



## Leave of Absence Request Process

Please read through the below instructions and ***complete them in their entirety*** to ensure a smooth administration of your leave of absence.

- Attached you will find the FranklinCovey Leave of Absence Policy excerpt from our current Employee Policy Handbook. Please read through the entire policy as it contains important, detailed information regarding eligibility and payment details.
- You will be filing your claim with Prudential; FranklinCovey's leave administrator. Once you have read through the FranklinCovey policy, and are ready to begin your claim, please follow the instructions that are listed both in the Leave of Absence Policy and the Prudential Leave of Absence Request document.
- We strongly encourage you to work with your manager around your dates of leave so that they can prepare coverage for you while you are out. You do not have to share any information other than you are planning to take a leave of absence, and the dates you are anticipating being out.

## CHECKLIST

Below is the timeline of events that must occur in order for your claim to be approved and paid appropriately. **Please check this list often to ensure you have not missed any steps!**

1. File your claim with Prudential online ([www.prudential.com/mybenefits](http://www.prudential.com/mybenefits)) or over the phone 877-367-7781 (page 2 of the Prudential Leave of Absence Request document has detailed instructions)
2. Sign and date the 'Authorization for Release of Information to The Prudential Insurance Company of America' form (page 3 of the Prudential Leave of Absence document) and provide to your doctor as soon as possible.
3. Prudential will send your doctor (with the contact information you provide) the Healthcare Certification forms for completion. **Your leave cannot be approved without this completed form.** Please follow up with Prudential and your doctor to ensure these are submitted prior to your leave start (when possible).
4. Within 24 hours of filing your claim, Prudential will mail out an initial claim packet containing your Preliminary Notice of Leave Request letter as well as multiple additional documents. Please read through all documents. You can also always access these documents on the Employee Portal after you have created an account.
  - a. **State Leaves:** Within the Preliminary Notice letter will be information regarding your eligibility for any applicable state leaves and how to file a claim. **Prudential processes claims to Connecticut, New Jersey and New York. They will notify you if any further action is required beyond your initial claim.**
  - b. **For states other than CT, NJ and NY with paid leave, it is your responsibility to file a claim with your state for any state-funded benefits prior to your leave. FranklinCovey**

**will reduce your salary continuation payments to account for state benefits so you must file with your state to ensure you receive your full benefit amount.** Once you

receive notification from your state regarding your award amount for state-funded benefits, you must provide this information to Prudential to ensure accurate calculation of FranklinCovey-paid salary continuance payments. If you do not provide this information in a timely manner, and it results in overpayment on FranklinCovey's end, we will need to recover that amount from you.

- c. If you live in a state with paid benefits, your pay while on leave will come from two sources: your state disability benefits and FranklinCovey. This means your biweekly paycheck will be much lower than usual. However, combined with your state-paid benefits, you will be paid 100% of your weekly benefit amount.
5. You will receive a determination notice from Prudential regarding your leave. Ideally, your leave is approved prior to your last day worked. **Payment cannot begin until your leave is approved.**
6. Notify Prudential and People Services (Chandler Bell) when you officially begin your leave.
  - a. **Maternity Claims:** We understand delivery dates can be a moving target. Please provide Prudential with your anticipated delivery date when you first file your claim. Then, once you have delivered, please notify Prudential and People Services of your last day worked. Prudential will also verify your delivery method, which impacts benefits (Vaginal births are typically medically certified for 6 weeks. Cesarean births are typically medically certified for 8 weeks).
    - i. In your email to People Services, please verify if you would like to use up to 2 weeks PTO to cover the final 2 weeks of FMLA in the event of a vaginal birth. (Cesarean births receive full pay for the entire 12 weeks of FMLA).
    - ii. You have 30 days from birth or adoption to add your new addition to your benefits. Please do this by calling the FC Benefit Center at 855-547-8508.
7. Notify Prudential and People Services (Chandler Bell) when you officially return from leave.
  - a. Provide a doctor note to People Services releasing you for full work duties



## WITNESS DUTY

If you are asked to serve as a court witness, you may use available PTO or take unpaid time off if you do not have any remaining PTO. Please provide evidence of the subpoena and estimated time away from work to your immediate supervisor as soon as possible.

If you have been subpoenaed as a witness for Franklin Covey as a result of a job-related event, you will be paid regular wages during the period of witness duty.

