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Welcome to Motor Parts & Equipment Corporation (MPEC)

We are glad that you are a member of our employee team!

MPEC is proud of its reputation for providing quality products and service to our customers. This reputation is based upon the continued efforts of our fine employees. We look forward to a mutually beneficial employment relationship with you.



This Manual is designed to provide you with an outline of the policies governing your employment with MPEC as well as the benefits that may be provided to you as an employee. THIS MANUAL IS NOT INTENDED TO CONSTITUTE NOR SHOULD IT BE CONSTRUED AS A CONTRACT BETWEEN YOU AND MPEC. This Manual replaces all prior manuals and manuals given to you and the provisions of those prior manuals or manuals are no longer in effect. MPEC reserves the right, in its sole discretion, to revise, amend, alter, rescind, or deviate from the provisions of this Manual, including the benefits provided herein, with or without advance notice to its employees. Employment with MPEC is "at-will" and, therefore, may be terminated by either the Corporation or the employee at any time with or without advance notice.

Sincerely,

MOTOR PARTS & EQUIPMENT CORPORATION

A handwritten signature in black ink that reads "J.D.H." in a cursive style.

JOSEPH D. HANSBERRY, President

Open Door Policy

I. EQUAL EMPLOYMENT OPPORTUNITY

A. Open Door Policy

Consistent with the Corporation's long-standing "open door" policy, employees are encouraged to address problems, grievances, issues, and concerns with any manager or supervisor of the Corporation. In most situations, those issues should first be addressed to the employee's direct supervisor. However, every employee should feel free to discuss any question, concern, grievance, or issue with any Corporation manager or supervisor. Concerns or complaints involving alleged breaches of the Corporation's antidiscrimination and anti-harassment policies (see below) should be processed consistent with the applicable policies.

It is the purpose of the "open door" policy to attempt to address employee concerns at the earliest possible opportunity. If employees are dissatisfied by the response received from their manager or supervisor, they are encouraged to request an "open door" meeting with the Corporation's President.

B. Equal Employment Opportunity Statement

MPEC is an equal employment opportunity employer. In employment decisions including, but not limited to, hiring, compensation, promotion, demotion, lay-off, recall, discipline and discharge, the Corporation will not discriminate against employees or applicants for employment on the basis of race, color, sex, sexual orientation, national origin, ancestry, religion, age, handicap/disability, marital status, unfavorable discharge from the military service, or for any other unlawful reason.

C. Anti-Harassment/Anti-Discrimination Policy

All MPEC employees have a right to work in an environment free from all forms of discrimination and harassment based on any characteristic protected by law. Such conduct will not be tolerated. All employees should, therefore, be aware of the following:

1. Sexual harassment is strictly prohibited. Examples of sexual harassment include unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct directed against an individual because of his or her sex when submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment; when submission to or rejection of such conduct is used as the basis for employment decisions affecting such individual; or such conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creates an intimidating, hostile or offensive work environment.
2. Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of a characteristic protected by law, and/or that: (i) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work performance; or (iii) otherwise adversely affects an individual's employment.

Harassing conduct may include, but is not necessarily limited to: epithets, slurs, or negative stereotyping, threatening, intimidating or hostile acts directed against an employee or an employee's family, friends, or acquaintances; and written or graphic material (such as pictures, posters, cartoons, or jokes) that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the employer's premises or is circulated in the workplace.

3. Any individual found to have engaged in sexual or any other form of harassment will be subject to discipline, up to and including discharge.
4. Any employee who believes that he/she has been the subject of sexual or any other form of harassment by anyone in the workplace (including without limitation supervisors, co-workers, any person who does business with MPEC, or any other person who happens to be on MPEC's premises) should, and is encouraged to, bring the matter to the attention of the President of the Corporation or, alternatively, to any officer of the corporation. Employees should report conduct that makes them uncomfortable before it becomes severe or pervasive. A complaining employee should feel free, if possible and if it would make the employee more comfortable, to approach a member of management who is of the same gender, religion, ethnicity, etc., as the employee.

Anti-Harassment/Anti-Discrimination Policy (cont.)

5. A prompt and thorough investigation of the alleged incident will be conducted to the extent possible, and appropriate corrective action will be taken if warranted. To the extent consistent with adequate investigation, appropriate corrective action and the company's legal obligations, any complaints of harassment will be treated as confidential.
6. MPEC will not in any way retaliate against an individual who, in good faith, makes a complaint or report of harassment, or participates in the investigation of such a complaint or report. Retaliation against any individual for in good faith reporting a claim of harassment or cooperating in the investigation of such a complaint or report will not be tolerated and will itself be subject to appropriate discipline.

II. ORIENTATION PERIOD AND SENIORITY

A. Orientation Period

Every new employee goes through an initial period of adjustment in order to learn about the Corporation and about his or her job. During this time, the employee will have an opportunity to find out if he or she is suited to, and likes, the new position.

Additionally, the orientation period gives the employee's supervisor a reasonable period of time to evaluate the employee's performance. The orientation period is ninety (90) days of continuous active employment.

During this time, the new employee will be provided with training and guidance. Moreover, during this period, the new employee may not be eligible for certain benefits. He or she may be discharged at any time during or at the end of this period if the supervisor concludes that the employee is not progressing or performing satisfactorily. Under appropriate circumstances, the orientation period may, in the discretion of MPEC, be extended.

Nothing in the orientation period policy is intended to alter the employee's status as an at-will employee. Successful completion of the orientation period does not constitute a promise of continued employment and the new employee may be terminated for any lawful reason at any time, with or without cause or notice.

B. Seniority

Seniority is defined as an employee's continuous length of service with the Corporation from the employee's last date of hire. An employee who resigns or is terminated from employment with the Corporation and who is, thereafter, re-employed shall be considered to be a new employee. In the event of a lay-off or reduction in force, employees will generally be laid-off in accordance with their skill and ability to perform the remaining jobs (as such is determined by the Corporation). When the Corporation, in its sole discretion, determines that the relative skill, ability, qualifications and other relevant factors of two (2) or more employees is equal, seniority shall prevail in such determinations.

III. WORKING AT MPEC

A. Employee Categories, Wages, and Overtime

Each employee's wage/salary and adjustments thereto shall be determined by the Corporation based upon a review of the employee's skills, abilities and contributions to the Corporation's operations.

MPEC classifies employees for purposes of personnel administration and related payroll transactions in accordance with the following definitions. These classifications are used throughout this Employee Manual. Their meanings are as follows:

1. **Regular Employee** – An individual who is hired for a specific purpose or job for an indefinite period of time.
 - i. Full-time – An employee who, on average, is regularly scheduled to work at least thirty seven and a half (37.5) hours per week. Regular, non-exempt employees are entitled to receive overtime pay (i.e., one and one-half times hourly wage per hour worked in excess of forty (40) hours, as is consistent with the policies in this

Employee Categories, Wages, and Overtime (cont.)

manual). Regular, exempt employees are expected to work the time necessary to complete the tasks required of their jobs. Regular exempt employees are not eligible for overtime compensation.

- ii. Part-time – An employee who is regularly scheduled to work fewer than thirty-seven and a half (37½) hours per week at the Corporation. Generally, part-time employees are not eligible for benefits or overtime compensation, and are compensated at a set hourly rate of pay. To the extent a regular, non-exempt part-time employee works over forty (40) hours in a week, the employee will receive overtime pay (i.e., one and one-half times hourly wage per hour worked in excess of forty (40) hours, as is consistent with this manual). Part-time exempt employees are not entitled to overtime pay.
- iii. Orientation – An employee who is hired for the purpose of regular full-time or part-time employment, but who is placed in the orientation period.

