

EMPLOYEE HANDBOOK

of

HR ALLIANCE of WASHINGTON, INC (HRAOW, INC)

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WELCOME

Welcome to our company. We are committed to quality services and this is only possible through the quality efforts of our outstanding personnel. We have developed procedures and methods to provide a good and productive workplace, but this is a never-ending process. As you become familiar with our company, please let us know if you have suggestions for improving how we do things. You, along with all of our employees, are a crucial part of our success and we look forward to a relationship that is satisfying to all of us.

As you read and refer to this Employee Handbook, keep in mind that the words "employee," "you," "your," and any similar term or phrase refer to you, our employee. In addition, the words "employer," "we," "us," "our," "company," "firm," "business," "BUSINESS UNIT", as well as the company name and any other similar term or phrase, all refer to HR Alliance of Washington, Inc (HRAOW, Inc.).

LEGAL ISSUES

Employment-at-Will Statement

Employees of HR Alliance of Washington, Inc (HRAOW, Inc.) are "at-will" employees, as this term is defined by the law of the State of Washington and the State of Oregon. This means that our employees do not work pursuant to an express contract of employment. It also means that an employee is free to resign his or her employment at any time, for any reason, with or

without notice. Likewise, in the event we determine it is necessary to end the employment of an employee, we may do so whenever this is appropriate, for any reason that is legal, with or without advance notice.

Occasionally, we may hire an individual into a particular position pursuant to an employment contract. In this event we will negotiate and prepare a formal, written contract of employment with that individual. NOTHING IN THIS EMPLOYEE HANDBOOK IS INTENDED TO BE CONSIDERED AS, OR INTERPRETED TO BE, A CONTRACT OF EMPLOYMENT OR AN OFFER OF EMPLOYMENT PURSUANT TO CONTRACT. IN ADDITION, OUR EMPLOYMENT POLICIES ARE NOT TO BE CONSIDERED AS, OR INTERPRETED TO BE, A CONTRACT OF EMPLOYMENT OR AN OFFER OF EMPLOYMENT PURSUANT TO CONTRACT, WHETHER OR NOT A POLICY IS INCLUDED IN THIS HANDBOOK. Unless an employee has an express, written employment contract he or she is an "at-will" employee and will be asked to sign a Statement of Employment-at-Will. This form is set out below:

STATEMENT OF EMPLOYMENT-AT-WILL

Retained in Employee file

EMPLOYEE NAME: _____

BUSINESS UNIT : _____

HIRE DATE: _____

*THIS ORIGINAL WILL REMAIN A PERMANENT PART OF YOUR "EMPLOYEE FILE"

I, _____, hereby acknowledge, understand, and agree as follows:

- 1. That my employment with HR Alliance of Washington, Inc (HRAOW, Inc.), is not based on a contract of employment, whether express or implied, and that I am an At-Will Employee.
- 2. That my employment and compensation can be terminated with or without cause and with or without advance notice at any time by either HR Alliance of Washington, Inc (HRAOW, Inc.) or by myself.
- 3. That any employment rules, policies, benefits, or other statements, whether oral or written, express or implied, made by HR Alliance of Washington, Inc (HRAOW, Inc.) or its representatives ARE NOT intended to be, nor are they to be interpreted as contracts of employment between HR Alliance of Washington, Inc (HRAOW, Inc.) and me.
- 4. That no person or representative of HR Alliance of Washington, Inc (HRAOW, Inc.) who has the authority to negotiate, offer or agree to an employment contract has negotiated, offered, or agreed to a contract of employment with me.

Employee signature: _____ Date: _____

HR Alliance of Washington, Inc (HRAOW, Inc.) representative name: _____

HR Alliance of Washington, Inc (HRAOW, Inc.) representative signature: _____

*THIS ORIGINAL WILL REMAIN A PERMANENT PART OF YOUR "EMPLOYEE FILE"

EXPLANATION OF BUSINESS UNIT ASSIGNMENT

Agreement and acknowledgement

Retained in Employee file

EMPLOYEE NAME: _____

BUSINESS UNIT : _____

BUSINESS UNIT SUPERVISOR: _____

BUSINESS UNIT PHONE: _____

HIRE DATE: _____

I, _____, hereby acknowledge, understand, and agree as follows:

