U.S. Team Member Leave of Absence Guide

- Effective July 1, 2021 -

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# When to Consider a Leave of Absence

There are many family, medical or personal situations that can arise where it may be appropriate for you to consider a leave of absence (LOA) based on the situation and your eligibility. A few common examples are:

- when you are attending to a medical need;
- when you are caring for a sick child, spouse, or parent;
- when you need to be absent from work for more than five consecutive working days, for reasons other than vacation or scheduled time off.

#### We offer the following types of leaves:

- Family Medical Leave (FMLA) US
- Team Member Medical Leave (Non-FMLA)
- Personal Leave
- Uniformed Service Leave

- Parental Leave
- California Family Rights Act (CFRA)
- Pregnancy Discrimination Leave (PDL) California
- Other Leaves required by applicable law

#### How a Leave of Absence Works

You notify your manager that you need time off. Youand your managerdiscuss accommodations	If you consider a LOA, please contact- Matrix, our LOA administrator.	Provide required documentation to Matrix.	Your LOA is approved ordenied.	Provide any required Return to Work documents.	Contact your manager to get back on the schedule	Come back to work!

#### We're Here for You

If you need time away from work, please discuss the situation with your manager. While you may require a traditional LOA, we may be able to accommodate your needs through schedule changes, work modifications or other adjustments so you can keep working and take care of your situation.

#### Leave of Absence and Eligibility

Family Medical Leave Act (FMLA)			
Who Can Take	Why You Use this Leave	How Long	Return to Work
<ul> <li>Employed for at least 1 year and</li> <li>Worked at least 1,250 hours in the 12 months prior to the leave and</li> <li>Satisfied all other conditions of eligibility under FMLA</li> </ul>	<ul> <li>Birth and care of your newborn child</li> <li>When you adopt a child, or a foster child is placed with you</li> <li>To care for spouse, child or parent with a serious health condition</li> <li>If you are unable to work because of your own serious health condition</li> </ul>	Up to 12 weeks in a rolling calendar year. May be taken intermittently or on a reduced leave schedule when medically necessary with supporting documentation and approval	Must provide your manager or HR Partner with Return to Work documentation if leave is for your own medical condition.

	Military leave for qualifying exigency. Team Members must be a spouse, son, daughter, or parent of the individual who is on active duty in the armed forces or has been notified of an impending call to "covered active duty" in the Armed Forces (members of the U.S. National Guard and Reserves) Military caregiver leave entitles an eligible Team Members who is the spouse, son, daughter, parent, or next of kin of a "covered service member" to care for that	Up to 12 weeks in a rolling calendar year with supporting documentation Up to 26 workweeks of FMLA leave in a rolling 12- month period with supporting documentation	
	"covered service member" with a "serious injury or illness."		
		y Rights Act (CFRA)	
Who Can Take	Why You Use this Leave	How Long	Return to Work
<ul> <li>Employed for at least 1 year and</li> <li>Worked at least 1,250 hours in the 12 months prior to the leave and</li> </ul>	<ul> <li>Birth and care of your newborn child</li> <li>When you adopt a child, or a foster child is placed with you</li> <li>To care for spouse, child or parent with a serious health condition</li> <li>If you are unable to work because of your own serious health condition</li> </ul>	Up to 12 weeks in a rolling calendar year. May be taken intermittently or on a reduced leave schedule when medically necessary with supporting documentation and approval	Must provide your manager or HR Partner with Return to Work documentation if leave is for your own medical condition.
	Team Member Med	dical Leave (Non-FMLA)	
Who Can Take	Why You Use this Leave	How Long	Return to Work
All Team Members, regardless of tenure	For your ownserious health condition	Up to 12 weeks in a rolling calendar year with supporting medical documentation	Must provide your manager or HR Partners withReturn-to- Work documentation
		onal Leave	
Who Can Take	Why You Use this Leave	How Long	Return to Work
Full-time regular Team Members with3 months of continuous service	Compelling reason	Up to 6 weeks in a rolling calendar year	Contact Matrix
Whe Can Take		rice Leave (USERRA)	Deturns to Marile
Who Can Take All Team Members.	Why You Use this Leave Team Members called for	How Long See uniformed service	Return to Work
All Team Members, regardless of tenure, called to active duty	active duty	leavesection below	section below
Who Can Take	Why You Use this Leave	ntal Leave	Return to Work
Full-time Salaried Team Members	Parents of newborns or adopted children	How Long Paid up to 80 hours - to be taken within 12 months of birth, adoption, or placement	Contact Matrix

# **Before Your Leave**

#### Things to consider before initiating your Leave:

- You may use vacation, personal and sick time while on leave.
- You are required to pay your portion of all Benefit premiums while on Leave.
- You should continue to make 401(k) loan payments directly to Vanguard during your leave.
- You may be required to provide medical certification to Matrix for certain types of leave to be approved for the leave.
- Regular communication with Matrix is important for a smooth leave process.
- Your manager should be kept informed as to any changes in your leave status.
- A Medical Release to Work Form from your health care provider may be required for certain types of leaves before you will be allowed to return to work.
- You must submit benefit changes related to a Qualifying Life Event (QLE) in Workday within 60 days of the event.