## LEAVES OF ABSENCE

### The Family and Medical Leave Act (FMLA)

The FMLA provides eligible associates time off without pay:

- For the birth and care of a newborn;
- For the adoption or foster care placement of a child with the associate;
- To care for the associate's seriously ill spouse, or domestic partner, child or parent (not-in-laws); or
- When the associate's own serious health condition makes the associate unable to perform their job functions.
- A "qualifying exigency" (as defined under the FMLA) arising from the active duty service or call to active duty service in support of a contingency operation of the employee's spouse, son, daughter or parent who is a member of the National Guard or National Reserves, or is a retired member of the regular armed forces or reserve; or (2) the service of members in the regular Armed Forces during the deployment of the member to a foreign country. A total of up to 26 weeks of unpaid leave during a single 12-month period (as explained below) is available to

eligible employees to care for a "covered service member" with a "serious injury or illness" if the employee is the spouse, child, parent (of a child of any age), or next-of-kin of the covered service member.

A "serious health condition" includes serious illness, injury, impairment, or physical or mental condition, and is defined as:

- Any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical care facility;
- A period of incapacity requiring absence from work of more than three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider; or
- Any period of incapacity due to pregnancy, or for prenatal care;
- Continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days.

### Who is eligible for leave under FMLA?

An associate who has worked for the Company for at least 12 months and has also worked at least 1250 hours during the past 12 months may request a Family Medical Leave of Absence. If deemed medically necessary, FMLA may continue up to 12 weeks in any rolling 12-month period. The 12-month period is calculated from the first day of the FMLA. At the end of the 12 weeks the associate may return to their same or equivalent job. If the associate does not return to work after their FMLA leave has exhausted, the associate may be subject to termination.

# Reporting an Absence or Disability



Personalized support—  
every step of the way!



**FranklinCovey**<sup>®</sup>

THE ULTIMATE COMPETITIVE ADVANTAGE

GL.2017.140



**Prudential**

## Reporting an Absence or Disability

This guide explains the steps to follow when you are absent from work because of leave or disability. Please detach the Authorization Card and keep the guide for future reference.

## When should I report an absence or disability?

First, report your absence for leave or disability to People Services. Then report it to Prudential when:

- You will be absent for more than 3 days and are under a physician's care.
- You are hospitalized for any amount of time.
- You are caring for an ill or injured qualified family member (spouse, parent, or dependent child).
- You are pregnant or are absent from work due to pregnancy complications.
- You will be absent periodically due to a chronic or permanent disabling condition of your own or a qualified family member.
- You are caring for a newborn child, recently adopted child, or new foster child.
- You are absent due to other reasons outlined in FranklinCovey's absence policy or as defined by state regulations.
- You are absent due to a lost-time, work-related injury-after first reporting it to People Services.

## Report an absence to Prudential for:

- Company Leave
- Short Term Disability (STD)
- Family Medical Leave (FML)
- Long Term Disability (LTD)
- Military Duty
- Lost-time work-related injury - after first reporting it to People Services

## How can I report an absence or disability?

To report an absence or disability you can either:

1. Call **877-FOR-PRU1 (877-367-7781) Monday-Friday 8am-11pm EST**. You can speak to one of our absence professionals or follow the prompts to record your absence or disability information.
2. Log in to **www.prudential.com/mybenefits**. Click on "Claims and Absence" and then "File a Claim / Report an Absence." There, you can input your information and download any forms you may need.

## Have this information ready

Please have the following information ready:

- Company name: FranklinCovey
- Company control number: 70078
- Employee ID or Social Security Number
- Reason for your absence
- First date absent
- Work schedule
- Date you expect to return to work
- If your absence is related to illness or injury, name, fax, and telephone number of the treating physician
- If caring for a qualified family member, their relation to you.

## When should I contact Prudential again?

Notify us, by phone or online, if you:

- Have updated information
- Are unable to return to work on the planned date
- Are returning or have returned to work
- Want to report your delivery date
- Want to report time on an intermittent leave
- Need forms

# Reporting Your Absence or Disability Authorization Card

## Steps to Follow When Absent

**FranklinCovey**  
**Control number 70078**

1. Notify People Services
2. Call Prudential at **877-FOR-PRU1 (877-367-7781) Monday-Friday 8am-11pm EST**

**OR**

Log in to [www.prudential.com/mybenefits](http://www.prudential.com/mybenefits) and click on "Claims and Absence" and then "File a Claim / Report an Absence."