1. That my employer is **HR Alliance of Washington, Inc (HRAOW, Inc.)**, hereafter referred to as "Employer"
2. My Employer will assign to me a "BUSINESS UNIT" and location.
3. The "BUSINESS UNIT" location is where I will report to work and perform my duties per my schedule.
4. Located at each "BUSINESS UNIT" is a Supervisor. Supervisors are at each "BUSINESS UNIT" location to oversee the day to day operations of each particular "BUSINESS UNIT". Supervisors are your immediate contact for work related assignments, training, scheduling and guidance.
5. Your Employer, again being, **HR Alliance of Washington, Inc (HRAOW, Inc.)** located at: 11115 NE 14th ST, Suite 103, Vancouver, WA 98684, Phone: 360-567-2092, oversees all of your Payroll and all Human Resources issues to include all employment rules, policies, and benefits, etc.
6. Your Employer expects that each Employee follow policies outlined in this Handbook as well as additional Policies designed for each "BUSINESS UNIT", all of which will be provided to you as they become effective.
7. Every Employee no matter which "BUSINESS UNIT" they are assigned is expected to follow the Absence Policy (Page 21 #7 of this Handbook) and the Work Place Injury Policy (Page 13 of this Handbook) without deviation.
8. To summarize:

The Absence Policy request that you FIRST call 360-567-2092 when you are going to be absent from your assigned shift. NEXT, you MUST also call your assigned "BUSINESS UNIT" Supervisor.

The Work Place Injury Policy request that you call 360-567-2092 immediately in the event of any work-related injury or illness that causes you to miss work. NEXT, you MUST also notify your assigned "BUSINESS UNIT" Supervisor.

Employee signature: _____

Date: _____

HR Alliance of Washington, Inc (HRAOW, Inc.) representative name: _____

HR Alliance of Washington, Inc (HRAOW, Inc.) representative signature: _____

Non-Discrimination Policy

State and federal law prohibit discrimination in employment on the basis of an individual's race, color, sex, national origin, religion, age, or disability. We fully support this law and are committed to a workplace free from unlawful discrimination. Our employment decisions are based on the requirements of each position, the qualifications of each individual, and the legitimate demands of our business. If anyone believes they have been the victim of unlawful discrimination, or if anyone believes they have observed unlawful discrimination, they are encouraged to report this immediately to any supervisor, manager, or anyone else who will make the report on their behalf. Reports of unlawful discrimination may be made in person, over the telephone, in writing, during or after work hours, and may be made anonymously. We take all reports of unlawful discrimination seriously and each report will be investigated. Appropriate action will be taken based on the outcome of the investigation. In no event will a person who makes a report of unlawful discrimination be penalized in any way.

Anti-Harassment Policy

State and federal law prohibit harassment of any employee on the basis of the employee's race, color, sex, national origin, religion, age, or disability. We fully support this law and are committed to a workplace free from harassment.

The Equal Employment Opportunity Commission has established guidelines for determining when conduct can become harassment. In an effort to help all personnel understand what conduct constitutes harassment, we have included these guidelines below:

1. when any conduct toward an employee is based on one or more of these factors: race, color, sex, national origin, religion, age, or disability; AND
2. when statements, comments, jokes, requests, or other verbal conduct concerning these factors is unwelcome by the employee; OR
3. when any physical conduct concerning these factors is unwelcome by the employee; OR
4. when the submission by the employee to any such conduct is explicitly or implicitly made a term or condition of the employee's employment; OR
5. when the submission to or rejection of any such conduct is used as the basis for employment decisions affecting the employee; OR
6. when any such conduct has the purpose or effect of unreasonably interfering with an employee's work performance, or of creating an intimidating, hostile, or offensive working environment.

If anyone believes they have been the victim of harassment, or if anyone believes they have observed harassment, they are encouraged to report this immediately to any supervisor, manager or to anyone else who will make the report on their behalf. Reports of harassment may be made in person, over the telephone, in writing, during or after work hours, and may even be made anonymously. We take all reports of harassment seriously and each report will be investigated. Appropriate action will be taken based on the outcome of the investigation. In no event will a person who makes a report of harassment be penalized in any way.

