CITY OF HARLEM
86 HOUR BI-WEEKLY EMPLOYEE
BENEFITS

ORIENTATION PERIOD:
SIX MONTHS FROM DATE OF HIRE

PTO (Paid Time Off):

<table>
<thead>
<tr>
<th>Years</th>
<th>Hours</th>
<th>Bi-Weekly Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0 - 1.0</td>
<td>129</td>
<td>4.96</td>
</tr>
<tr>
<td>1.1 - 5.0</td>
<td>172</td>
<td>6.62</td>
</tr>
<tr>
<td>5.1 - 10.0</td>
<td>215</td>
<td>8.27</td>
</tr>
<tr>
<td>10.0+</td>
<td>258</td>
<td>9.92</td>
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</tbody>
</table>

Hours are accrued on a bi-weekly basis. The maximum hours you can carry are 480. Anything over that will go into ESLB (Extended Sick Leave Bank). See policy for further information.

Time will start accruing at time of employment, but shall not be used until after the six month orientation period is completed. Accruals are based on the base hours worked (86).

ESLB (Extended Leave Bank):

The ESLB is used only in the event you have sixty (60) or less hours in your PTO balance and will be out for sickness/illness reasons for at least a two week period. Documentation shall be required to process an ESLB request. There is no limit to how many hours may carry in the ESLB.

HOLIDAY LEAVE:

THERE ARE 13 PAID DAYS FOR HOLIDAYS:

NEW YEARS DAY
MARTIN LUTHER KING'S BIRTHDAY
PRESIDENT'S DAY
MEMORIAL DAY
INDEPENDENCE DAY
LABOR DAY
COLUMBUS DAY
VETERAN'S DAY
THANKSGIVING DAY (2 DAYS)
CHRISTMAS DAY (2 DAYS)
FLOATING HOLIDAY

PTO and the Floating Holiday are paid after the completion of the employee's six month orientation period.

OVERTIME:

Overtime is paid after working 86 hours within the bi-weekly pay period. Leave (PTO, Holiday, etc.) does not count towards hours worked when calculating overtime.
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EMPLOYEE GROUP INSURANCE:
(Coverage starts the first of the month after 30 days of employment)
THE CITY OF HARLEM HAS LIFE, HEALTH, DENTAL AND VISION COVERAGE

THE CITY PAYS 100% OF THE EMPLOYEE COVERAGE
THE CITY PAYS 70% OF THE DEPENDENT COVERAGE
THE CITY PROVIDES THE EMPLOYEE WITH A $25,000.00 TERM LIFE POLICY AT N/C
THE CITY PROVIDES SHORT TERM DISABILITY AND AD & D AT N/C

EMPLOYEE SPECIALTY INSURANCE:

THE CITY OF HARLEM OFFERS TO EMPLOYEES SUPPLEMENTAL COVERAGE AT THE EMPLOYEE’S EXPENSE. THIS COVERAGE IS THRU AMERICAN FIDELITY. COVERAGE INCLUDES LIFE, CRITICAL CARE, FLEX SPENDING, ETC.

THE CITY OF HARLEM HAS A CAFETERIA PLAN WHICH ENABLES THE EMPLOYEE TO ELECT TO HAVE THE INSURANCE DEDUCTIONS TAKEN OUT PRE-TAX. BOTH THE CITY AND EMPLOYEE REALIZE SOME SAVINGS ON TAXES.

BEREAVEMENT LEAVE:

EMPLOYEE’S ARE PAID BEREAVEMENT LEAVE UP TO THREE DAYS FOR IMMEDIATE FAMILY. IMMEDIATE FAMILY IS DEFINED AS THE EMPLOYEE’S SPOUSE, CHILD, FATHER, MOTHER, BROTHER, SISTER, GRANDPARENTS OR ANY OF THE ABOVE AS THEY PERTAIN TO THE SPOUSE. PROOF OF FAMILY MEMBER MUST BE PROVIDED.

RETIREMENT PLAN:

AFTER THE INITIAL SIX MONTHS OF EMPLOYMENT, EMPLOYEES ARE ELIGIBLE FOR PARTICIPATION IN THE CITY’S DEFERRED COMPENSATION PLAN THAT INCLUDES AN AUTOMATIC CONTRIBUTION OF 3% OF THE ANNUAL SALARY. EMPLOYEES MAY CONTRIBUTE ADDITIONAL FUNDS. IF SO, THE CITY WILL MATCH, DOLLAR FOR DOLLAR, UP TO AN ADDITIONAL 3%

EMPLOYEES ALREADY PARTICIPATING IN THE CITY’S DEFERRED BENEFIT RETIREMENT PLAN ARE ELIGIBLE TO PARTICPATE IN THE 457(B) PORTION OF THE DEFERRED COMPENSATION PLAN; THERE WILL BE NO MATCHING BY THE CITY OR AUTOMATIC CONTRIBUTIONS

WELLNESS PLAN:

THE CITY OFFERS AN OPPORTUNITY TO JOIN THE FAMILY Y AT NO COST TO THE EMPLOYEE WITH A MAXIMUM MONTHLY BENEFIT OF $47. THE JOINERS FEE HAS BEEN WAIVED AND THE CITY WILL COVER THE $47 MONTHLY FEE. THE EMPLOYEE MUST ATTEND A MINIMUM OF 11 TIMES PER MONTH IN ORDER FOR THE CITY TO CONTINUE COVERING THE COST. A REPIEVE FROM THAT ATTENDANCE REQUIREMENT MAY BE GRANTED UP TO TWICE A YEAR.
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PEACE OFFICER ANNUITY & BENEFIT FUND & POLICE BENEVOLENT ASSOCIATION DUES:

100% PAID DUES TO THE PEACE OFFICER ANNUITY & BENEFIT FUND (PENSION) AND THE
SOUTHERN STATES POLICE BENEVOLENT FUND

TAKE HOME VEHICLE:

A TAKE HOME VEHICLE IS PROVIDED AS LONG AS YOU LIVE IN COLUMBIA COUNTY
OR WITHIN 20 MILES OF THE DEPARTMENT LOCATION. THE VEHICLE IS NOT FOR
PERSONAL USE.

Updated: 04/01/2023
I acknowledge receipt of and understand the benefit information provided.

_____________________________________________
Employee

_____________________________________________
Human Resources

_____________________________________________
Date