Team Members should provide as much notice as possible when requesting a leave. In an emergency, we ask that you contact Matrix within two working days to let them know, unless there are extraordinary circumstances that prevent you from contacting Matrix.

# Depending on the type of benefits or leave, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Matrix will speed up the process:

- Personal Information: Name, address, telephone number, and the last four digits of your Social Security Number.
- Job Information: Job title, job description, workplace location and address, work schedule, supervisor's name and telephone number, date of hire, and last day worked.
- Illness/Injury Information: Nature of the illness, how, when, and, if applicable, where the injury occurred, the date your disability began and when the disability commenced.
- Provider Information: Name, address, telephone number, and fax number for each treating health care provider

Once Matrix receives your request, they will mail (or email if requested) a packet to your home. You must complete and return information to Matrix within the specified time frame for your leave to be approved.

# **Applying for a Leave of Absence**

To initiate a Leave of Absence, please choose one of the following options:

# OnlineBy PhoneOn the AppGo to matrixabsence.com.If you're<br/>accessing the web portal for the<br/>first time, you will need to set up<br/>an account.Call (888) 288-1354. Be ready to<br/>provide your personal, job,<br/>illness/injury and provider information.Download the Matrix eServices Mobile<br/>App by scanning the correct QR code,<br/>or by searching Matrix eServices<br/>Mobile in your smartphone or tablet's<br/>app store.





#### **Medical Certification**

Certain leaves require medical certification. Once Matrix receives a request for leave of absence, a certification form will be mailed to your home if required. Matrix will attempt to collect certification directly from your provider on your behalf but ultimately it is your responsibility to make sure all needed paperwork is received. If you do not provide the required certification, approval of your leave will be delayed. If the medical certification is not supplied within 15 days, the leave will be denied. Any request to extend a leave must also be supported by an updated medical certification.

If there are reasons to doubt the validity of the certification provided, you may be required to obtain a second opinion from a doctor of our choice at our expense. If the health care provider and the doctor providing the second opinion do not agree, a third opinion may be required, also at our expense, performed by a mutually agreeable doctor who will make a final determination.

#### **Uniformed Service Leave**

It is our intent to comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA), as amended, and any applicable laws regarding uniformed service leave.

Exempt Team Members receive two weeks paid uniformed service leave if called for active duty.

Non-exempt Team Members are granted unpaid leave of absence for uniformed service in accordance with applicable law. You may use earned vacation or personal time to cover unpaid time. Otherwise, your leave is unpaid unless required by law.

As soon as you know your required dates of service, provide notice to your manager and a copy of the official orders or instructions unless giving notice is impossible, unreasonable or precluded by uniformed service necessity.

When you return from a uniformed service leave, you will be reinstated to the position you would have attained had you remained continuously employed, your former position, or an equivalent position, all subject to you being qualified for the reinstatement position and reasonable efforts by the company to help you become qualified, to the extent required by applicable law. To be eligible for reinstatement:

- For uniformed service leaves of more than 30 days, you must provide documentation of satisfactory completion of service, as well as appropriate documentation to establish that you are eligible for reinstatement.
- For service of less than 31 days, you must return at the beginning of the next regularly scheduled work period on the first full day after release from service, taking into account safe travel home plus an eight- hour rest period.
- For service less than 181 days, please contact your supervisor about returning to work within two weeks of your return home.
- If you served more than 180 days, please contact your supervisor within 90 days of your return home.

If you have questions about Uniformed Service leaves of absence, contact Team Member Services at (855)432- 6453, option 2 or email <u>hrteam@michaels.com</u>.

#### **Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits us from requesting

or requiring genetic information for you or your family members. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

# **Getting Paid While on Leave**

Unless a company policy indicates otherwise, leaves of absence are unpaid. If you have available paid timeoff (vacation, personal or sick time), you may choose to use it during your leave. If you use WorkSmart to submit your time, you will continue to do so while on leave. If you use Workday to record your time, you will submit your request for all paid time off in Workday.

Directors and above may use up to three weeks of salary continuance while on leave in lieu of vacation. This should be requested in Workday.