Reasonable Accommodation Policy

Occasionally, an employee may have a need or a condition that should be accommodated by us to enable that employee to meet the requirements of his or her employment. This can include accommodating an employee's disability, an employee's religious practices or some other condition of the employee, whether this condition is temporary or permanent. However, we must know the need for an accommodation. It is the obligation of an employee who requires an accommodation to let us know. We will listen to any employee who informs us of the need for an accommodation and will attempt to provide a reasonable accommodation based on the following factors:

1. The employee must be qualified for his or her job.
2. If the basis of an accommodation is the employee's disability, the effects of the disability must be the only reason the employee cannot do the job without an accommodation.
3. The accommodation must actually assist or allow the employee to do his or her job.

4. If more than one accommodation is possible, the one to be used or implemented will be the one that best addresses the need for the accommodation, and which causes the least disruption to other employees and the operation of our business.

5. An accommodation cannot increase the risk of injury or illness to employees, including the employee being accommodated.

6. The cost of an accommodation cannot result in a reduction of pay or the basis of pay to other employees, the lay off of other employees, the cessation of essential business activities, or the unreasonable interference with essential business operations and related activities.

7. An accommodation may involve the shifting of some responsibilities between jobs and/or employees, whether temporarily or permanently, but it cannot result in the significant change in the job description of any employee, including the employee being accommodated.

8. An accommodation may involve a change in work schedules or in allowing one or more days (or parts of one or more days) off from work, whether temporarily or permanently. However, such a change cannot result in the failure of any affected employee to meet the demands of his or her job, including the employee being accommodated.

9. We will work with an employee in attempting to identify and implement a reasonable accommodation. During this process we will listen to the employee and will also consult as necessary with the employee's physician or other health care provider or any other qualified professional or expert in the area which is the basis for a requested accommodation. However, all decisions, including whether to accommodate an employee, the nature and details of an accommodation to be made, and anything else relevant to the matter, are in the sole discretion HR Alliance of Washington, Inc (HRAOW, Inc.) .

Family and Medical Leave

The Family and Medical Leave Act allows an eligible employee to take up to twelve weeks of unpaid leave from work each twelve months for certain reasons.

An "eligible employee" is an employee who:

1. works for an employer who has at least fifty employees working within seventy-five miles of the same workplace during at least twenty weeks in a calendar year; AND
2. has been employed by this employer for at least twelve months prior to requesting time off under this law;

AND

3. has worked at least 1,250 hours (an average of twenty-four hours per week) during the twelve months prior to requesting time off under this law.

An eligible employee may only take time off from work under this law for the following reasons:

1. because of the birth of a child to you (whether you are the mother or father); OR
2. because you have had a child placed with you for adoption or foster care; OR
3. because you are caring for your spouse, child, or parent who has a serious health condition (which means an illness, injury, impairment, or physical or mental condition that involves inpatient care in any actual health care facility or hospice, or which involves continuing treatment by a health care provider); OR
4. because you are suffering from your own serious health condition that causes you to be unable to do your job.

Depending on the reason you request time off under this law, you may take up to twelve weeks all at once or you may spread this period out over twelve months in as little as one quarter of a day off at a time.

To request time off under this law, you must:

1. Give us notice that you are requesting time off under the Family Medical and Leave Act. This notice should be in writing, but an oral notice in emergency situations will be accepted. Your notice must indicate which of the four reasons described above is the basis for your request to take time off and the anticipated amount of time off you are requesting. If you are requesting an intermittent schedule of time off, your notice must describe your anticipated schedule of time off. In all situations, you must identify the date of the first day you are requesting off from work.
2. If we request verification from a health care provider of the need to take time off from work to care for yourself or a family member, you must contact the health care provider and arrange for this verification to be sent to us. The information to be included in this verification must include: the date the health condition began; the probable duration of the condition; the appropriate medical facts known by the health care provider regarding the condition; a statement that you are needed to care for your spouse, child, or parent, if you are requesting time off for this reason; and a statement that your medical condition prevents you from doing your job, if you are requesting time off for this reason.
3. If you are requesting time off because of childbirth or because a child is placed with you through adoption or foster care, you must let us know when you expect to return to work.
4. Notice of a request for time off under this law may be made after you have begun to take time off in the event of an unscheduled childbirth or sudden illness, injury, or other medical condition. However, you must let us know as soon as possible of your request for time off. In the event your condition causes you to be unable to communicate with us, notice may be given by your spouse, family member, or other personal representative.