2. Temporary Employee – An individual hired for a required purpose or job for a specific period of time.

- i. Full-time – An employee who is scheduled to work at least the standard working hours of the Corporation each week (for these purposes, 7½ hours per day, 5 days per week). Temporary, non-exempt employees are entitled to receive overtime pay (i.e., one and one-half times hourly wage per hour worked in excess of forty (40) hours, as is consistent with the policies in this manual). Temporary, salaried employees are expected to work the time necessary to complete the tasks required of their jobs. Temporary, salaried exempt employees are not eligible for overtime compensation.
- ii. Part-time – An employee who is scheduled to work fewer than forty hours per week at the Corporation. Generally, part-time temporary employees are not eligible for benefits, and are compensated at a set hourly rate of pay.

The Corporation will compensate each employee consistent with this policy by direct deposit in a bank account designated by the employee (or, if the employee prefers, by payroll check) on a semi-monthly basis.

B. Hours Worked

MPEC's work week begins on Monday and ends on the following Sunday. An employee's scheduled hours may differ depending on whether the employee is an employee who is exempt from overtime or whether the employee is an employee who is eligible for overtime compensation. Schedules may also differ depending on business needs. An employee's status as an "exempt" or "non-exempt" employee will be established at the time of hire or at the time of transfer from one position to another.

The Corporation reserves the right to establish and change the hours of work required of its employees, based on customer and staffing needs, unforeseen circumstances, etc. In the event that a change in scheduled hours is anticipated, the Corporation will provide as much advance notice to employees as is practicable. In order to meet the demands of its customers, MPEC reserves the right to require employees to work overtime where necessary. No employee is permitted to work overtime, however, without the prior approval of the employee's supervisor.

C. Attendance and Punctuality

All employees are expected to be at work on a regular basis and to report to work at their scheduled times. Excessive tardiness and/or absenteeism may result in disciplinary action, up to and including the termination of employment. Regular and reliable attendance is an essential function of all jobs.

Requests for time off should be made in advance, and approved by management. Doctor, dentist or other non-emergency appointments should be made so as to minimize any disruption of the work day (such as by making such appointments during non-work days or at the beginning or end of the work day or in conjunction with the lunch period), unless the appointment is a result of an emergency and, thus, unscheduled, an employee will not be excused from work unless the employee has provided at least 24 hours advance notice to the Supervisor with evidence of the need for the absence.

Employees who are unable to report to work due to illness or an emergency must contact their supervisor no later than one hour before their scheduled starting time; in the event the employee fails to provide timely notification of his/her absence and otherwise does not show good cause for this failure, the absence will be recorded as unexcused. An employee shall have voluntarily abandoned

Attendance and Punctuality (cont.)

his/her employment with MPEC if, within any twelve (12) month period: (1) the employee has three unexcused absences, no matter how long or short, that are not otherwise excused under a leave of absence policy set forth in this manual; or (2) the employee is absent from work for 2 consecutive days, without being excused or giving proper notification.

D. Time and Job Records

Employee time recording must be completed in order for an hourly full-time or part-time employee to be compensated. Time recording must identify the time that the employee began performing work and the time that the employee ended work and must be signed by the employee. Hourly employees must use the time record keeping system on no less than a daily basis and are expected to accurately reflect their actual hours of work. Neglect of this obligation and/or misrepresentation by an employee of hours worked may result in discipline up to and including termination.

E. Performance Evaluations

Employee evaluations may be conducted periodically by the Corporation to allow the Corporation and the employee the opportunity to review their employment relationship, and the employee's performance.

F. Rules and Discipline

It is the Corporation's philosophy to, whenever possible and practical, advise employees prior to termination of work-related performance and/or conduct difficulties. This philosophy notwithstanding, the Corporation recognizes that it is not always feasible to provide such advance counseling prior to termination in light of the seriousness of the involved infraction, misconduct or performance issue and/or the Corporation's business requirements.

The Corporation may publish and post for its employees a list of work rules. The current list of work rules is found in this Manual and its Appendix D, but, at its sole discretion, the Corporation may modify, change, eliminate, or add work rules. Employees are expected at all times to govern themselves in accordance with those work rules and to otherwise utilize appropriate business language and conduct while at work. The violation of such work rules or of other standards of performance and/or conduct may result in verbal or written warnings, disciplinary suspension or discharge, as such discipline or discharge is determined to be necessary in the Corporation's sole discretion.

G. Uniforms and General Appearance

The maintenance of appropriate business demeanor and attire is of the utmost importance to the Corporation and its reputation amongst its customers. In order to promote and maintain a professional appearance, the Corporation has instituted a Uniform and General Appearance Policy, applicable in all locations except as modified by local law or ordinance.

Uniforms

Through a contracted third-party provider, the Corporation will provide a rental quality uniform for each employee at a very cost competitive price for the Corporation and the employee. Under the Uniform Policy:

- Each employee, whether full or part time, will be required to wear a uniform;
- The Corporation will pay a portion of the uniform rental cost, and a portion will be paid by the employee through a payroll deduction. Each employee must execute the payroll deduction form attached hereto as Appendix G;
- Each supervisor at his or her respective location will be responsible for oversight and adherence to this Policy.

Details with respect to weekly costs, specific garments to be worn, and other provisions of the program will be provided to each employee under separate cover by their respective supervisors at each location. Employees will be notified in writing of any increase in cost or other significant changes in this Uniform Policy.

General Appearance

General Appearance

- Good personal hygiene is required at all times.
- Hairstyles should be in good taste and conform to contemporary business standards.
- Sparing amounts of cologne or perfume may be worn.
- Face jewelry/piercings must be removed before reporting to work. However, earrings may be worn.
- Facial hair, properly groomed, is acceptable.
- Uniforms and accompanying clothing must be kept clean and in good repair.

Conformity with this policy is a condition of employment. The Corporation may, in its discretion, require a nonconforming employee to leave the premises until he or she returns in compliance with the policy. Repeated nonconformity may result in discipline, up to and including termination.

H. Telephone Usage Policy

Good business dictates that MPEC telephones be restricted to the business of MPEC. Employees should inform their friends and relatives that they are to restrict their personal calls except in case of an emergency. Likewise, employees are asked to make outside calls of a personal nature only when absolutely necessary.

If an employee must make a long-distance call, the employee should inform the employee's supervisor. MPEC retains the right to charge employees for personal, long-distance calls.

I. Electronic Communication Policy

MPEC retains the right to monitor and review all Corporate equipment and devices, and to inspect all parts of the Corporate premises, and employees have no right or expectation of privacy in the use of such Corporate equipment. All employees should be aware that all aspects of MPEC's computer systems used in their jobs, including hardware and software, and all files created using or residing on such systems, remain the property of the Corporation at all times. Employees should be particularly aware that all e-mail systems and e-mail messages generated or received using any Corporate computer system remain the property of MPEC. All files residing on company computer systems, including e-mail messages, are subject to review by the Corporation. Employees should be especially aware that deleting an e-mail message from their in-boxes does not necessarily delete that message from the company's computer system, and such messages may be capable of retrieval. Employees' personal use of the internet and e-mail system are to be limited to urgent or emergency situations and should be made only during lunch breaks. Corporate communication equipment, including, but not limited to, computers and e-mail systems, may not be used for illegal or unethical or unauthorized personal purposes; unauthorized use by employees can lead to discipline up to and including discharge. MPEC retains the right to monitor and review all employee communications transmitted, viewed or otherwise accessed on Corporate equipment and devices.

