



Indiana Associate Handbook Amendment

Volunteer Firefighter, Emergency Medical Services and Civil Air Patrol Leave

EPG understands and respects the State of Indiana's Volunteer Firefighter, emergency medical services and Civil Air Patrol organizations. Any associate of EPG that is a member of one of these organizations is responsible for providing EPG with a written statement detailing their involvement with said organization for accommodation. In the event the associate is considered an essential associate, EPG reserves the right to reject the notice of service within the organizations listed above.

If the associate's notice is accepted, EPG will grant the associate unpaid time off to participate in emergency situations with the above listed agencies. This includes emergency situations that require the associate to leave their shift, so long as the associate secured authorization from the associate's supervisor to leave the duty station.

If the associate's notice to EPG of their involvement in the organizations listed above, it is the sole responsibility of the associate to notify their appropriate officer in charge of the volunteer fire department or of the volunteer emergency medical services association or Civil Air Service of the rejection. Tardiness or absenteeism for participation in the above listed organizations that is not approved by the EPG as the associate is considered to be essential would be subject to EPG's policies in the Associate Handbook.

EPG requires an absent associate to present a written statement from the appropriate officer in charge of the volunteer fire department or officer in charge of the emergency medical services association or Civil Air Services at the time of the absence indicating that the associate was engaged in emergency firefighting or emergency activity at the time of absence.

If an associate of EPG is injured or has an absence from work due to an injury that occurred while engaged with either as a Volunteer Firefighter or performing duties with Emergency Medical Services, EPG will accommodate with unpaid time off, not to exceed six months.



Acknowledgement of State Associate Handbook Amendments

I hereby acknowledge that I have received a copy of my state's amendments of the associate handbook and have read and understand all of its provisions. I agree to abide by the provisions of these Amendments at all times during my employment.

I understand that the Company retains the right and sole discretion to modify, delete, or add to any of the policies set forth in the Amendment, and the President of the Company may do that only in writing. I understand that no supervisor has the authority to modify, delete, or add to the policies in the Amendments, and that in the event of a conflict between the terms of the Amendment and anything told to me by a supervisor or co-worker, the terms of the Amendment and state law shall govern.

Associate Signature

Date Signed

Print Associate Name