



Ohio Associate Handbook Amendment

Maternity Leave

At Edifice Protection Group Inc., a female associate is eligible for up to six (6) weeks of job-protected maternity leave. The leave of absence will be without pay unless the customer of EPG pays for vacation time. In that case, an associate will be required to use any vacation time accrued.

If it is necessary for a female associate to be absent from work due to medical complications due to pregnancy which exceeds the six (6) week time period, the associate will be allowed up to 4 months of leave. A doctor's certification must be submitted verifying the associate's inability to return to work due to medical conditions. The associate is required to submit a doctor's certification of continued disability once every two weeks of their disability.

The Company asks for reasonable notice of the date the leave will begin and the estimated duration.

An associate will be reinstated to the same or an equivalent position with the same pay, benefits, terms and conditions of employment; unless the employee is unable to perform the functions of the position upon returning because of a physical or mental condition, including the continuation of a serious health condition.

Victim Leave

An associate of EPG that is a victim or victim's representative has the right to attend a proceeding before a grand jury, in a juvenile case, or in a criminal case pursuant to a subpoena without pay. An associate needs to provide their supervisor proof of an appearance upon returning to work.



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