J. Company Vehicles and Use of Vehicles During Course of Employment

Decisions made in regard to use of company vehicles and/or personal vehicles while performing services for or on behalf of MPEC reflect considerations of the position to which the employee is assigned and/or requirements imposed by one or more of our insurance carriers such as, for example, maintaining a valid, unrestricted license. Additionally, employees who utilize company vehicles are expected to adhere to the following guidelines:

- No employee under the age of 17 will be permitted to operate company vehicles without prior authorization.
- Safety and safe driving practices are of utmost importance.
- Employees whose job responsibilities include regular or occasional driving and who are issued or utilize a cell phone or other wireless communication device for business-use are expected to refrain from using it while driving. If acceptance or placement of a call is unavoidable, employees should pull off to the side of the road and safely stop the vehicle before using the phone. Under no circumstances are employees allowed to place themselves or others at risk to fulfill business needs.

Company Vehicles and Use of Vehicles During Course of Employment (cont.)

- All vehicles will be treated and driven with the same considerations one would give to their personal vehicle.
- All vehicles are "smoke-free." In no case will an employee be permitted to smoke in any MPEC vehicle.
- Any performance or technical problems (lights, brakes, engine, tires, etc.) must be reported immediately to the management.
- Unless extraordinary circumstances are evident, the penalties for civil violations (parking tickets or moving violations) will be paid by the employee involved.
- At no time will any non-employee of MPEC be allowed as a rider or driver in any vehicle owned or leased by MPEC without the expressed written permission of the management.
- All vehicles will be properly secured when not in use and will be parked in an appropriate safe and legal parking space.
- Company vehicles will be utilized for business purposes only unless otherwise authorized in writing by management.
- All products, including parts, are to be removed on weekends and/or holidays.
- All products considered "saleable" and temperature-sensitive will be removed from the vehicle when the vehicle is not in use.
- The ignition key is not to be left in an unattended vehicle.

K. Workplace Inspections

1. MPEC reserves the right to inspect equipment provided by the Corporation (including, but not limited to, lockers, desks, offices, etc.) and technological equipment (including, but not limited to, computers and computer memories, phone systems, etc.) provided for use by MPEC to its employees. MPEC also reserves the right to conduct inspections of employee property that is brought onto the Corporation's premises and into vehicles which are leased or owned by the Corporation.
2. In particular, whenever an employee is suspected of engaging in drug or alcohol use, MPEC may conduct unannounced general inspections and searches for drugs or alcohol on MPEC premises or in MPEC vehicles or equipment wherever located. Employees are expected to cooperate.
3. An employee's consent to a search is required as a condition of employment, and the employee's refusal to consent may result in disciplinary action, including discharge, even for a first refusal.
4. Illegal drugs, drugs believed to be illegal, and drug paraphernalia found on MPEC property will be turned over to the appropriate law enforcement agency and the full cooperation given to any subsequent investigation. Substances that cannot be identified as an illegal drug by a layman's examination may be turned over to a forensic laboratory for scientific analysis.
5. Other forms of contraband, such as firearms, explosives, and lethal weapons, will be subject to seizure during an inspection or search. An employee who is found to possess contraband on MPEC property or while on MPEC business will be subject to discipline up to and including discharge.

L. Smoking

It is MPEC's goal to comply with all local, state, and federal laws and regulations concerning all forms of smoking. MPEC wants to protect employees' health and welfare by regulating smoking in the workplace. No smoking whatsoever is permitted in MPEC's facilities. Further, smoking is not permitted on the Corporation's premises or in the Corporation's vehicles. To the extent an employee chooses to smoke, the employee must do so off the Corporation's premises or outside of the Corporation's vehicles.

Any violation of this policy will result in appropriate corrective disciplinary action, up to and including discharge.

M. Solicitation/Distribution

"Solicitation" is the process of enticement; generally, in the workplace, solicitation involves efforts to sell a particular product or idea. "Distribution" is the handing out of literature or other printed matters which, generally, is supportive of something being solicited. Solicitation and/or distribution may interfere with the operation of a safe and efficient workplace. Therefore, the Corporation's policy concerning solicitation and distribution is as follows:

Solicitation/Distribution (cont.)

1. *Non-employees:* Non-employees shall not be permitted to solicit or distribute on Corporation property at any time.
2. *Employees/Solicitation:* Employees shall be permitted to solicit on Corporation property only during the non-working time of both the employee soliciting and the employee being solicited. Non-working time is that time during which the involved employees are not expected to be actually performing job-related duties.
3. *Employees/Distribution:* Employees shall be permitted to distribute only during the same time they would be permitted to solicit. Additionally, any such distribution must occur only in non-working areas. Non-working areas include lunch areas, parking lots, etc. Employees are responsible for picking up any debris related to the distribution.

N. Statement on Unions

The existence of a union inevitably encroaches upon an individual employee's right to speak and act independently and upon management's ability to flexibly respond to each employee as an individual. By adding an outside third party to the employer-employee relationship, the existence of a union may restrict efficient and effective management. Consistent with this belief, all efforts to unionize the Corporation's employees will be opposed by the Corporation through the use of appropriate legal means.

O. Visitors

All business visitors to MPEC's facilities are required to register with a member of management. The manager or supervisor will come to the reception area to escort the visitor to the individual he or she is scheduled to meet. Employees are prohibited from having visitors (such as friends, relatives, and/or other individuals whose purpose is not related to the employee's work) while working, except in an emergency situation. Employees are responsible for informing friends, relatives, etc. of this policy. Violations of this policy may subject the employee to discipline, even in circumstances where an employee has not asked the visitor to come to MPEC.

IV. CONFIDENTIALITY

A. Confidentiality Policy

All records and information relating to MPEC, its customers, or its employees are confidential and employees must, therefore, treat them accordingly. The protection of MPEC business information, property and all other Corporation assets is vital to the interests and success of MPEC. No MPEC-related information or property (or information or property belonging to MPEC's customers) including, but not limited to, documents, files, records, computer files, equipment, individual salary or wage rates of employees and former employees, office supplies or similar materials may, therefore, be removed from the Corporation's premises (except in the ordinary course of performing duties on behalf of MPEC), nor may they be disclosed except by permission of the Board of Directors or officers of the Corporation.

In addition, when an employee leaves MPEC, the employee must return to the Corporation all MPEC-related information and property that the employee has in their possession, including without limitation, documents, files, records, manuals, information stored on a personal computer or on a computer disc, supplies, and equipment or office supplies.

All computer equipment, programs, and data are the property of the Corporation and are intended for Corporation use only. The Corporation reserves the right to inspect all computer equipment, software, and/or data at any time. Additionally, the Corporation may monitor any messages or electronic communications sent or received using its computers or software.

Information system users are responsible for helping to maintain security and data integrity. Users:

- should not give out user ID's and passwords to any other person;
- are responsible for backing up data on their computer on a regular basis; and,
- should not stay signed on to programs when they are away from their desks for an extended period of time.

Violation of this policy is a serious offense and will result in disciplinary action, up to and including discharge.

Confidentiality Policy (cont.)

Access to libraries not related to the performance of one's job assignment is viewed as inappropriate behavior. Such action is similar to going through another employee's desk drawers and files. Accordingly, such inappropriate behavior will be subject to discipline, up to and including discharge.

B. Conflict of Interest Policy

Employees may not engage in activities which conflict with the business interests of MPEC or impede their job performance at MPEC.

Employees are hired and continue in MPEC's employ with the understanding that MPEC is their primary employer and that other employment or commercial involvement which is in conflict with the business interests of MPEC, or affects the performance of the employee, is strictly prohibited.

In addition, no employee may accept any gift(s) with a total value of more than \$20.00 from any competitor, customer, supplier, affiliate or other entity with which MPEC does business.

