

Volunteer Time Off (VTO) Policy & Procedures

We have added a Volunteer Time Off (VTO) policy to our list of employee benefits.

Purpose/Goal:

The purpose of this philanthropic program is to support activities that enhance and serve communities in which we live and work and the issues that impact quality of life.

The intention is to participate in giving back and supporting the community and to allow our employees to share in that effort. At the same time, we recognize that participating in these sorts of activities enriches the lives of our employees. Community is not defined as just local community, but may encompass the global community.

Amount of Time:

Employees can donate up to one (1) work day per calendar year toward a 501c3 charitable organization, in accordance with these giving and volunteering guidelines. More than one organization may be chosen, and in half day increments. All approved volunteering must be done during work hours.

This donated time, up to one (1) work day per calendar year, will be considered paid time off. The pay rate will be the employee's current base salary on the day(s) the time is taken.

This time is refreshed at the beginning of each calendar year, unless the program is amended or discontinued, and does not accrue from year to year. Usage of this time or lack thereof does not affect vacation accrual or sick leave usage.

Eligibility:

All full time regular employees are eligible to participate in this program. There is no minimum service requirement for participation in this program. Employees can choose a 501c3 charity of their choice or work together with other employees of the company on a team effort, upon approval and ensuring coverage in the department.

Ineligibility:

You are ineligible to participate in the Program, if:

- 1. The employee's employment terminates for any reason.
- 2. The employee is on a Performance Improvement Plan.
- 3. The Program is discontinued. The Company reserves the right to amend or terminate this program at any time without prior notice. The Company also reserves the right to revoke approval if it is felt that the employee is misusing the Program.

Approval Process:

Employees must fill out the VTO Request Form and submit it to his/her manager at least one week before the requested time off. The manager should then get HR approval as well. Approval is at the discretion of the employee's manager and HR. Company sponsored VTO may not be used for organizations that discriminate based on creed, race, religion or sexual orientation. Upon completion of volunteer services, obtain signature from 501c3 community organization and return signed form below to Human Resources.



Examples of appropriate uses for VTO:

- Donating your time at a food bank such as Community Food Warehouse
- Volunteering your time to Treasures for Children at the Salvation Army
- Donating your time to make improvements to Buhl Community Recreation Center
- Participating as a teacher on a classroom lesson for Junior Achievement

Inappropriate examples:

- Taking a ski vacation and charitably giving ski lessons
- Coaching your child's basketball team or attending a PTA conference
- Volunteering at your church on Sunday
- Attending a professional, religious, or personal interest conference

Community Service Program Enrollment Form

| Employee Name: | |
|--|--|
| Work Phone: | |
| Email: | |
| Community Organization Name (501c3 only): | |
| Address: | |
| City/State/Zip: | |
| Phone: | |
| Website: | |
| Tax ID number: | |
| Date(s) and time(s) of VTO requested (e.g. 7/24/15, 9AM-Noon): | |
| Half-day or Full-day requested: | |
| I will be doing this action with other company employees, GROUP ACTIVITY ORGANIZED BY: | |
| Description of volunteer activity you will do: | |
| | |
| | |
| | |



Community Service Program Confirmation Form - (Obtain signature upon completion of volunteer services)

| Employee Name: | |
|---|--|
| Work Phone: | |
| Email: | |
| Community Organization Name (501c3 only): | |
| Address: | |
| City/State/Zip: | |
| Phone: | |
| Website: | |
| Tax ID number: | |
| Date(s) and time(s) of VTO activity (e.g. 7/24/15, 9AM-Noon): | |
| Half-day or Full-day used: | |
| I am doing this action with other company employees, GROUP ACTIVITY ORGANIZED BY: | |
| Description of volunteer activity completed: | |
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| | |
| | |

Employee Signature

Date

501c3 Organization Approval

Date

Submit to Human Resources when volunteer time is completed.