

PERSONNEL POLICIES OF THE WOLF LAUREL PROPERTY OWNERS ASSOCIATION

Purpose: The purpose of this document is to establish personnel policies for the WLPOA to be applicable only to full time employees as defined herein. This document is not intended to be or constitute a contract. While it is the WLPOA's intent to provide the benefits enumerated herein on a continuing basis, such benefits are subject to review and change at any time by the WLPOA in its sole discretion as future circumstances may require.

1. **Full Time Employees:** The term "full time employees" as used herein shall mean only those employees who are salaried, or those hourly employees who work more than thirty (30) hours per week on the average over twenty six (26) consecutive weeks. All full time employees herein are employed on an "at-will basis" as is all part time employees.

2. **Employee Expense Reimbursement:** The WLPOA Board recognizes that the Director and Office Manager positions require frequent personal cell phone use on WLPOA business. Accordingly, the WLPOA will provide a reimbursement monthly for such employees for their cell phone expense.

3. **Paid Time Off:** The WLPOA wishes to provide its full time employees time off for which they should be paid and flexibility as to how they wish or need to use their paid time off. Accordingly, each full time employee shall have paid time off to be used in his or her discretion as follows:

A. First three (3) consecutive years of employment – ten (10) days

B. After three (3) consecutive years of employment – fifteen (15) days

This paid time off is granted on an annual basis beginning with the employee's date of full time employment and may be used for vacation time, sick leave time, personal time and holiday time. When taking paid time off, the employee shall provide advance notice to the Finance Committee as reasonably permitted by the circumstances. Any additional paid time off may be granted in the sole discretion of the WLPOA Finance Committee only upon written request.

The paid time off days set forth herein may not accrue or be carried forward from one annual period to another and unused days expire on December 31 of each year. Upon separation from service an employee is entitled to be paid for any unused days up to ten (10) days provided that at least ten (10) days notice of separation from service has been given in writing.

In using paid time off days each employee shall coordinate with one other to insure that

essential services provided to WLPOA members shall not be interrupted such as answering the phones in the offices and providing services at the front desk. It is anticipated that the ordinary responsibilities of the office manager and director may occasionally overlap in this regard.

4. Health Savings Account: This benefit will be available to full time employees after fifty-two (52) consecutive weeks of service, to an hourly employee who has worked more than thirty (30) hours per week on the average for fifty-two (52) consecutive weeks, or an employee who has been employed under both criteria for a total of fifty-two (52) consecutive weeks.

If a full time employee who qualifies for this benefit elects to establish a health savings account (HSA), the WLPOA will contribute funds to such account in such amounts and at such intervals as the WLPOA may determine. The employee shall then have all responsibility to open, establish, and maintain the HSA at his or her expense and to comply with all federal and state laws and regulations pertaining thereto.

5. Receipts: The undersigned acknowledges receipt of the WLPOA Personnel Policy document and has affixed his or her signature below after having read the Personnel Policy and after having had an opportunity to ask questions regarding the same about any matter. All my questions have been answered. I understand that this is not a written employment contract, but a statement of policy and intent of the WLPOA to provide certain benefits to its full time employees as present or future circumstances permit. I understand that the Personnel Policy document is not a guaranty of benefits, present or future. I have been advised as to what the present level of benefits are that have been set by the WLPOA Board as of the date affixed below.

Signature _____

Print Name _____

Date _____