Any breach of the above rules may result in disciplinary action, up to and including discharge.

V. PAID AND UNPAID LEAVE

A. Vacation

Full-time regular employees (as defined in this Manual) are eligible to receive paid vacation at their regular rate of pay/salary pursuant to the following schedule:

Length of Active Employment	Number of Weeks Vacation Pay
One (1) Year	One (1) Week (40 hours)
Three (3) Years	Two (2) Weeks (80 hours)
Fifteen (15) Years	Three (3) Weeks (120 hours)

Each eligible employee shall receive paid vacation at the employee's regular straight-time hourly rate or at his or her base salary, whichever is applicable.

Vacation time is determined based on the calendar year from January through December. For purposes of calculating vacation time:

1. an employee who is hired before July 1 in any given calendar year will earn one week's vacation in that calendar year (and to be taken in that calendar year); the next year (January through December) will be considered the employee's second year of active employment for purposes of vacation eligibility. Accordingly, the employee will earn one week's vacation in the second year, which vacation must be taken in that second year;

and,

2. an employee who is hired on or after July 1 in any given calendar year will not earn any vacation benefits that calendar year, and the next year (January through December) will be considered the employee's first year of active employment for purposes of vacation eligibility. Accordingly, the employee will earn one week's vacation in that calendar year, to be taken in that calendar year;

and,

3. vacation pay does not carry over from year to year and any vacation not taken by December 31 shall be forfeited;

and,

4. when an employee involuntarily or voluntarily leaves the employment of the Corporation, vacation benefits will be paid on a prorated basis. Note that employees earn vacation in the year in which it must be taken.

Vacation (cont.)

Vacations are scheduled on a first come, first served basis. If, however, there are conflicting vacation requests (as is determined by the business needs of the Corporation), which are submitted at the same time, then vacation will be scheduled based on seniority. Vacation benefits may be granted in excess of policy limits, in the sole discretion of a Corporate Officer. MPEC reserves the right to reject any vacation request that conflicts with the needs of the Corporation.

B. Personal Days

A full-time employee who has completed his/her orientation period, shall be eligible for two personal days which must be used in the year in which they are allocated, and are waived and forfeited if not used. An employee whose employment ends for whatever reason is not entitled to payment for unused accrued personal days.

C. Holidays

The Corporation reserves the right to create a holiday schedule. The Corporation will announce in January of each year the actual days and dates that will be observed as paid and non-paid holidays on which the Corporation is closed. Paid holidays will be included in the calculation of hours worked for purposes of payment of overtime.

D. Bereavement Leave

An employee may request paid time off from work in the event of death of the following immediate family members: spouse, child/step child, parent, parent in law, brother, sister, grandparent, grandchild.

Any request for time off pursuant to this policy should be directed to one's supervisor. The supervisor in his or her discretion will determine the amount of time the employee will be permitted to be excused from work. An employee will receive paid time off under this policy, but the maximum paid bereavement leave is 3 days per death, and only provided the employee submits the funeral service bulletin to his/her supervisor on the date the employee returns from the leave. Any bereavement leave exceeding 3 days will be unpaid.

An employee may request time off in the event of the death of an individual who is not an immediate family member. The employee's supervisor in his or her discretion will determine the amount of time that the employee will be permitted to be excused from work. An employee requesting bereavement leave for the death of a non-immediate family member must use his or her vacation for this purpose and, if the employee's vacation time is exhausted, the bereavement leave will be unpaid.

E. Military Leave

An employee who is a member of the United States Army, Navy, Air Force, Marines, Coast Guard, a member of the National Guard, or a member of the Reserves or Public Health Service will be granted a leave of absence in accordance with applicable law, for the purpose of fulfilling his or her mandatory active duty or civilian duty, or mandatory reserve duty obligation.

In order for the military leave to be approved, the employee must do the following: Upon receipt of orders for active or reserve duty, an employee is required to notify his or her supervisor, and submit a copy of the military orders to his or her supervisor.

Reinstatement of an employee returning from military leave will be made in accordance with the applicable state and federal laws. Except as required by law, leave taken under this provision is unpaid leave.

F. Jury Duty

A regular full-time employee who requires time off for mandatory jury duty or court appearances required as a result of a valid subpoena or court order is excused and paid at full salary or the applicable hourly rate, up to a maximum of five working days, provided that the employee: i) notifies his or supervisor as soon as practicable after receiving the jury summons; ii) uses the court call-in system, if available, to determine whether attendance is necessary; and iii) provides documentary proof of the jury duty or

Jury Duty

court appearance to his/her supervisor. The employee is expected to report for work when doing so does not conflict with court obligations. It is the employee's responsibility to keep his/her supervisor informed daily about the amount of time required for jury duty or court appearances.

A regular full-time employee is not entitled to paid time off under this policy for court appearances where the employee is a party to the legal proceedings, such as and including court appearances related to traffic violations committed by the employee, lawsuits brought by or against the employee, etc. The employee will be required to request time off for such legal proceedings under other applicable paid/unpaid leave policies.

G. Voting

MPEC encourages all employees to exercise their right to vote. Employees who, due to time restrictions and work requirements, are unable to vote before or after work should contact their supervisor concerning their rights under State law.

H. Unpaid Absence Due to Illness

All employees are required to be on time and have regular attendance. Regular attendance is an essential function of all employment positions maintained at MPEC.

Employees unable to report to work due to illness must telephone each day of their absence, no later than one hour before their scheduled start time. If an employee is unable to make the call personally, a family member or friend should make the call. An employee who fails to call for two (2) consecutive days may be considered as having voluntarily resigned. Compliance with this call-in policy is required, but does not necessarily mean that the absence will be excused or will not be considered in determining whether the employee's attendance meets the Corporation's requirements.

MPEC may require a written confirmation from a physician or licensed health care professional if the employee is absent due to illness or injury.

I. Unpaid Family and Medical Leave for All Eligible Employees

Employees may have the right to unpaid leave under certain circumstances pursuant to the federal Family and Medical Leave Act of 1993. A summary description of the Act's provisions is included at the back of this manual as Appendix H. However, an employee's right to leave pursuant to the Act will depend upon the provisions of the Act itself, and not the provisions of this paragraph or the summary description in the Appendix. Employees who believe they are entitled to and wish to take FMLA leave should notify the Corporation's President, identifying the reason for the leave and the employee's expected date of return.

The Corporation may, consistent with the Act, request additional information, including a medical certification, to verify the employee's eligibility for this leave. If the employee has failed to provide sufficient information to verify the need for the leave, the request for leave will be denied until such time as sufficient information is provided. In addition, if the leave involves an employee's serious health condition, the Corporation may require the employee to provide a fitness for duty certification before returning to work. The Corporation uses the "rolling time" method for determining the amount of FMLA leave to which an employee is entitled: i.e., eligible employees are entitled to twelve weeks of FMLA leave during each rolling twelve-month period, measured backward from the date an employee uses FMLA leave.

The Corporation reserves the right to designate any qualifying paid or unpaid leave as Family and Medical Leave Act leave in accordance with the Act and its regulations.

Any employee requesting paid leave, including vacation, as the result of: 1) the birth or adoption of a child (or placement of a foster child); 2) a serious health condition which makes the employee unable to work; or 3) a serious health condition of the employee's spouse, child, or parent, must inform the Corporation of that fact at the time they schedule their paid leave so that it may be coordinated with FMLA leave.

Unpaid Family and Medical Leave for All Eligible Employees (cont.)

