employee may be allowed up to three (3) days of funeral leave to attend the funeral of their "close relative" as that term is defined in Item G, above.

I. To the extent required under the federal law employees eligible for time off under the Family Medical Leave Act (FMLA) of 1993, may be granted time off by the Cooperative upon furnishing proper medical or other requested documentation; provided however, that such leave shall be unpaid leave time unless sick or vacation leave earned in advance by the employee is required to be used.

J. When leave is designated as FMLA, it will run concurrently with other forms of paid or unpaid leave, including but not limited to, sick pay, vacation pay, leave without pay, short-term disability, and workers compensation pay.

K. The Cooperative may, in its discretion and to the extent required under the FMLA, attempt to keep the position of an employee on sick leave open for a reasonable period. If the Cooperative does not keep the position open, it may in its discretion endeavor to find or offer any position open and available to the employee that they are qualified to fill; provided, however, that the employee is first released for work by their treating physician.

L. Employees receiving disability pay from a third party may be allowed to use their accrued sick time to bring their weekly pay to 100% of normal. If sick leave is exhausted, available accrued vacation leave may be used.

M. Sick leave will not be allowed because of incapacity for work resulting from the consumption of alcoholic beverages or the use of non-prescription drugs.

N. Restricted or light duty work, though allowed by a physician, may only be authorized by the CEO/General Manager. There may be positions where full duty is a requirement and restricted work duty is not feasible.

V. PRIMACY OF POLICY

This policy supersedes any past or present policy relating to the subject matter thereof. This policy does not represent a contract between the employer and employee, and the policies herein may be changed by the Cooperative at any time by the Cooperative alone and without notice.

APPROVED BY THE CEO/GENERAL MANAGER

Bryan Case, CEO/GM

DATE APPROVED: February 26, 1996

DATES REVISED: October 25, 1999
October 21, 2002
September 26, 2005
May 23, 2011
November 20, 2017
January 25, 2021
March 30, 2023
February 22, 2024

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ADDENDUM #1

RETURN TO WORK FORM

Medical Authorization and Attending Physician's

Name of Employee: _____ Date: _____

Date of Onset: _____ Date of Treatment: _____

☐ Work Related ☐ Non-Work Related

1. Medical Diagnosis: _____
2. Treatment Plan: _____

   _____
3. In a regular workday, how many hours can this employee: (please check appropriate boxes)

Sit	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ Continuously	☐ With Rests
Stand	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ Continuously	☐ With Rests
Walk	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	☐ Continuously	☐ With Rests

4. Other Capabilities: (please check appropriate boxes)

	Never	Occasionally	Frequently	Continuously
Lift				
0-10 lbs	☐	☐	☐	☐
11-20 lbs	☐	☐	☐	☐
21-50 lbs	☐	☐	☐	☐
50-100 lbs	☐	☐	☐	☐
Carry				
0-10 lbs	☐	☐	☐	☐
11-20 lbs	☐	☐	☐	☐
21-50 lbs	☐	☐	☐	☐
50-100 lbs	☐	☐	☐	☐
Bend	☐	☐	☐	☐
Squat/Kneel	☐	☐	☐	☐
Climb Stairs	☐	☐	☐	☐
Climb on elevated terrain or equipment (ladders, utility poles, etc.)	☐	☐	☐	☐

Reach above or below shoulder level	☐	☐	☐	☐
Operate a motor vehicle	☐	☐	☐	☐

5. Upper Extremities: (please check appropriate boxes)
   Which hand is dominant? ☐ Right ☐ Left

   Can this employee perform repetitive actions such as?

	Simple Grasping	Pushing and Pulling	Fine Manipulation
Right	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Left	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

6. Lower Extremities: (please check appropriate boxes)
   Use of feet/legs for repetitive movement as in operation of foot controls and motor vehicles:

Right Extremity	Left Extremity	Simultaneously
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

7. Work Environment Restrictions:
   Can this employee:
   Be exposed to marked changes in temperature and humidity? ☐ Yes ☐ No
   Be exposed to unprotected heights? ☐ Yes ☐ No
   Be around moving machinery? ☐ Yes ☐ No

8. Other restrictions, please explain: _____

   _____

   _____

9. Based on your examination(s) of this employee, are there any known conditions of a general nature, including any medications prescribed for the diagnosis listed, that would interfere with this employee returning to work? ☐ No ☐ Yes, please explain: _____

   _____

   _____

10. Patient may return to work: With restrictions on _____ (date).
    (only if restricted duty is available and approved)
    Without restrictions on _____ (date).

11. Date of next office visit: _____.

Clinic Name and Address:	Attending Physician's Name (please print)	Attending Physician's Signature
_____	_____	_____
_____	_____	_____
_____		

UPON COMPLETION, RETURN FORM TO:
Fall River Electric
Attn: HR Admin Services Department
1150 N 3400 E
Ashton, ID 83420
Fax: 208.652.7825 Phone: 208.652.7431

IF WORK RELATED, FILE CLAIMS WITH:
Idaho - State Insurance Fund
Montana - METSPool

IF NON-WORK RELATED:
Refer to claims filing information on employee's Health Insurance ID Card.

BELOW IS FALL RIVER RURAL ELECTRIC COOPERATIVE, INC. INFORMATION

LIGHT DUTY JOB TASKS:

_____

_____

_____

DURATION OF LIGHT DUTY: FROM_____ TO _____

IT IS UNDERSTOOD THAT WHILE ON LIGHT DUTY, I AM NOT FULFILLING THE JOB REQUIREMENTS OF MY REGULAR FULL DUTY JOB.

_____

SIGNATURE OF EMPLOYEE DATE