The conditions of any leave you take under this law are:

1. You can take no more than a total of twelve weeks leave in any twelve-month period. This twelve-month period does not run from January through December. It runs from the date of the first day you take any time off under this law and continues for the following twelve months.
2. The twelve-week leave can be taken all at once or it can be intermittent and it can include partial days or whole days.
3. It is not necessary that each period of leave under this law be for the same reason.
4. You will not be paid for any time you take off from work under this law.
5. If you have accrued paid leave time, such as vacation time or paid sick leave, you may request that your accrued paid leave be applied to your time off, or we may require you to apply your accrued paid leave to your time off under this law. We will inform you at the time you request time off under this law if we will require you to apply your accrued paid leave.
6. The time you take off under this law does not count toward your seniority or toward your eligibility for retirement or other employment benefits. However, you will not lose any time you have already accumulated toward seniority, retirement, or any other employment benefit.
7. You will not be dropped from coverage under any group health plan of which you are a member of at the time your leave under this law begins. However, you must continue making your share of any premium payments that come due during your leave time. We will continue to make our share of the premium payments for your group health plan during your leave.
8. No matter how much or how little of the twelve-week leave you may take under this law, you will not lose your job, your title, your pay, your benefits, or any aspect of your position with us for taking time off under this law. When you return to work it will be to exactly the same position, status, and conditions of employment you enjoyed at the beginning of your leave time.
9. You must return to work at the end of any leave time taken under this law. In the event you do not return to work at that time, your employment may be terminated. If your employment is terminated because you do not return to work at the end of your leave time, we may demand that you repay to us the amount of your group health plan we paid during your leave period.
10. If you have used the entire twelve weeks of leave time under this law, but remain unable to return to work for the same reason that you requested the leave time, you must notify us of this fact. You must also provide verification of the circumstances of your condition if we so require. We will then determine how to handle your situation based on whether you have any accrued paid leave time remaining, your ability to return to work, when you might be able to return to work, the nature of any medical restrictions that may apply to you when you would return to work, your desires regarding your employment and our ability to place you in appropriate employment. The options in this situation would include: your continued employment with us; your continued employment with us, but changed as appropriate; your retirement; or termination of your employment.

The form that follows may be used when requesting leave time under this law.

NOTICE OF REQUEST FOR LEAVE UNDER

THE FAMILY AND MEDICAL LEAVE ACT

I, _____, am requesting leave under the Family and Medical Leave Act (28 U.S.C. § 2601).

The reason I am requesting leave is:

I request that my leave time begin (or that it began) on _____. I anticipate that I will return to work on _____. In the event my reason for requesting leave requires a schedule of intermittent leave, I am requesting leave on this schedule: _____.

I am also requesting that my accrued paid leave time (including sick leave, vacation and personal days) be applied to this leave until either such accrued paid leave has been fully used or I return to work, whichever occurs first.

I understand that I must continue to make my share of the premium payments for the group medical health plan coverage I receive through my employment.

Employee Signature: _____

Date: _____

Workplace Safety

We believe that each of our employees has a right to a safe and healthful workplace. We are committed to workplace safety and have, accordingly, prepared various safety plans. These safety plans are maintained by our Human Resources Manager and your immediate supervisor, along with other information about our policies and procedures for workplace safety, reporting workplace injuries and illness, reporting actual or potential hazardous working conditions, and employee training in these policies and procedures. We encourage you to contact your Human Resources Manager at any time with any questions or concerns.

Human Resources Manager

How to Contact this Person: Telephone: 360-567-2092

Office Location: 11115 NE 14th ST, Suite 103, Vancouver, WA 98684

After-hours, please leave a detailed message with your name, job site location and your phone number.

POLICY WORK RELATED INJURY

Work Related Injury

If you incur a work-related injury or illness that causes you to miss work you must contact the Human Resources Manager immediately.

How to Contact this Person: Telephone: 360-567-2092

Office Location: 11115 NE 14th ST, Suite 103, Vancouver, WA 98684

After-hours, please leave a detailed message with your name, job site location and your phone number.

I, _____, hereby acknowledge agree and understand:

1. That I have must contact the Human Resources Manager at HR Alliance of Washington, Inc at the number listed above in the event of any work-related injury or illness that causes me to miss work.