J. Unpaid Family and Medical Leave for Wisconsin Employees

Employees who are regularly assigned to one of the Corporation's locations in the State of Wisconsin who are not eligible for leave under the federal Family and Medical Leave Act may nevertheless be eligible for unpaid leave under Wisconsin law. A summary of the Wisconsin's law is included at the back of this manual as Appendix I. However, an employee's right to leave pursuant to Wisconsin law will depend upon the provisions of the statute itself, and not the provisions of this paragraph or the summary description in the Appendix. Employees who believe they are entitled to and wish to take leave under Wisconsin law should notify the Corporation's President, identifying the reason for the leave and the employee's expected date of return.

K. Victims' Economic Security and Safety Act (VESSA) Leave of Absence for Illinois Employees

Pursuant to the Illinois Victims' Economic Security and Safety Act ("VESSA"), employees who are regularly assigned to work at a facility located in the State of Illinois are entitled to up to twelve weeks of unpaid leave during any twelve-month period if they are the victims of domestic violence or if they have a family or household member who is the victim of domestic violence and the leave is necessary to:

- 1) seek medical attention or counseling for injuries or psychological trauma;
- 2) obtain victim services;
- 3) relocate;
- 4) seek legal assistance; and/or
- 5) participate in a related court proceeding.

Leave taken pursuant to VESSA cannot be added to leave taken under the Family and Medical Leave Act ("FMLA"). In other words, if the reason for the leave would also qualify for FMLA leave and the employee is otherwise entitled to FMLA leave, the leave of absence will be credited against both FMLA and VESSA leave entitlement. Individuals who require a leave of absence under VESSA should notify the Corporation's President as soon as practicable before the need of the leave. The Corporation may require a certification of the need for the leave of absence and the purpose for which it will be used. Employees will be permitted to continue to participate in the Corporation's group health insurance during any periods of VESSA leave on the same terms and conditions as those applicable to active employees.

MPEC will respect the confidentiality and autonomy of any employee effected by domestic violence and will provide support and assistance based on the employee's individual need. Confidentiality will be maintained whenever possible, except to the extent disclosure is requested in writing by the employee or required by federal or state law.

L. Workers' Compensation Leave.

Employees who become disabled due to an on-the-job illness may be entitled to benefits under the workers' compensation laws. Workers' compensation leave requests must be made by using the appropriate workers' compensation leave form as soon as you become aware of your disabling condition. The form must contain a statement from your physician describing the nature of your condition and projected leave. You may be required to submit to an examination by a physician of the Corporation's choosing.

Workers compensation leave is ordinarily designated as either Family and Medical Act Leave (if the employee is entitled to such leave) or a personal leave of absence, and is subject to all of the terms and conditions of such leaves, including the maximum length of such leave and the length of time during which benefits are available. Employees who are unable to return to work at the conclusion of the maximum approved leave will be considered to have been terminated from employment.

The Corporation may also require that the employee furnish it with medical evidence satisfactory to the Corporation or that the employee submit to an examination by a physician of the Company's choosing regarding continued disability.

When the employee wishes to return from his or her workers' compensation leave, the employee must report his or her availability for work to the Corporation's President no less than one (1) week prior to the date on which he or she wishes to return. The Corporation may require that the employee submit to an examination by a physician of the Corporation's choosing to certify that the employee is fit to return to work or that the employee provides the Company with a physician's statement specifying that he

Workers' Compensation Leave (cont.)

or she is fit to return to work. If the employee's position is still open, he or she will be referred to it. If not, the Corporation may either offer the employee another open position for which the employee is qualified or place the employee on layoff until a position for which the employee is qualified becomes available.

M. Leave of Absence Without Pay

Should situations arise that temporarily prevent employees from working and that are not otherwise covered by paid or unpaid leaves of absences identified above, employees may be eligible for a personal leave of absence without pay. However, employees must have completed their orientation period prior to the requested leave.

Requests for leaves of absence without pay are reviewed on a case-by-case basis by supervisors/managers and the President of the Corporation. The decision to approve or disapprove is based on the circumstances, the length of time requested, the employee's job performance and attendance and punctuality record, the reasons for the leave, the effect the employee's absence will have on the work in the department and the expectation that the employee will return to work when the leave expires.

Leaves of absence will be considered only after all vacation has been exhausted. Allowable leaves of absence for eligible employees may be granted for up to sixty (60) calendar days. Except as otherwise required by law, leaves of absence under this policy may total no more than 60 days within any two-year period.

Employees must pay their medical insurance premiums in advance. Unemployment insurance benefits cannot be collected while on a leave of absence without pay.

Any planned salary increase for an employee returning from a leave of absence without pay will be deferred by the length of the leave.

When employees are ready to return from leaves of absence without pay, every effort will be made to reinstate the employees to their former positions or to positions with similar responsibilities. If the position or a similar position is unavailable, the employee will be terminated.

Employees who return to work following leaves will be considered as having continuous service. If employees do not return from leaves, the termination date is the last day of the authorized leave period or the date the employees notify their supervisor that they are not returning, whichever is sooner. Such employees may be considered for re-employment.

N. Benefits During Unpaid Leaves of Absences.

If the employee is participating in the Corporation's group health insurance plan at the beginning of any approved unpaid leave of absence, the Corporation will continue to pay its portion of any group health insurance premiums during the first twelve weeks of that approved leave of absence. If an employee is still on an approved leave of absence at the expiration of that twelve-week period, the employee may be eligible to continue to participate in the Corporation's group health plan, at the employee's own expense, in accordance with federal law. Employees on unpaid leaves of absence will not continue to accrue vacation or paid leave or be eligible for paid holidays.

VI. EMPLOYEE BENEFITS

This section of the Manual describes the benefits that may be available to certain employees of MPEC, depending upon their job classification and status. Eligibility and other factors are governed by the Plan Documents applicable to those benefit plans. In addition, while this Manual sets forth general descriptions of the benefit programs, the benefits may also be described by a Plan Document and/or Summary Plan Description. In that event, any inconsistencies between the general descriptions set forth in the Manual and the terms described in the Plan Document/Summary Plan Description shall be controlled by the Plan Document and/or Summary Plan Description.

The Corporation reserves the right, in its discretion, to determine eligibility for these benefits and the types of benefits to be provided. The Corporation also reserves the right to revise or rescind these benefits programs in its discretion.

Health Insurance

A. Health Insurance

At its discretion, the Corporation maintains a health insurance plan. For eligibility information and a description of the Plan, please refer to the summary plan description.

B. 401K Plan

The Corporation currently maintains a qualified 401K Plan for certain eligible employees. For eligibility information and a description of the Plan, please refer to the 401K booklet.

C. Section 125 Plan

The Corporation maintains a Section 125 Plan to allow employees to pay for certain benefits through the use of pre-tax dollars. For eligibility information and a description of this benefit, please consult the Section 125 plan booklet.

D. Employee Purchases of Corporation Products

Employees are allowed to purchase any and all products regularly sold by the Corporation. Such purchases must be made on a cash basis at the time of purchase.

E. Worker's Compensation

The Corporation maintains worker's compensation insurance coverage as required by the laws of the State of Illinois and the State of Wisconsin.

F. Unemployment Insurance

The Corporation maintains unemployment insurance coverage in accordance with the laws of the State of Illinois and the State of Wisconsin.

G. Long Term Disability Insurance

At its discretion, the Corporation maintains a long term disability insurance plan. For eligibility information and a description of the Plan, please refer to the summary plan description.

VII. PRE-EMPLOYMENT REQUIREMENTS

Applicants will be subject to the requirements listed on Appendix F hereto prior to beginning employment. Falsification of any information given during the application process will be grounds for discipline, up to and including termination.

