

BEREAVEMENT LEAVE POLICY

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Polar Dynamics Robotics, Inc.

Effective Date: January 1, 2024

Policy Number: HR-2024-BL-001

1. PURPOSE AND SCOPE

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1. This Bereavement Leave Policy ("Policy") establishes guidelines and procedures for

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2. This Policy applies to all full-time and part-time employees who have com

2. DEFINITIONS

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1. "Immediate Family Member" includes:

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Spouse or domestic partner

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Parent or step-parent

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Child or step-child

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Sibling or step-sibling

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Grandparent or grandchild

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Parent-in-law

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Son-in-law or daughter-in-law

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2. "Extended Family Member" includes:

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Aunt or uncle

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Niece or nephew

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First cousin

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Brother-in-law or sister-in-law

3. LEAVE ENTITLEMENT

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1. Immediate Family Member Death

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Eligible employees may take up to five (5) consecutive working days of paid

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Leave must be taken within thirty (30) calendar days of the death

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Additional unpaid time may be granted at management's discretion

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2. Extended Family Member Death

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Eligible employees may take up to two (2) consecutive working days of paid

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Leave must be taken within fifteen (15) calendar days of the death

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3. Non-Family Member Death

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One (1) day of paid bereavement leave may be granted for attending the funeral

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Subject to supervisor approval

4. COMPENSATION AND BENEFITS

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1. Bereavement leave will be paid at the employee's regular base rate of pay.

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2. Bereavement leave will not be counted against the employee's accrued Paid

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3. All benefits will continue to accrue during bereavement leave.

5. NOTIFICATION AND DOCUMENTATION

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1. Employees must notify their immediate supervisor as soon as possible when

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2. Documentation Requirements:

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The Company may require documentation confirming the death and relations

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Acceptable documentation includes:

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Death certificate

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Funeral program

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Obituary notice

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Documentation from funeral home

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3. Documentation must be submitted to Human Resources within fourteen (1

6. SPECIAL CIRCUMSTANCES

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1. International Travel

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Additional unpaid time may be granted for international travel to attend funerals.

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Requests must be submitted in writing to Human Resources.

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Supporting documentation for travel arrangements may be required.

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2. Multiple Losses

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In the event of multiple deaths within a short period, additional paid leave may be granted.

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Determination will be made on a case-by-case basis by Human Resources

7. CONFIDENTIALITY

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1. All bereavement leave requests and supporting documentation will be treated as confidential.

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2. Information will only be shared with those who have a legitimate business need to know.

8. NON-RETALIATION

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1. The Company prohibits retaliation against any employee for requesting or taking leave under this policy.

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2. Violations should be reported immediately to Human Resources.

9. POLICY ADMINISTRATION

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1. Human Resources is responsible for administering this Policy.

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2. Questions regarding this Policy should be directed to:

Human Resources Department

Polar Dynamics Robotics, Inc.

Email: hr@polardynamics.com

Phone: (555) 123-4567

10. MODIFICATIONS

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1. The Company reserves the right to modify, revise, or terminate this Policy

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2. Any changes will be communicated to employees in writing.

ACKNOWLEDGMENT

I acknowledge that I have received and read the Bereavement Leave Policy and understand its contents.

Employee Name: _

Employee Signature:

Date: 11 -

Approved by:

Victoria Wells

Chief Financial Officer

Polar Dynamics Robotics, Inc.

Sarah Nordstrom

Chief Operating Officer

Polar Dynamics Robotics, Inc.

Date: January 1, 2024