#### Short-Term Disability (STD)

Short-Term disability benefits provide a portion of your pay when you are unable to work due to a disability. If you are unsure if you have STD, please refer to your benefit elections in Workday.

#### Applying for Short-Term Disability (STD) Benefits

If you are enrolled in STD and request a leave for your own health condition, Matrix, will also open a claim for disability benefits. You will complete one set of forms for your leave of absence and your STD claim.

#### Short-Term Disability Benefits and Your Pay

Short-term disability starts after a waiting period of 7 or 14 calendar days depending on your plan. After the waiting period, you receive 60% your pay. STD is not considered regular income and is not subject to normal taxation. However, if you are a salaried Team Member, your STD payments will be taxable since Michaels pays the premiums on your behalf. You may choose to supplement your STD benefit with earned sick, vacation and personal time. For example:

Sue is going on an 8-week Leave for a serious health condition. Her short-term disability benefit has a 14-calendar day waiting period for her benefit that covers 50% of her pay. Here's how Sue will use her Short-Term Disability in conjunction with other time off she has available:

- She will use 10 sick days to cover the 14-calendar day waiting period before she's eligible for STD.
- Since she will be receiving STD payment that equal 60% of her regular pay for the next 6 weeks, she will use 16 hours of sick, vacation or personal time per week, to supplement her short-term disability until she exhausts all time off options, or she returns to work.

# NOTE: STD pays a maximum of \$1,000 per week so if 60% of your pay is greater than the maximum, Team Members may need to use more Paid Time Off to supplement their income than in the example above.

Team Members located in the following states must file disability claims with their local agency. State specific information will be in your claim packet from Matrix.

State	Contact Information
California	https://www.edd.ca.gov/Disability/How_to_File_a_DI_Claim_in_SDI_Online.htm (800)480-3287 or (866)658-8846 (En Español)
Massachusetts	https://www.mass.gov/topics/paid-family-and-medical-leave-in-massachusetts (833) 344-7365
New Jersey	https://myleavebenefits.nj.gov/ (609) 292-7060
New York	https://ww3.nysif.com/Home/Claimant/DBClaimant/FilingAClaim (518)437-4205
Rhode Island	https://dlt.ri.gov/tdi/ (401)462- 8420
Washington	https://paidleave.wa.gov/individuals-and-families/ (833)717-2273

#### Long-Term Disability (LTD)

While chronic or catastrophic illness and injury don't occur often, if it happens to you, it could disable you for months. If you are a Full-time U.S. salaried Team Member (including Store Managers and Asst. Store Managers), Michaels provides a long-term disability (LTD) benefit at no cost to you. U.S. hourly Team Members may elect LTD coverage. The plans are administered by Reliance Standard. If you are unsure if you enrolled in this benefit, please refer to your benefit elections in Workday. For details about the Long-Term Disability policy, refer to the Summary Plan Description (SPD) available on MIKBenefits.com.

#### **Parental Leave**

Salaried Team Members and Assistant Store Managers who are eligible for Parental Leave will see 80 hours of Parental Leave deposited into their respective paid time off bucket once the leave is approved by Matrix. These hours must be requested the same as all other paid time off codes. Parental Leave paid time off expires 1 year after the eligible event date.

#### **Other Voluntary Benefits**

Matrix will also check to see if you have any other voluntary benefits available to you such as Accident or Critical Illness Insurance. They will send you the forms if a claim needs to be filed separately for these benefits.

## **During Your Leave**

While you are away on Leave, the following rules apply, subject to state, federal and local laws and regulations:

- Team Members under a Statutory Sick Plan, where sick hours are earned based on hours worked, will not earn sick time while on leave.
- Team Members on an approved leave will continue to receive vacation as they do when on active status.
- You will not be paid for holidays or bereavement while on leave.
- You may not perform work for any other employer/go into business that directly conflicts with your medical restrictions, except as allowed for uniformed service leave, pregnancy or permitted by law.
- You may be required to report your leave status and return to work plan to us.
- Unless prohibited by applicable laws, you may be granted a combined maximum of up to 30 weeks in a 12-month period for the following types of Leave: FMLA, PDL, CFRA, Non-FMLA and personal leave.

- If you are eligible for FMLA, you must use it first before applying for any other type of Leave.
- FMLA, Non-FMLA and Personal Leave will run concurrently with a leave of absence for an on-the-job injury covered by workers' compensation insurance, as allowed by applicable law.