VIII. DRUG AND ALCOHOL POLICY

Employees are an extremely valuable resource for the Corporation. Their health and safety is a serious concern. Drug and alcohol use may pose a serious threat to employee health and safety and to the health and safety of other persons. Furthermore, employees have a right to work in an alcohol and drug-free environment and to work with employees free from the effects of

Drug and Alcohol Policy (cont.)

alcohol and drugs. Employees who abuse or use drugs and/or alcohol during work hours are a danger to themselves, their co-workers and the Corporation's assets.

To help ensure a safe, healthy, and productive work environment for our employees and others, to protect Corporation property, and to ensure efficient operations, the Corporation has adopted a policy of maintaining a workplace free of drugs and alcohol. Specifically, it is the policy of the Corporation that the use, sale, purchase, transfer, possession or presence in one's system of alcohol and/or any controlled substance by any employee while on the Corporation's premises, engaged in Corporation business, while operating Corporation equipment, or while under the authority of the Corporation, is strictly prohibited. The sole exception to this policy is the use of prescribed medications used pursuant to and in accordance with the instructions of a physician who is familiar with the employee's duties and who has advised the employee that the medication does not adversely affect the employee's ability to perform the functions of his or her job, including without limitation the operation of any equipment which that employee may be responsible for operating. Violation of this policy will result in disciplinary action, up to and including immediate termination.

The Company conducts random drug testing of its employees. In addition, the Corporation reserves the right to require employees to submit to drug and alcohol testing when such testing is job-related and consistent with business necessity, including without limitation: i) when the Corporation has a reasonable suspicion that the employee has violated this policy; ii) if the Corporation receives a credible allegation from an employee, customer or other third party that the employee has violated this policy; iii) if drugs or alcohol are found in areas to which the employee has exclusive access or over which the employee has control; and iv) in the event the employee is involved in an accident that results in an injury to any person or damage to property.

Employees are required to cooperate with any required testing. Refusal or failure to cooperate will be treated the same as a positive test result. Refusal or failure to cooperate will include without limitation refusal to go to the designated collection site when directed to do so, refusal to provide a required sample, and/or providing an adulterated or diluted sample.

IX. SEPARATION FROM EMPLOYMENT

Every MPEC employee has the status of "employee-at-will," meaning that no one has a contractual right, express or implied, to remain in MPEC's employ. MPEC may terminate an employee's employment, or an employee may terminate their employment, with or without cause, and with or without notice, at any time. No supervisor or other representative of the Corporation (excluding corporate officers) has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above.

Upon the termination of employment, an employee is required to return all property (such as, for example, keys, uniforms, etc.), materials, or written information issued to the employee.

Final compensation will be paid on the next regular pay period following the employee's termination, at which time the employee may pick up his/her final compensation payment from the employee's immediate supervisor. Final paychecks will be mailed only if the employee submits such a request in writing.

When an employee decides to leave for any reason, his/her supervisor and/or the President of the Corporation would like the opportunity to discuss the resignation before final action is taken. MPEC often finds during such conversation that another alternative may be better.

Appendix A

Orientation Checklist

Verify that employee's personnel file contains the following:

- Resume (if submitted)
- Application
- Reference check data

Verification of:

- Education/credentials (as applicable for position)
- Driver's license/history (if employee will be driving company vehicle)
- Consumer credit report (as applicable for position)
- Drug/Alcohol Test

Ask new employee to complete and sign:

- INS Form I-9, Employment Eligibility Verification
- Employment agreement
- Signed form acknowledging receipt of employee manual
- W-4 Form
- Personal data sheet
- Request for identification card
- Coverage election and beneficiary designation for plans(as applicable)
- _____(plan name)
- _____(plan name)
- _____(plan name)
- Direct-deposit request
- Receipt of Orientation Materials/Information

Management Signature: _____

Date: _____

Appendix B

Verification and Receipt of Company-Provided Information and Acknowledgement of Employment At-Will

I, _____, acknowledge that the Employee Manual does not constitute a "contract" between me and MPEC and that MPEC may revoke, amend or deviate from the Manual's terms at any time. I agree that the Manual replaces any prior manuals, manuals or policies that I may have previously received and that such prior manuals, manuals, or policies are no longer in force or effect. My employment with MPEC is one "at-will" that may be terminated at any time and for any reason, with or without advance notice.

I further acknowledge that I have read the provisions of the Employee Manual, the Safety Rules, and Employee Conduct Work Rules. I understand my obligations as outlined therein and agree to abide by the rules, policies, and practices established in the Manual and accompanying safety and conduct rules while employed by MPEC.

In addition, I acknowledge receipt of MPEC's:

- Employee Manual
- Employee Conduct and Work Rules
- Safety Rules and Responsibilities
- Uniform Policy
- Benefit booklets (i.e., summary plan descriptions) explaining:
 - _____(plan name)
 - _____(plan name)
 - _____(plan name)

As part of my orientation, I have also been provided with an explanation of the following:

- Benefits (eligibility, scope, and benefits)
 - 401k/Pension plan
 - Medical Insurance
 - Vacation Policy
 - Holiday Policy
 - Sick/Personal Days Policy
 - Other Leave Policies, including the Bereavement Leave Policy, Jury Duty Policy, Military Leave Policy, FMLA Policy, VESSA Policy

Appendix B (cont.)

Personnel Policies

- Non-Harassment/Non-Discrimination Policy
- Orientation Period
- Attendance and Punctuality Policy
- Employee Work Rules and Discipline Policy
- Time and Job Records Policy
- Job Performance and Evaluation Procedures
- Uniform Policy
- Telephone Usage Policy
- Company Vehicles and Use of Vehicles Policy
- Workplace Inspection Policy
- Smoking Policy
- Confidentiality/Conflict of Interest Policy
- Drug/Alcohol Free Policy
- Termination Policy and Procedures
- Workplace Safety Policy

Payroll Information and Policies (as applicable to employee)

- Employee's Classification and Job Title
- Rate of Pay
- Overtime
- Hours Worked
- Pay periods (when to expect first paycheck, subsequent checks)
- Payroll deductions

Employee Signature: _____

Date: _____

Appendix C

Safety Rules and Responsibilities

1. All MPEC employees must abide by established safety practices and promptly report any unsafe conditions to their supervisor.
2. Employees are required to observe and obey Corporation safety rules and common safety practices.
3. Acts that endanger the safety or well being of employees are prohibited.
4. When lifting, employees should bend their knees and use the large muscles of their legs instead of the small muscles of their back. Employees are to use good judgment in lifting heavy items and should ask for assistance when needed.
5. Employees are prohibited from handling or tampering with electrical equipment, machinery or chemicals if it is not within the scope of their responsibilities. Only authorized personnel are permitted to make repairs.
6. Materials and inventory are to be stored and stacked properly and safely.
7. Smoking is prohibited anywhere on the premises owned or leased by MPEC or in any company-owned/leased vehicles.
8. Forklifts are to be driven safely by authorized and trained employees only.
9. All employees are required to clean up or report any liquid or material on the floors that may cause injury.
10. Running in the building is prohibited.
11. Reckless driving on Corporation property (either inside or outside the building) is prohibited.
12. Employees are required to immediately report all injuries to the supervisor so that arrangements can be made for first aid or medical treatment.
13. All emergency exits, aisles, passageways, and fire extinguishers are to remain accessible at all times. Accordingly, employees are not to block or otherwise restrict access to these areas, or remove the fire extinguisher unless it is needed. Employees are to be aware of existing fire exit plans and the location of their department's fire extinguishers.

Appendix D

Employee Conduct and Work Rules

To ensure orderly operations and provide the best possible work environment, MPEC expects employees to follow rules of conduct that will protect the interests and safety of all employees and the Corporation.