3. Make a copy of this authorization.
4. Sign and date the copy.
5. Present the copy to your doctor to file.
6. Keep the original blank. Do not date or sign it.

This entire card must be copied and presented to your doctor for release of information. Sign and date the copy.

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**If you are reporting an absence only for FML or other comparable leave other than absences for disability, you are not required to sign and use the authorization below.**

**This authorization is not intended for use with FMLA leave or similar absences.**

**An Authorization for the release of information specific to leaves for FML or leaves other than for your disability claim will be included in communications sent to you in the mail following your reported absence or can be obtained by calling the number above.**

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### Authorization for Release of Information to The Prudential Insurance Company of America

**This authorization is intended to comply with the HIPAA Privacy Rule.**

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment, or services to me or on my behalf ("my providers") to disclose my entire medical record and any other health information concerning me to The Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct my providers to release and disclose my entire medical record without restriction.

This information is to be disclosed under this authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Prudential.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of my providers have relied on this authorization to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and not covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this authorization.

The statements made by me on this claim are true and complete.

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Employee/Claimant Signature

Date

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Print Name

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## Important Notice

### CLAIM FRAUD WARNING STATEMENTS

For residents of all states and jurisdictions except Alabama, Arizona, Arkansas, California, the District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, Utah, Vermont, Virginia, and Washington: **WARNING** – Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

**ALABAMA RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**ARIZONA RESIDENTS:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS** – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA RESIDENTS:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**FLORIDA RESIDENTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MAINE and WASHINGTON RESIDENTS:** Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

**MARYLAND RESIDENTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW HAMPSHIRE RESIDENTS:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY RESIDENTS:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NEW YORK RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **This notice ONLY applies to accident and disability income coverages.**

**NORTH CAROLINA RESIDENTS:** Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

**PENNSYLVANIA and UTAH RESIDENTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**PUERTO RICO RESIDENTS:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars

(\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**VERMONT RESIDENTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

**VIRGINIA RESIDENTS:** Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.



*Produced with the environment in mind.*

Group Short Term and Long Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Contract Series 83500.

Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Group Contract issued by Prudential, the terms of the Group Contract will govern.

**New York Residents:** This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York Department of Financial Services.

**North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.**

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When two Franklin Covey associates are married, FMLA is restricted to a combined total of 12 weeks within any 12-month period for the same medical condition.

Employees taking leave to care for a covered service member may be entitled to up to 26 weeks in a single 12-month period. Employees may be entitled to one 26-week period of leave total to care for a single covered service member and for that covered service member's serious illness or injury. Additional weeks of leave (in a new "single 12 month period") can only be taken to care for a different illness or injury of the service member or to care for a different service member.

#### **What is intermittent FMLA?**

Intermittent FMLA may be used when the "serious health condition" doesn't require extended or continuous time away from work. FMLA may be used in 1- to 8-hour blocks until you reach the 12-week maximum time away from work. Intermittent FMLA requires the same notification and certification requirements as other leaves under the Family and Medical Leave Act. The Company, in its sole discretion, may approve or deny any or all requests for intermittent FMLA.

#### **As a part-time Associate, if I qualify for FMLA, do I also get 12 weeks of leave?**

Yes, but each week is counted as 20 hours for part-time associates (instead of 40 hours for full-time associates).

#### **What notification and documentation are required for FMLA?**

Notification and documentation are required at different stages of FMLA.

**To Start FMLA.** When possible or when the need for FMLA is foreseeable (e.g.,

scheduled surgery, birth or adoption of a child), you must request FMLA at least 30 days in advance. In the event of an emergency, you (or a member of your family) should notify People Services as soon as possible, but no later than 48 hours following the incident. Prudential administers our leave. You will be responsible to comply with their requests for approval.

- **During FMLA.** Any changes in the circumstances surrounding a FMLA leave should promptly be reported to the Benefits Administrator.
- **To End FMLA.** Notify your supervisor and the Benefits Administrator one week prior to your return to work.

#### **Salary Continuance**

If your FMLA is approved for your own serious health condition as supported by medical certification you qualify for our salary continuance program. Our salary continuance program pays you 100% of your regular earnings for up to 12 weeks in a 12 month rolling period for the duration of the medically certified period. Please note salary continuation will run concurrently with your FMLA job protected leave and will not extend the length of your leave. A maximum of 2 weeks of PTO can be used within your leave of absence. PTO cannot be used to extend the length of your job-protected leave beyond FMLA or state equivalent leave. There is no adjustment to utilization or revenue goals while on a leave of absence.

