

ACKNOWLEDGEMENT OF RECEIPT – RESIDENT ADVISOR:

HOLIDAY PAY / HOLIDAY TIME OFF / SICK LEAVE / PERSONAL LEAVE

Holiday Pay - Effective August 15, 2021

All RAs will be compensated time and a half of their hourly salary on the following days for the shift that is worked:

| | |
|-----------------------------------|------------------------|
| Martin Luther King Jr.'s Birthday | July 4th |
| Good Friday | Labor Day |
| Memorial Day | Day after Thanksgiving |
| Juneteenth | Your Birthday |

RAs will receive double time of their hourly salary on the following days for the shift that is worked:

| | |
|---------------------------|-------------------------|
| Night before Thanksgiving | 8:00 pm – 8:00 am shift |
| Thanksgiving Day | 8:00 am – 8:00 pm shift |
| Thanksgiving Evening | 8:00 pm – 8:00 am shift |
| Christmas Eve | 8:00 pm – 8:00 am shift |
| Christmas Day | 8:00 am – 8:00 pm shift |
| Christmas Evening | 8:00 pm – 8:00 am shift |
| New Year's Eve | 8:00 pm – 8:00 am shift |
| New Year's Day | 8:00 am – 8:00 pm shift |
| New Year's Day evening | 8:00 pm – 8:00 am shift |
| Lundi Gras | 8:00 pm – 8:00 am shift |
| Mardi Gras Day | 8:00 am – 8:00 pm shift |
| Mardi Gras Day evening | 8:00 pm – 8:00 am shift |

Requests for Holiday Time Off and Staffing

It is the RA's responsibility to arrange to have their shift covered if requesting to be off on a holiday. The RA must inform their supervisor of the arrangements made and have this acknowledged via email. Additionally, because of requirements related to coverage at each site no more than one RA is allowed to take scheduled PTO at the same time, including holidays. For holidays, the same RA is not eligible to request the same holiday off two years in a row. If no one has requested this time off, then, and only then will the RA be awarded the holiday again. RAs are not paid for holidays but are compensated as previously outlined under holiday pay. This pay applies only to those who are working on that holiday.

Time Off/Leaves of Absence

Bridge House/Grace House provides paid leave which includes both personal leave and sick leave. Full Time Resident Advisors are eligible to earn and use personal leave as described in this policy. At such time that personal leave and sick leave have been exhausted employees will not receive compensation for any additional time off. Full Time is defined as no less than 36 hours per week.

Personal Leave: Full Time Resident Advisors are entitled to 40 hours of paid personal leave each year after completing 90 days of employment. To take personal leave a written request should be submitted at least two weeks in advance to the supervisor. This request should be in the form of an email as well as a time off request submitted through the ADP payroll system. Requests will be reviewed and approved based on several factors including business needs and staffing requirements. Confirm that the supervisor received and acknowledges the request so appropriate scheduling can be accomplished. If submitted less than two weeks in advance it will be the RA's responsibility to reach out to your fellow RAs for coverage. Communicate the coverage to the supervisor and confirm via joint emails between yourself, the person who will cover your shift and the supervisor so there is no misunderstanding. Additionally, because of requirements related to coverage at each site no more than one RA is allowed to take scheduled personal leave at the same time. There will be no carry-over of personal leave to the next year; all hours accrued must be used prior to the RA's next anniversary date.

Sick Leave: Full Time Resident Advisors are allowed use of 40 hours of sick leave each year after completing 90 days of employment. If none of the sick leave is used, the RA will be given a bonus equivalent to the value of the 40 hours of sick leave. There will be no bonus if any part or whole sick leave is used. The compensation for the bonus equivalent would be calculated on the current base salary. No sick leave is rolled over into the next year. When calling in sick, RAs are required to notify their supervisor prior to the start of each workday they will be absent from the worksite.

I have read the above and acknowledge that the benefits, policies and practices described are subject to change at any time, and that all such changes will be communicated by the organization through official notices. I understand that revised information may supersede, modify or eliminate existing policies.

Employee Signature

Date

Employee Name (please print)