#### Systems

Your computer systems access will be deactivated while on a leave of absence. If you have a Michaels email address, be sure to set up an Out of Office reply to direct people to the person they can reach while you are on leave. Email is not automatically routed to anyone, but you can submit a Knowledge Zone ticket to have it routed to your manager and/or a coworker covering your duties while you are out should you choose.

You will continue to have access to <u>Workday</u> to maintain and view your personal information such as pay stubs, request Paid Time Off, view benefits and submit Qualifying Life Events (QLE) for benefits. However, if you are a manager or above, you will not have manager functions while on leave.

Please ensure your personal information, i.e., contact, address, etc. are up to date in Workday prior to going on leave so that you don't miss any important information such as benefit premiums bills, paperwork from leave vendors, or other company communications.

If you are having Trouble Accessing Workday while on leave, please call Michaels IT Services at 1-855-432-6453, option 1, for assistance.

#### Benefits

It is your responsibility to pay your share of the monthly premiums associated with your benefits to maintain your coverage.

<u>Full Time Team Members</u>: The Taben Group (Taben) will send you an invoice letter as well as a reminder notice for premiums due. Premiums are billed after the month ends. You will make your payments directly to Taben; their direct number is (800)675-7341. If payment is not made timely, your group health insurance may be cancelled. We will provide written notification at least 15 days before the cancelation date.

<u>Part Time Team Members</u>: You are responsible for paying your benefit premiums directly to Aetna Voluntary and premiums must be paid to avoid cancellation of your coverage. If you miss a payment, you will not have coverage for the period your premiums would cover. Contact Aetna Voluntary at (888)772-9682 for instructions on how to make payments.

You have a 30-day grace period to pay your premiums and keep your coverage. If you do not return from leave, we will pursue, as needed, legal remedies to recover any health premiums paid by the company on your behalf during any unpaid periods of leave.

#### **Qualify Life Events (QLE)**

If you have a qualifying life event and want to make changes to your benefits (i.e. adding newborn or newly adopted child), you will need to visit Workday, within 60 calendar days of the event, to change your benefit elections. If you wait longer than 60 calendar days, you cannot change your coverage until the next open enrollment period.

#### Leave Extensions or Reductions

If your situation changes and you need to modify the length of your leave, you should notify Matrix as soon as you are able. For extensions, you should make your request within five

working days of your original return to work date. Extensions of leaves may require additional documents for approval.

## **Returning from Leave**

Team Members should contact their manager or HR Partner to coordinate their return and be placed on the schedule. Team Members must provide The Fitness-for-Duty/Return to Work Release form to their manager or HR Partner before being scheduled to return to work. This form is provided by Matrix.

You will not be able to return to work until your manager or HR Partner at your location has this form.

If you are returning with restrictions, we will engage in our interactive process to seek a reasonable accommodation for your needs. That accommodation might include a change in job duties, use of special equipment, or modified work schedule. We are committed to helping you return to work as soon as possible when your leave ends. Keep in mind that we may need extra time to set up any accommodations you need, so let your manager or HR Partner know as soon as you know.

**FOR STORES ONLY:** You will need to verbally coordinate your first day back to work with your manager so they can handwrite you into the schedule. Your system access will not be restored until your Return-to-Work date.

## **Frequently Asked Questions**

#### **Q:** What is the company's maternity and paternity leave policy?

A: We do not have separate policies for maternity and paternity leave. Michaels offers Parental Leave for salaried U.S. Team Members. Parental leave provides up to 80 hours of paid time off for the birth, adoption, or foster placement of a child. Birthing mothers could also be eligible for Short Term Disability in addition to this policy. For disability benefits, refer to the short-term disability Summary Plan Description (SPD) on www.MIKBenefits.com.

#### **Q:** What pay will I receive when I am on leave?

A: You do not receive regular pay while on a Leave. See the sections above related to using your available sick, vacation, and personal time, as well as disability insurance (if applicable) to supplement your income while on leave.

#### Q: How can I use applicable sick, vacation, or personal hours while on a LOA?

A: If you enter your time through WorkSmart, you will enter your paid time off requests through WorkSmart. If you use Workday, you will enter your paid time off requests through Workday.

#### Q: What happens if my LOA is exhausted, and I am not able to return to work?

A: The most important thing to do is let us know about your situation. If you are unable to perform the essential functions of your job when you have used all available leaves, we will engage in our interactive process to find a reasonable accommodation for your situation. Accommodations could include changes in your job duties or schedule, use of special equipment, or even additional leave time. In the event you choose not to engage in our interactive process and do not return to work as planned, we may have to assume you have chosen to resign your employment with us.