#### **Worker's Compensation**

If you are eligible for pay through our worker's compensation policy, your salary continuance will be reduced the amount paid to you by worker's comp.



### **Bonding Leave**

FranklinCovey offers 100% salary continuance for up to 4 weeks for bonding time in a 12 month rolling period for adoption, foster care and/or birth of a child. This will be offered to both mothers and fathers equitably.

### **Medical Leave of Absence**

If you do not qualify for FMLA, or state leave (based on your length of service, number of hours worked in the past 12 months, etc.), a Franklin Covey Medical Leave of Absence may be requested for your own serious medical condition. A Medical Leave of Absence requires a doctor's certification and manager approval and is based on business/operating requirements. Medical leaves of absence may be requested for up to 6 weeks and cannot be combined with another leave (for example, to extend a FMLA leave). Employees who are approved for a 6 week medical leave for their own serious health condition that is certified are also eligible for the salary continuance program. Franklin Covey will provide 100% salary continuation for employees who meet the eligibility requirements for the duration of the 6 week medical leave. Please note salary continuation will run concurrently with your 6 week medical leave and will not extend the length of your leave. A maximum of 2 weeks of PTO can be used within your leave of absence. PTO cannot be used to extend the length of your job-protected leave beyond FMLA or state equivalent leave. There is no adjustment to utilization or revenue goals while on a leave of absence.

FranklinCovey requires you to maintain your portion of any healthcare insurance premiums and any other voluntary benefits on the same basis as during active employment. If you are out on paid leave, the premium will automatically be deducted from your pay. If you are out on unpaid leave, you will receive an invoice from People Services for the amount owed and payment terms. Failure to make these payments on time may result in a lapse of benefits. If you have additional questions or concerns, please contact People Services.

### **How can I report an absence?**

To report an absence you can either:

1. Call 877-FOR-PRU1 (877-367-7781)
2. Log in to [www.prudential.com/mybenefits](http://www.prudential.com/mybenefits). Click on "Claims and Absence" and then "File a Claim / Report an Absence." There, you can input your information and download any forms you may need.

Please have the following information ready:

- Company name: FranklinCovey
- Company control number: 70078
- Associate ID or Social Security Number
- Reason for your absence
- First date absent
- Work schedule
- Date you expect to return to work

If your absence is related to illness or injury, name, fax, and telephone number of the treating physician if caring for a qualified family member, their relation to you.



### **When should I contact Prudential again?**

Notify them, by phone or online, if you:

- Have updated information.
- Are unable to return to work on the planned date.
- Are returning or have returned to work.
- Want to report your delivery date.
- Want to report time on an intermittent leave.
- Need forms.

NOTE: FranklinCovey complies with all state and city laws as it relates to leave management.

### **MILITARY LEAVE**

If you enter the uniformed services of the United States, you may be eligible for a leave of absence for the time you need away from work for active duty, active duty for training, inactive duty training, full-time National Guard duty, fitness for duty examinations, or funeral honors duty by National Guard or reserve members. Reasonable time for traveling to and from such duty is included in your leave. You may also qualify for certain re-instatement rights if you meet re-employment eligibility criteria as defined in the Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994.

### **Non-Discrimination**

The Uniformed Service Employment and Reemployment Rights Act (USERRA) prohibits discrimination against Associates who serve in the uniformed services. The law also prohibits acts of reprisal against service members and those who would testify or witness to discrimination against uniformed service members. Nondiscrimination clauses of the statute cover associates who are members of, who apply to be members of, perform, have performed, apply to perform, or have an obligation to perform service in a uniformed service of the United States.

Please contact People Services if you have additional questions about Franklin Covey's military leave of absence policy.

### **What are the “uniformed services”?**

The “uniformed services” of the United States are defined as:

- Army, Navy, Marine Corps, Air Force, or Coast Guard.
- Army Reserve, Naval Reserve, Marine Corps Reserve, Air Force Reserve, or Coast Guard Reserve.
- Army National Guard or Air National Guard.
- Commissioned Corps of the Public Health Service.
- Any other category of persons designated by the President in time of war or emergency.

### **What notice is required?**

You must provide to your manager and People Services as much advance written or verbal notice as possible for all military duty, unless giving notice is impossible, unreasonable, or precluded by military necessity. Either you or an appropriate officer of the branch of military service in which you will be serving may provide the notice.

