Employee	Name					
Effective	3/25/2020	j	1. Was placed on furlough through 4/6/20			
	-		2. Continued to work on voluntary basis as es	ssential to basic operations of AutoGate		
			 3. Was already off due to Covid-19 qualified r 			
			Employee was cleared to return o			
Your Options:		#1 or #3	File for unemployment using information pro			
			*You are not eligible to receive Sick Pay unde	, ,		
			*Sick pay under FFCRA is not made available			
			*You can receive Sick Pay after April 1st for o	•		
			have been recalled to work for future dates.			
		#2 only	Receive normal compensation by reporting to	o work		
		#1 or #3	Use accrued vacation hours as supplemental			
		#1 or #3	You have the option to take time off as Unpai	<u> </u>		
			*All requirements and documentation will be	required if filing for FMLA		
Effective	4/1/2020	90 hour Si	ok Dov is available that FFCDA to these who we	wellfy due to Cavid 10 manages 1 thm. C		
Eπective 4/1/2020		80 hour Sick Pay is available thru FFCRA to those who qualify, due to Covid-19 reasons 1 thru 6 *The "Stay At Home order in Ohio" is not considered a local quarantine or isolation order and				
			of being exposed to the virus" do not qualify y	•		
		your rear	or being exposed to the virus do not quality y	ou to be paid under FFCRA #1		
If you Qual	ify:	Report your intention to the HR department stating the reason you qualify so payroll can be				
			a timely manner. Be prepared to provide doci			
		Request fo	or Sick Pay under the FFCRA will not be issued v	vithout proper documentation.		
If you do no	ot Qualify:	1. File for unemployment using the information provided on the Employee Website				
11 you do 110	ot Quamy.		rued vacation hours as supplemental pay	on the Employee Website		
			f will be unpaid if option #1 or #2 are not exerc	ised		
If you volu	nteered to v	vork after t	the Furlough went into effect on $3/25/2020$, y	ou received normal compensation		
			Your furlough date is the next day after the la	st day you worked		
Your Option	ns:	1. File for	unemployment using information provided on	the Employee Website		
			*You are not eligible to receive Sick Pay unde			
			*You can receive Sick Pay for one of the quali	· ·		
			recalled to work for future dates.	rying reasons after you have been		
		2. Use acc	rued vacation hours as supplemental pay			
			f will be unpaid if option #1 or #2 are not exerc	ised		
			, , , , , , , , , , , , , , , , , , , ,			
Furlough ha	as ended an	d you are b	peing notified of your recall date and time.			
			You are expected to return to work on			
			Your shift will be from			
		Employee	will be returning to work on this date	yes no		
If furlough	has ended a	nd you are	unable to return to work, you will be require	d to provide the reason		
			Covid-19 related			
			Not Covid-19 related			
			·			

Failure to return to work after being recalled, if not related to Covid-19 reasons, will in most cases result in loss of unemployment benefits and could result in termination.

If you are not able to return to work on the date at time assigned, and you feel as though you qualify under the FFCRA you will be required to provide documentation. The qualifying reasons are:

- 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; (the Stay Home Order in Ohio is not considered a local quarantine or isolation order under FFCRA)
- has been advised by a health care provider to self-quarantine related to COVID-19; (documentation will be required to be submitted to your supervisor)
- 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; (documentation will be required and submitted)
- 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
- 5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; (documentation will be required and submitted)
- 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. (documentation will be required and submitted)

STRICT ADHERANCE TO THE SOCIAL DISTANCING REQUIREMENTS AS DIRECTED BY THE CDC WILL BE FOLLOWED.

- All employees must abide by the Social Distancing policy
- Employees temperatures will be taken at the beginning of their shift (Government Order)
- You will be required to notify your supervisor if you become ill, or your supervisor may send you home
 if you are observed to be unhealthy to continue working
- Tools, and commonly used surface will be wiped down by employees a minimum of hourly, after heavy
 use, and at the beginning and end of their shift
- Hand Sanitizers and Disinfectant wipes will continue to be provided
- If you have a mask (surgical mask) and would like to wear it, you may do so (maintenance and upkeep of the mask is the sole responsibility of the employee)

The information provided in this document has been and have answered any questions on anything I did provided guidance but did not force me to make any	not understand. I ackno	owledge that the Company has	
EMPLOYEE SIGNATURE		DATED	
DATE AND TIME OF CALL TO EMPLOYEE	ВУ	TITLE	