Signature of Employee _____ Date: _____

Drug-Free Workplace

We maintain a drug-free workplace under the Drug-Free Workplace Act. This means we do not allow the use of illegal drugs or the illegal use of legal drugs at our workplaces. Action will be taken against any employee who violates the drug-free nature of our workplace.

We will take against employees who are involved with drugs.

If you are convicted of the violation of any criminal drug statute when the violation occurred at work, you must notify us within five (5) days of the date of your conviction. Within thirty (30) days after we receive this notice we will take appropriate action, including, but not necessarily limited to, requiring you to successfully complete a drug treatment or rehabilitation program before returning to work, suspension with or without pay, or termination from employment. The action we take may be in addition to any criminal or other penalties imposed by a court of law.

The name and contact information for the person who handles our Drug-Free Awareness Program is listed below. We encourage you to contact this person with any questions or concerns. This is also the person you are to contact in the event of conviction of a criminal drug statute.

Human Resources Manager

How to Contact this Person: Telephone: 360-567-2092

Office Location: 11115 NE 14th ST, Suite 103, Vancouver, WA 98684

After-hours, please leave a detailed message with your name, job site location and your phone number.

Drug Testing and Background Checks

This Company and any of its "BUSINESS UNITS" will require authorization from all applicants an authorization for Urinalysis/Drug Test and an authorization for Background Checks. In addition, random Urinalysis/Drug Test may be requested without notice. Failure to cooperate will result in appropriate action being taken, up to and including termination from employment

Policies for Meal Periods and breaks

Washington State Adult Employees

Meal periods: You are entitled to a **meal period** of at least 30 minutes if you work more than five hours in a day. The meal period may be scheduled between the 2nd and 5th working hour.

Paid rest periods of at least 10 minutes will be provided during each four-hour work period or major part of four hours worked. The break must be taken by the end of the third hour you work.

Oregon State Adult Employees

Meal periods of 30 minutes must be provided if the workday is six hours or longer. The scheduling of meal periods is flexible and depends on the length of the workday. Your Immediate Supervisor may assign your meal period along with your daily work schedule.

Paid rest periods of at least 10 minutes will be provided during each four-hour work period or major part of four hours worked.
COMPENSATION

Copy retained in Employee File

Wages and Salaries

EMPLOYEE NAME: _____ BUSINESS UNIT: _____

HIRE DATE: _____

The rate of pay for each employee is based on various factors including: the nature of the job, level of responsibility, individual qualifications, and financial considerations. However, all employees with substantially similar responsibilities and substantially similar qualifications, regardless of job title, may be paid at the same rate. The initial rate of pay for each employee is established at the time employment begins.

Your initial rate of pay as of your hire date (not including applicable benefits) is:

_____ HOUR WEEK MONTH YEAR EXEMPT (SALARY) _____ NON-EXEMPT: _____

If you are eligible to receive commissions, you will be paid a commission on this basis:

_____ CHECK IF NOT APPLICABLE

If you are eligible to receive bonuses, you will be paid a bonus on this basis:

_____ CHECK IF NOT APPLICABLE

If you are eligible to receive paid time off, you will be paid for _____ paid days a year commencing on your date of hire and renewed each anniversary date thereafter.

Your Business Unit is closed for business on the following Holidays and you are eligible for these paid holidays only if checked below:

Adjustments to your rate of pay (including raises or a change in the basis of your rate of pay, such as from hourly to annually), or in eligibility for commissions or bonuses, will be based on the same factors as the setting of your initial rate of pay, but will also include the quality of your job performance.

Paydays

Your regular paydays are (indicate which):

- _____ The FIFTH (5TH) AND TWENTETH (20TH) day of each month.
- _____ Every other _____ (day of week) beginning on the _____ day of _____, _____.
- _____ Monthly, on _____ (day of week or date of month).
- _____ Other: _____

Payment of commissions and/or bonuses for which you are eligible will be made: _____ N/A IF NOT APPLICABLE

Completed by: _____ Date: _____

Benefits

We continue to battle the increasing cost of health care. The choices you make as a consumer can have a large impact on the premium increases we will receive in the future. As you know, health care costs go up fueled largely by pharmaceutical, hospital and technology costs, not to mention our increasing utilization. By taking more responsibility for our health care decisions and method of treatment we can affect the total cost of health care. Small changes, such as using generic drugs instead of brand name drugs can make a huge impact thus helping to secure the future of our health plan.

