

Title:	Personal Leave of Absence				
Department:	HR	Effective Date:		Revision Date:	
Approved By:	AD 3 C/Li			Date Approved:	12/12/18

1. PURPOSE

An employee may request a personal leave of absence without pay from the Company that is not covered under the Family and Medical Leave Act. The purpose of this Leave of Absence Policy is to establish guidelines the Human Resources Department follows when an employee requests time away from work to cover unusual circumstances occurring in the employee's life.

2. SCOPE

Hendry Marine Industries, Inc., together with its subsidiaries, (the Company), may offer a short-term Leave of Absence. The Company cannot guarantee to hold any position for more than a three (3) weeks maximum.

3. RESPONSIBILITIES

The Human Resources Director shall maintain this Policy. If there are any questions, concerns, or disputes with this Policy, you must contact the Human Resources Director in writing at the following address:

Hendry Marine Industries
 Attn: Director Human Resources
 1800 Grant Street
 Tampa, FL 33605

4. POLICY

To be eligible for a Personal Leave of Absence the employee must be employed for a minimum of 90 days. A request for a leave of absence must be made in writing and must be approved three (3) days in advance by management. The employee's request shall state the reason for and the anticipated duration of the leave of absence. Authorization for or denial of a leave of absence shall be furnished to the employee in writing. Such authorization shall include the beginning and ending date of such leave of absence.

During any approved leave of absence, the following provisions apply:

- A. The employee is responsible for the payment of all employee contributions for their group health insurance coverage, and any other applicable elected deductions. The employee is required to make an agreement to make such payment(s) with the Director Human Resources prior to taking any approved leave. *Refer to Leave of Absence – Deductions.*

- B. If the personal leave is approved the employee will retain their original hire date showing no interruption in service.
- C. Any personal leave of absence is without pay unless the employee has available vacation time.
- D. The employee must return to work on the schedule return date or be considered to have voluntarily resigned from their employment. Extensions of leave will only be considered on a case-by-case basis.
- E. Prior to returning from a leave of absence due to a personal health condition, the employee must obtain a release from their healthcare provider confirming the release to return to work without any work restrictions.

5. ADMINISTRATION

Human Resources is responsible for the administration of this policy. Management reserves the right to modify or cancel this policy at any time.



Employee Deduction Authorization

Date: _____ Company: _____

Dates of Absence(s): From _____ To _____

Deduction Type	Weekly Amount	Payment Schedule (Choose ONE)	
Medical	\$	Weekly	\$
Dental	\$	Bi-Weekly	\$
Vision	\$	Monthly	\$
Guardian	\$	Pre-Paid	\$
Life Ins	\$		
LTD	\$		
401K Loan	\$		
Other	\$		
Total Weekly Amount	\$		

I AGREE to make payment(s) to my company for my employee contribution to my group health insurance plan and 401K loan (as applicable). The weekly amount is \$_____. Failure to make required payments may result in termination of your insurance coverage after 30 days of non-payment and your 401K loan will be in default.

Make check PAYABLE to your company and submit to the Human Resources Dept.

Print Name: _____ Clock # _____

Signature: _____

Submitted to Accounting / Payroll Dept. _____