The stated policy is intended as a guideline for administering discipline. It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. In the event of an infraction of any rules of conduct, MPEC may elect to work with the employee to improve his or her conduct. MPEC may in its discretion, engage in any or all of the following disciplinary actions:

- 1st infraction – Verbal Warning
- 2nd infraction – Written Warning
- 3rd infraction – Suspension and/or Termination

MPEC is not required, however, to take these disciplinary actions sequentially or to take them all prior to terminating an employee whose conduct it deems unacceptable. Examples of infractions of rules of conduct include, but are not limited to:

1. Leaving regular work station or department during working hours without authorization.
2. Leaving premises without punching out.
3. Failing to timely return to work station or department following an authorized break.
4. Failing to "punch" time clock in/out.
5. Excessive or unexcused absences or tardiness.
6. Engaging in boisterous or disruptive activity in the workplace.
7. Smoking on company owned/leased premises or company-owned/leased vehicles.
8. Recklessly driving company vehicles or personal vehicles in the course of conducting the company's business or while on company property, or driving without a valid driver's license.
9. Reading non-work-related materials outside of authorized break areas.
10. Making excessive personal or unauthorized telephone calls during work time.
11. Using computers, mail system, or other employer-owned equipment without authorization.
12. Misusing or tampering with company tools, equipment or machinery.
13. Failing to satisfactorily perform job duties.
14. Loafing, loitering, or visiting with co-workers during working hours.
15. Carelessly performing duties which leads to, or results in minimal wasted or damaged materials or damaged tools or equipment.
16. Engaging in acts that endanger the safety or well being of self or others.

Appendix D (cont.)

17. Failing to report injury, no matter how minor, to supervisor immediately after occurrence.
18. Failing to use required or available safety devices or equipment/protection (when required).
19. Breach of trust or dishonesty.
20. Falsifying time keeping records (including "punching" or marking another employee's time card) or falsifying other company records, or intentionally giving false or misleading information to anyone whose duty it is to make such records.
21. Stealing or removing without authorization company property or the property of others.
22. Willful violation of an established policy or rule.
23. Engaging in conduct which results in damage to or destruction of company property or the property of another.
24. Insubordination.
25. Using threatening, abusive, offensive or belligerent language to management, supervisor, co-worker, and/or customer.
26. Participating in harassing, discriminating, or offensive conduct or engaging in conduct which is inappropriate.
27. Inappropriate use of computer or e-mail, including downloading copyright material; downloading inappropriate and offensive material; sending threatening, inappropriate, harassing, offensive, or slanderous e-mail.
28. Fighting with or attempting to cause bodily harm to another.
29. Possessing firearms, explosives, weapons, or other dangerous/unauthorized materials or devices on company property.
30. Possessing, distributing, transferring, using, or being under the influence of intoxicants, including alcohol and illegal drugs, while on company property or while operating company vehicle or equipment.
31. Disclosing business "secrets" or confidential information without authorization.
32. Engaging in conduct which conflict's with the best interest of the Corporation.
33. Excessive unexcused absences or tardiness.
34. Using or possessing personal cellular telephone(s) or communication devices is prohibited during work hours.

Appendix E

Insurance Premium Recovery Authorization Form

Employee Name: _____

I, _____, am hereby requesting a leave of absence pursuant to the Family and Medical Leave of Absence Policy or pursuant to the Non-FMLA Leave of Absence Policy. I understand that if my request for a leave of absence is approved pursuant to that policy, I may continue my coverage under the Corporation's group health plan during my leave by making arrangements with the Corporation to pay my own portion of the premium contribution.

I further understand and agree that if my leave of absence request is approved, and I elect not to return to work at the expiration of my approved leave of absence, the Corporation shall be entitled to recover from me personally the cost of premiums which the Corporation paid, if any, to maintain my (and my dependent(s), if applicable) group health plan coverage during the period of leave of absence.

I hereby agree that if I elect not to return to work from an approved leave of absence, I will reimburse the Corporation for the cost of all premiums which the Corporation paid to maintain my (and my dependent(s), if applicable) group health plan coverage during the period of leave of absence.

Employee Signature: _____

Date: _____

Appendix F

Preemployment Requirements

All applicants for employment are advised that MPEC imposes the following requirements on its applicants and employees:

- All applicants to whom a conditional offer of employment is made will be required to undergo a pre-employment physical prior to beginning employment, which will include drug and alcohol testing.
- All new employees are required to provide proof of legal eligibility for employment when they begin employment by completing a Form I-9 and providing the documentation required in connection with that form.
- MPEC conducts regular random drug testing on its employees.

Appendix G

Authorization for Payroll Deduction

I, _____, hereby authorize MPEC to deduct the amount of \$_____ from each paycheck to pay for my portion of the cost of renting my MPEC uniform. I agree that this authorization shall remain in effect, and MPEC may rely on this authorization, until such time as I revoke it in writing.

Employee Signature: _____

Date: _____

Appendix H

Federal Family and Medical Leave Act Rights

(applicable to both Illinois and Wisconsin Employees)

Your Rights under the Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

Employees are eligible if they have worked for their employer for at

least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances.

Reasons for Taking Leave:

Unpaid leave must be granted for any of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Unlawful Acts by Employers:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA;
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information:

If you have access to the Internet visit our FMLA website: <http://www.dol.gov/esa/whd/fmla>. To locate your nearest Wage-Hour Office, telephone our Wage-Hour toll-free information and help line at 1-866-4USWAGE (1-866-487-9243); a customer service representative is available to assist you with referral information from 8am to 5pm in your time zone; or log onto our Home Page at <http://www.wagehour.dol.gov>.



U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division
Washington, D.C. 20210

Appendix I

Wisconsin Family and Medical Leave Act Rights

(applicable only to employees of facilities located in Wisconsin)

Wisconsin Family and Medical Leave Act

Section 103.10, Wisconsin Statutes, requires that all employers with 50 or more employees display a copy of this poster in the workplace. Employers with 25 or more employees are required to post their particular leave policy

Under state law all employers with 50 or more permanent employees must allow employees of either sex:

- **Up to six (6) weeks leave in a calendar year for the birth or adoption of the employee's child, providing the leave begins within sixteen (16) weeks of the birth or placement of that child.**
- **Up to two (2) weeks of leave in a calendar year for the care of a child, spouse or parent with a serious health condition.**
- **Up to two (2) weeks leave in a calendar year for the employee's own serious health condition.**

This law only applies to an employee who has worked for the employer more than 52 consecutive weeks and for at least 1000 hours during that 52-week period. The law also requires that employees be allowed to substitute paid or unpaid leave provided by the employer for Wisconsin Family and Medical Leave. Employers may have leave policies, which are more generous than leaves required by the law.

A complaint concerning a denial of rights under this law must be filed within 30 days after the violation occurs or the employee should have reasonably known that the violation occurred, whichever is later.

For answers to questions about the law, a complete copy of the law, or to make a complaint about a denial of rights under the law contact:

**STATE OF WISCONSIN
DEPARTMENT OF WORKFORCE DEVELOPMENT
EQUAL RIGHTS DIVISION**

201 E WASHINGTON AVE ROOM A300
PO BOX 8928
MADISON WI 53708

819 N 6th ST
ROOM 255
MILWAUKEE WI 53203

Telephone: (608) 266-6860
TTY: (608) 264-8752

Telephone: (414) 227-4384
TTY: (414) 227-4081

Website: <http://dwd.wisconsin.gov/er/>

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us..