To better assist you in understanding your benefits the following information has been prepared for you. Please read the information very carefully. *NOTE: This is an overview of your benefits and is not a written contract. The actual policies including the plan summaries issued by the insurance companies contain the legally binding terms and conditions and always shall prevail.*

GREAT NEWS! We pay 75% of your premium. If you wish to cover yourself you will be responsible for 25% of your monthly premium and if you cover your dependents the cost for their coverage will be your responsibility also. The monthly premiums and your cost are shown listed below.

In addition, we offer 401K!

MEDICAL: Health Net Health Plan of Oregon through Pacific Health Trust

HRAOW is covered under Pacific Health Trust's Health Net of Oregon's Washington PPO Advantage Plan.

There is a \$15 co-pay for physician office visits on our new plan also. It does have a \$500 calendar year deductible and if PPO Network providers are used most services are paid at 80% after the deductible. We are pleased to announce that our new plan includes alternative care coverage that allows you to see participating chiropractors, naturopathic and acupuncture providers for a \$15 office visit co-pay. Refer to the benefit summaries in your enrollment packet for a detailed plan summary.

Providers. Our medical plan is a PPO (preferred provider organization) plan. This plan does not require that you select a primary care provider to coordinate your health care. The plan gives you two levels of benefits and many choices of providers. You receive a specific level of benefits based on how you choose to obtain covered services. Think of your PPO as two plans in one:

1) PPO Network benefits apply when you receive covered services from providers in Health Net's PPO network. Alternative care benefits require you to use Health Net participating alternative care providers. Go to www.healthnet.com for Health Net providers.

2) Out-of-Network benefits apply when you receive covered services from providers who do not participate in any Health Net network.

Out of State Participating Providers. Employees residing or traveling outside of Washington and Oregon will have access to participating providers through Health Net's national network, which is called First Health. You can find a First Health provider for the area you need by visiting the First Health website which is www.firsthealth.com.

Prescription Drugs. Effective June 1st you may purchase a 30 day supply of your prescription from a participating pharmacy at the following co-pay schedule: \$15 for generic drugs on the preferred drug list; \$30 for brand drugs on the preferred drug list; and \$50 for prescription drugs not on the preferred list, compound medicines or brand name drugs with generic equivalents.

Mail Order Prescriptions. Mail order prescription service is also available. You will be charged two co-pays for a 90-day supply. If you are taking a medication on a regular basis, the **Express Scripts** mail order service is a convenient way to order prescriptions and have them delivered directly to your home.

Emergency. If you are in an emergency situation while temporarily out of the service area, and have to have a prescription filled through a nonparticipating pharmacy, you will need to file a claim for reimbursement along with documentation to explain the need for emergency care. If Health Net confirms the need for the emergency prescription, you will be reimbursed the cost of the prescription less any applicable co-payment.

Refer to the prescription drug benefit summary in your enrollment packet for detailed information about your prescription program. A complete preferred drug list can found in your enrollment packet or online through the Health Net website at the pharmacy information page.

Value Added Services

Health Net has a great website at www.healthnet.com where you can review your claims online as well access a host of other value added services free to Health Net members. Here is a brief overview of some of the services.

Heads Up! - Bike Safety Program (available April through August)

The program gives members ages 1 to 16 the skills and knowledge they need to stay safe on two wheels. As a bonus, each participant receives a free safety helmet.

Pregnancy Matters

Moms-to-be who register for the program will receive a prenatal guide and gift card redeemable toward the purchase of a car seat.

It's Your Life-Wellsite

The program gives you and your family easy access to the information you need to make smart choices about your health coverage. You can find a variety of powerful and easy-to-use tools from trusted sources of health and medical information including the latest news about medications and how to prevent or manage serious diseases. You can also get personalized, private support for life issues such as weight management, smoking cessation, nutrition and fitness.

Decision PowerSM

This is a unique decision support program that provides 24/7 access to health coaches (nurses, dietitians and respiratory therapists), support videos, online tools and information resources. Decision Power helps you work confidently with your doctor choosing the treatment course that is right for you.

