

EXHIBIT 10



Military Leave of Absence

Employee Name: _____

Department: _____

Phone Number: _____ Today's Date: _____

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Leave Begin Date: _____

Leave End Date: _____

****Please attach a copy of your orders.****

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Acknowledgement:

I understand that I am eligible for up to 30 days of Military Leave with pay each calendar year. I understand if I am a shift employee, I will be charged Military Leave time based on hours not days. I understand I will be paid the schedule I was scheduled to work, not every day I am gone on Military Leave. I understand should I need leave beyond the allowed 30 days, I will need to use pre-approved vacation, personal time and or comp time. I understand my health insurance and premiums will continue during the first 30 days; beyond 30 days I will be responsible for signing up with COBRA if I'd like to continue my health insurance. I understand I should review the Military Leave policy in the employee handbook to become familiar with my other benefits while on Military Leave.

Signature

Date

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Approval:

Human Resources Director Signature

Date

Please return this form to Human Resources.