Request for Family and Medical Leave of Absence

Employer Response to Employee
Request for Family or Medical Leave
(Optional Use Form -- See 29 CFR § 825.301)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



(Family and Medical Leave Act of 1993)

Date:

OMB No. : 1215-0181

Expires : 08-31-07

To: _____
(Employee's Name)

From: _____
(Name of Appropriate Employer Representative)

Subject: REQUEST FOR FAMILY/MEDICAL LEAVE

On _____, you notified us of your need to take family/medical leave due to:
(Date)

- The birth of a child, or the placement of a child with you for adoption or foster care; or
- A serious health condition that makes you unable to perform the essential functions for your job; or
- A serious health condition affecting your spouse, child, parent, for which you are needed to provide care.

You notified us that you need this leave beginning on _____ and that you expect
(Date)
leave to continue until on or about _____.
(Date)

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period for the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.

This is to inform you that: (check appropriate boxes; explain where indicated)

1. You are eligible not eligible for leave under the FMLA.
2. The requested leave will will not be counted against your annual FMLA leave entitlement.
3. You will will not be required to furnish medical certification of a serious health condition. If required, you must furnish certification by _____ (insert date) (must be at least 15 days after you are notified of this requirement), or we may delay the commencement of your leave until the certification is submitted.
4. You may elect to substitute accrued paid leave for unpaid FMLA leave. We will will not require that you substitute accrued paid leave for unpaid FMLA leave. If paid leave will be used, the following conditions will apply: (Explain)

Request for Family and Medical Leave of Absence (cont.)

5. (a) If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment have been discussed with you, and it is agreed that you will make premium payments as follows: *(Set forth dates, e.g., the 10th of each month, or pay periods, etc. that specifically cover the agreement with the employee.)*
- (b) You have a minimum 30-day *(or, indicate longer period, if applicable)* grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, *provided* we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work. We will will not pay your share of health insurance premiums while you are on leave.
- (c) We will will not do the same with other benefits (e.g., life insurance, disability insurance, etc.) while you are on FMLA leave. If we do pay your premiums for other benefits, when you return from leave you will will not be expected to reimburse us for the payments made on your behalf.
6. You will will not be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.
7. (a) You are are not a “key employee” as described in § 825.217 of the FMLA regulations. If you are a “key employee:” restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us as discussed in § 825.218.
- (b) We have have not determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. *(Explain (a) and/or (b) below. See §825.219 of the FMLA regulations.)*
8. While on leave, you will will not be required to furnish us with periodic reports every _____ *(indicate interval of periodic reports, as appropriate for the particular leave situation)* of your status and intent to return to work *(see § 825.309 of the FMLA regulations)*. If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the reverse side of this form, you will will not be required to notify us at least two work days prior to the date you intend to report to work.
9. You will will not be required to furnish recertification relating to a serious health condition. *(Explain below, if necessary, including the interval between certifications as prescribed in §825.308 of the FMLA regulations.)*

This optional use form may be used to satisfy mandatory employer requirements to provide employees taking FMLA leave with Written notice detailing specific expectations and obligations of the employee and explaining any consequences of a failure to meet these obligations. (29 CFR 825.301(b).)

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Public Burden Statement

We estimate that it will take an average of 5 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE OFFICE SHOWN ABOVE.

Certification of Health Care Provider

Certification of Health Care Provider
(Family and Medical Leave Act of 1993)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



(When completed, this form goes to the employee, **Not to the Department of Labor.**)

OMB No.: 1215-0181
Expires: 08-31-2007

1. Employee's Name

2. Patient's Name (If different from employee)

3. Page 4 describes what is meant by a "**serious health condition**" under the Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____, or None of the above _____

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present **incapacity**² if different):

b. Will it be necessary for the employee to take work only **intermittently** or to **work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated ²and the likely duration and frequency of **episodes of incapacity**²:

¹Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

²"Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

Certification of Health Care Provider (cont.)

Revised December 1999

6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:

c. **If a regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind?

b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)?
If yes, please list the essential functions the employee is unable to perform:

c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?

Certification of Health Care Provider *(cont.)*

8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?

b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?

c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

Certification of Health Care Provider (cont.)

A “**Serious Health Condition**” means an illness, injury impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity² or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity² of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity² relating to the same condition), that also involves:

- (1) **Treatment³ two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- (2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment⁴** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**.

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

- (1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- (2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and
- (3) May cause **episodic** rather than a continuing period of incapacity² (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **Incapacity²** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of Incapacity² of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), and kidney disease (dialysis).

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification (29 CFR 825.306).

Note: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

³Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition.

Treatment does not include routine physical examinations, eye examinations, or dental examinations.

⁴A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

Public Burden Statement

We estimate that it will take an average of 20 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE; IT GOES TO THE EMPLOYEE.

Request for Family and Medical Leave of Absence WISCONSIN

State of Wisconsin
 Department of Workforce Development
 Equal Rights Division
 Civil Rights Bureau

Family and Medical Leave Request

Personal information you provide may be used for secondary purposes. [See Section 15.04 (1)(m), Wisconsin Statutes for details.]

Employee Name		
Reason and Amount of Leave Requested		
<input type="checkbox"/> Birth, adoption or as a pre-condition to adoption of employee's child for:		
Number of Weeks	Number of Days	Number of Hours
<input type="checkbox"/> Serious illnesses of employee's child, spouse or parent		
Number of Weeks	Number of Days	Number of Hours
<input type="checkbox"/> For my own serious illness:		
Number of Weeks	Number of Days	Number of Hours
Date leave will begin		
Date employee will return		
<p>Notes:</p> <ol style="list-style-type: none"> 1. If you are unable to return on the date noted, you must notify the employer prior to that date. 2. If your leave schedule is not yet known or other arrangements are necessary, please explain on the reverse side what must be done before your schedule can be confirmed. 3. If you are requesting intermittent leave, please attach a schedule. Leave may be taken in the smallest increment allowed by the employer for any other type of leave. 		
Employee's Signature		
Date Signed		

(This suggested form may be reproduced by employers)

Physician Certification WISCONSIN

State of Wisconsin
 Department of Workforce Development
 Equal Rights Division
 Civil Rights Bureau

Physician or Practitioner Certification For Family or Medical Leave

Personal information you provide may be used for secondary purposes. See Section 15.04 (1) (m), Wisconsin Statutes for details.

Dear Physician or Practitioner:

To assist in establishing leave entitlements under Wisconsin's Family and Medical Leave Law (Section 103.10, Wisconsin Statutes) please answer the questions checked below and return this certification to Employer.

Employer Information

Employer Name			
Street Address	City	State	Zip Code

Employee/Patient Name

Employee Name	Patient Name (if not employee)
---------------	--------------------------------

Information Requested (Employer, please check the appropriate box (es) below identifying the information you need from the physician or practitioner.)

<input type="checkbox"/> Does _____ have a serious health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No (patient name)
Note: Wisconsin's Family and Medical Leave Law (Section 103.10 Wisconsin Statutes) defines a serious health condition as a disabling physical or mental illness, injury, impairment or condition involving either inpatient care in a hospital, or outpatient care that requires continuing treatment or supervision by a health care provider.
<input type="checkbox"/> What date did the condition begin?
<input type="checkbox"/> What is the probable duration of the condition?
<input type="checkbox"/> Specify medical facts regarding the serious health condition (diagnosis not required). _____ _____ _____
<input type="checkbox"/> Please indicate the extent to which the employee is unable to perform his or her employment duties. _____ _____

Physician/Practitioner Information

Physician/Practitioner Name (Please Print)	
Physician's Signature	Date Signed

Note to Employer: this information should be retained in a confidential medical file.