#### Q: What if I need to make a change to my benefits while I'm on a LOA?

A: If you experience a qualified life event while on leave such as a marriage, the birth of a child, adoption, etc. Team Members will need to visit Workday, within 60 days of the event, to change their benefit elections. If you wait longer than 60 days, you cannot change your coverage until the next open enrollment period.

#### Q: What is the effect on my 401(k) loan(s) while on a LOA?

A: If you have a 401(k) loan, you are responsible for making your loan payments. If you are not using available sick, vacation or personal time (or you have used all), we cannot withhold loan payments and you will be responsible for making the loan payments directly to Vanguard. Contact Vanguard, our 401(k) administrator, 800-523-1188 for more information.

#### Q: What other benefits are available to support me during my LOA?

A: The EAP is a free and confidential resource available for all Michaels Team Members and their families even if you are not enrolled in a benefit plan through Michaels. You can talk to professional counselors who can help you get a handle on anything that is bothering you, such as relationship and family problems, to money worries. The EAP can also help you locate resources in your community such as childcare, elder care, nanny services and adoption assistance. Contact the EAP at any time – 24 hours a day, seven days a week at 1-800-283-5645. Or go to <a href="http://www.mylifevalues.com/">http://www.mylifevalues.com/</a> (username: Michaels password: 8002835645). You can also visit MIKBenefits.com for more information on other benefits and wellness programs!

#### **Q:** Where can I get more information?

A: Team Members can visit <u>MIKBenefits.com</u> to learn more about their benefits and resources available to them.

Payroll/HR Questions	(855)432- 6453, option 2 or email <u>hrteam@michaels.com</u> .
IT Services/Workday Support	(855) 432- 6453, option 1
Leave of Absence	(888) 288-1354 or visit <u>matrixabsence.com</u>
STD, LTD, Accident, and Critical	(888) 288-1354
Illness	
Workday	https://wd5-impl-
	sso.workday.com/wday/authgwy/michaels/login.htmld?redirect=n

#### Leave of Absence Resources

# **Team Member Return to Work Form**

#### **IMPORTANT - TIME SENSITIVE**

This form must be completed by your Health Care Provider and submitted to <u>Human</u> <u>Resources Representative or your direct Supervisor at a minimum 5 business days in</u> <u>advance of returning to work if possible</u>. If you have restrictions or accommodations, this form must be returned prior to your return-to-work date.

Employee Name:	Employee ID No
Supervisor:	HR Representative:

TO THE EMPLOYEE: If you are returning to work with restrictions, you need to communicate with your employer to determine if reasonable accommodation(s) can be made for you to return to work. You must contact your supervisor, or the HR Representative as soon as restrictions are known, **at a minimum 5 business days in advance of returning to work,** to ensure appropriate planning can take place.

#### Failure to submit this form may delay or prevent your ability to return to work.

Prior to your return to work, check in with your supervisor.

# TO BE COMPLETED BY HEALTH CARE PROVIDER

The above-named employee is:

Able to work full duty effective:	(date). SKIP TO BOTTOM OF FORM.
Able to work with modifications effective:	(date). COMPLETE BELOW.

#### **Employee work limitations or restrictions**

Please address ONLY any physical and/or mental/behavioral limitations that:

- the employee has as a result of an impairment identified below AND
- relate to the performance of the duties of his or her employment position.

<u>Examples of physical limitations</u>: Lifting, bending, reaching, kneeling, sitting, standing, walking, pushing, pulling, use of hands or arms, exposure to heat or cold, etc. Include specific limitations such as the expected duration of each limitation or restriction, pound limits for lifting restrictions, or any other relevant information to help the employer understand your patient's limitations and what your patient needs to perform his/her job.

<u>Examples of cognitive/mental/behavioral limitations</u>: Concentration, memory, focus, oral or written communication, expressing thoughts, organization, multitasking, synthesizing information, exercising judgment, interacting with others, time management, flexibility with change management, etc. Include specific limitations such as the expected duration of each limitation or restriction, modifications to workplace setting, and any other relevant information to help the employer understand your patient's limitations and what your patient needs to perform his/her job.

# Identify limitations or restrictions, if any, on next page.

Employee Name:\_\_\_\_\_\_ Employee ID No. \_\_\_\_\_\_

Identify each impairment causing limitations or restrictions	Identify the limitations or restrictions caused by this impairment (please be specific)
Use additional page if needed.	

If limitations are identified, provide estimated duration of restrictions and/or date of return to full duty (if applicable):

Comments:

Health Care Provider Name (please print):	
Address:	
Telephone No.:	Fax No.:
Field of Practice:	
Signature of Health Care Provider:	Date:
Send a copy of this completed form to your direct	Supervisor or Human Resources Representative.

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