### **Do I need to show my orders?**

Franklin Covey may request a copy of your orders after periods of military leave of absence for more than 30 days. All National Guard and Reserve members are encouraged to provide a copy of orders, the annual drill schedule, or other type of documentation to employers as soon as available and, if possible, before commencement of military duty.





### **How long may the absence be?**

To retain re-employment rights under USERRA, the cumulative length of absence of an associate to serve in the uniformed services may not exceed five years. The 5-year limit does not include: inactive duty training (drills); annual training; involuntary recall to or retention on active duty; voluntary or involuntary active duty in support of war, national emergency, or certain operational missions; or additional training requirements considered necessary for professional development or skills training.

### **Will I receive my regular salary or hourly rate while on military leave?**

Franklin Covey will pay you your base rate less any pay you receive from the military, up to a maximum of 10 working days during each calendar year. Payment will be based on the number of hours you are typically scheduled to work during a week.

### **Will I accrue PTO while on military leave?**

No.

### **Will I receive holiday pay during military leave?**

No.

### **Will my benefits continue during military leave?**

For absences of 30 days or less, benefits will continue as normal. You are required to pay your share of the premium; Franklin Covey will continue to pay its share of the premium.

For absences of 31 days or more, you will be eligible for coverage under COBRA for up to 24 months. Health insurance benefits

will be reinstated upon your return to active employment.

### **How do I pay my insurance premiums?**

You have two options for paying your insurance premiums:

- **Pay by Check.** Please make your check payable to Franklin Covey and send to People Services, 2200 West Parkway Blvd., Salt Lake City, UT 84119.
- **Payroll Deduction.** Your benefit premiums may be deducted from applicable military leave pay and/or PTO pay you receive from Franklin Covey.

### **Will I be eligible for reemployment following military leave?**

Under USERRA, you are entitled to reemployment rights if you meet five eligibility criteria:

1. You currently hold a civilian job with Franklin Covey;
2. You provide advance notice to your manager or People Services that you are leaving the job for service in the uniformed services;
3. Your period of military service does not exceed five (5) years;
4. You are released from service under honorable conditions; and
5. You report back to your job at Franklin Covey in a timely manner or submit a timely application for reemployment.

However, Franklin Covey is not required to reemploy you if:

- You are discharged from the military and the discharge is not honorable;
- Your original employment was only temporary or of short duration;



- Franklin Covey’s circumstances have changed so much that reemployment is impossible or unreasonable; or
- Your reemployment would cause Franklin Covey significant difficulty and expense.

**How much time do I have to return to work following my leave?**

Time limits for returning to work depend on the duration of your orders. Under USERRA, you must return to work by the following deadlines:

Length of Military Service	Time Limit to Return to Work
Service of 1 to 30 days	The beginning of the next regularly scheduled work period on the first full day following completion of service and expiration of an 8-hour rest period following safe transportation home.
Service of 31 to 180 days	Application for reemployment must be submitted within 14 days following completion of military service.
Service of 181 or more days	Application for reemployment must be submitted within 90 days following completion of military service.

If you fail to report to work or apply for reemployment within the specified time limits, you will be subject to Franklin Covey’s rules governing unexcused absences or job abandonment.

**Software and Hardware Standards**

FranklinCovey has standardized on software applications to meet the business needs of all Associates and Teams. For an updated list of standardized software

and hardware available, please go to the following link:

<https://www.dropbox.com/s/k8tp511c70qslqm/FCSWandHWStandards.xlsx?dl=0>

Software which is installed on all FC computers is paid for by the company. Software which is allowed and considered a “one off” for individuals or small teams, will be charged directly to your department and requires a manager’s approval. The list clearly states costs and which items are provided and paid for by FranklinCovey

Requests for software or hardware which is not on the standards list may be submitted to the Help desk with the Subject “Non-Standard Software” and/or “Non-Standard Hardware” Request.

Those who work at Headquarters and have a Home Office, must designate a primary workplace. The primary workplace may have up to two monitors and a docking station. Non-primary offices will not be supplied with duplicate equipment. If you require an ADA accommodation for a primary or non-primary office equipment, this request must be sent to HR. HR will notify the Help desk to order the approved equipment.

All requests for non-standard hardware and software will be reviewed by the Operations Committee biweekly. Approved requests will be either considered as a new “standard” (paid for by FC) or “allowed” and charged to your department if approved for individual or team use. You and your manager will be notified of approved items and the cost which will be charged to your department, in advance of a purchase.