miracle
Restaurant Group

28.   FMLA POLICY:

POLICY:

To provide leave to "eligible" employees in accordance with Family and Medical Leave Act.

PROCEDURE:

Eligible employees are entitled to up 12 weeks per year of unpaid leave for certain family and medical reasons. Employees are eligible if they have worked for MRG for at least 12 months and have worked 1,250 hours within those 12 months.

Leave will be granted for any of the following reasons: (1) to care for the employee's child after birth or placement for adoption or foster care; (2) to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or (3) for the employee's own serious health condition that makes the employee unable to perform his or her job. The 12-week period is determined on a rolling calendar year based on the start of the leave. In certain circumstances, leave may be granted on an intermittent or reduced schedule basis, as required by law.

The employee must provide 30 days' advance notice when the leave is foreseeable. Otherwise the employee must provide as much advance notice as is practicable. After the employee notifies his/her supervisor, the supervisor will complete an Leave Request form. A copy will be provided to the employee. MRG may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions and a fitness for duty report to return to work.

For the duration of the leave, MRG will maintain the employee's health coverage under the company's group health plan as well as other paid benefits (although the employee will be expected to contribute the employee share of the premium during the leave). Upon return from leave, the employee will be restored to his or her original position or an equivalent position with equivalent pay, benefits, and other employment terms.

Employees must use any FMLA leave concurrently with accrued but unused vacation and/or other leave.

Employee Name: _____   Date: _____

Supervisor Name: _____   Date: _____