

**W.W. Rowland Trucking Co., LLC / Wwinners Containers Services, LLC**  
**Employee Handbook**  
**General Paid Time Off Addendum**

**Paid Time Off**

We know how hard you work and recognize the importance of providing you with time for rest and relaxation. We fully encourage you to get this rest by taking your paid time off. Time off under this policy includes extended time off such as for a vacation, and incidental time due to Sickness, to include any state or city mandated paid sick leave, or for personal affairs. Unless otherwise dictated by law, the provisions outlined below constitute the Company's PTO policy.

PTO time is calculated on the basis of a weekly accrual, according to time worked and your length of service with Company. The amount of PTO the employee receives each year increases based on their length of active employment and is granted at the beginning of each calendar year as noted below. PTO is not available for use until completion of your 90-day initial period.

**Full-time employees accrue paid time off (PTO) at the following rates:**

The following table represents the PTO hours (days) earned during each full calendar year of employment.

<b>Full Calendar Year #</b>	<b>Days Earned</b>	<b>Weekly Earn Rate</b>	<b>Hours Earned</b>
0-3 months	0	0.00	0
3-7 months	3	0.46	24
8-12 months	5	0.77	40
1	12	1.85	96
2	17	2.62	136
3	18	2.77	144
4	19	2.92	152
5-10	20	3.08	160
11	21	3.23	168
12	22	3.38	176
13	23	3.54	184
14	24	3.69	192
15	25	3.85	200
16	26	4.00	208
17	27	4.15	216
18	28	4.31	224
19	29	4.46	232
20	30	4.62	240

After 6 months of service, you are eligible for your birthday.

Employees may not carry over PTO from year to year and there is no buy back of PTO. Therefore, PTO must be taken annually to assure that you receive the full benefit of this plan. If you leave the Company, unused PTO will be forfeited or treated in accordance with state law.

So that we may schedule work and plan for business requirements, employees are asked to scheduled PTO in six month increments in advance. Time away from work must be approved by your direct supervisor in advance. If you are sick, you must notify your supervisor at the earliest opportunity to inform them of the absence. All PTO requests are to be approved by management using the time and attendance system.

Your check for PTO days will be paid on the regular weekly pay cycle. PTO days are not used in calculating overtime hours.

The length of eligible service is calculated on the basis of a “benefit year.” This is the 12-month period that begins when the employee starts to earn PTO. An employee’s benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

PTO can be used in minimum increments of one-half day. Employees who have an unexpected need to be absent from work should notify their direct supervisor before the scheduled start of their workday, if possible. The direct supervisor must also be contacted on each additional day of unexpected absence.

To schedule planned PTO, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

PTO is paid at the employee’s base pay rate at the time of absence for the number of hours absent. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

In the event that available PTO is not used by the end of the benefit year, the employee will forfeit the unused PTO.

## **Employee Handbook General PTO Addendum Acknowledgment**

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Employee Handbook Paid Time Off (PTO) Addendum.

**I have received and read this Employee Handbook PTO Addendum. I understand that the policies, rules and benefits described in it are subject to change, at any time, at the sole discretion of the Company, and in accordance with applicable state laws, mandates and ordinances. I understand that my signature below indicates that I have read and understand the above statement and that I have received a copy of the Company's Employee Handbook PTO Addendum.**

Employee's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_