Open Enrollment. Our medical plan has an open enrollment period. If you don't enroll your dependents now when first eligible and wish to enroll at a later date, you cannot enroll until our open enrollment, which is the month of May for a June 1 effective date.

There are special enrollment circumstances where the individuals can enroll prior to the open enrollment period and they are listed in your Health Net Member Handbook. Please refer to it for more information.

Waiting Period for Enrollees Without Prior Coverage.

Pre-Existing Conditions. A pre-existing condition is any physical or mental condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a licensed provider during a 6-month "look back" period. That look back period is the six-month period ending on your enrollment date or the first day of your probationary waiting period, which ever is earlier.

Coverage is excluded for pre-existing conditions for 3 months. The 3-month period exclusion period begins on your effective date of coverage.

NOTE: The waiting periods for pre-existing conditions will be reduced by ANY PERIOD OF TIME you were covered under a previous health plan as long as that coverage has not been

terminated for more than 63 days. Please provide a Certificate of Creditable Coverage from your prior insurance carrier. It is proof of your prior coverage. If you have been covered on a HRAOW's plan for the last 3 months (6 months for Oregon Residents), we will provide that information to Health Net.

Deductible Credit. You will be given credit for the portion of the medical deductible that you have already met during this calendar year. Kaiser will send to Health Net/PHT a deductible credit report for the entire group. Although a report will be submitted it is a good idea for you to keep a copy of your latest Explanation of Benefits (EOB) from Kaiser so if there is a “glitch” you can provide an EOB that shows how much of the Kaiser deductible you’ve met.

Enrollment Packet. Health Net enrollment packets will be introduced at your New Employee Orientation. The packet includes all the materials necessary for you to understand your benefits and enroll. You will find among other items your: 1) Health Net Co-payment & Coinsurance Schedule (plan summary), Basic Benefit Schedule and Group Medical and Hospital Service Agreement all which make up your Health Net member handbook; 2) a preferred drug list and prescription drug mail order forms; 3) provider directories (PPO and alternative care); and 4) a temporary identification card.

Please keep the Health Net member handbook materials in a safe place for future reference.

Identification Cards. Please use this temporary ID card in the enrollment packet until you receive your permanent one. After Health Net has you officially enrolled, your permanent ID card will be mailed to you at your home address.

DENTAL: United Healthcare

HRAOW will be offering two United Healthcare dental plans; a core plan and a buy-up plan. The main coverage differences between the two plans are bolded in the comparison below. Please refer to the enclosed United Healthcare benefit summaries for more detailed information.

	CORE PLAN	BUY-UP PLAN
Deductible – calendar year	\$50/\$150	\$50/\$150
Coinsurance	In Network / Out of Network	
Preventive & Diagnostic	100% / 80%	100%
Minor Restorative	80% / 60%	80%
Endo/Perio/Oral Surgery	80% / 60%	80%
Major	50% / 40%	50%
Orthodontia	No Benefit	No Benefit
Waiting Period		

Major	12 months	12 months – Waived with proof of prior group coverage
Orthodontia	N/A	N/A
Annual Maximum	\$1,500	\$2,000
Non-Network reimbursement based on	Reasonable & customary charges in the geographic area where expenses incurred	Reasonable & customary charges in the geographic area where expenses incurred

Dentists. You may obtain services from any licensed dentist. A directory of member dentists can be found by visiting the UHC website at www.myuhcdental.com.

Member. If you choose to receive services from a Network dentist, they have a “hold harmless” agreement. This means that if the Network dentist’s actual charges are more than their agreement with United Healthcare, they cannot bill you for the difference.

Non-Member.

Core Plan

UHC pays non-member dentists based on the schedule of reasonable and customary charges in the geographic area in which the expenses occurred. If the dentist charges more than R &C, the difference between what the dentist charges and the R &C would also be your responsibility.

Buy-up Plan

UHC pays non-member dentists based on the schedule of reasonable and customary charges in the geographic area in which the expenses occurred. If the dentist charges more than R &C, the difference between what the dentist charges and the R &C would also be your responsibility.

Enrollment Packet. The United Healthcare enrollment packet will be introduced New Employee Orientation. The packet includes all the materials necessary for you to understand your benefits and enroll.

Open Enrollment. This plan has an open enrollment period. If you don’t enroll your dependents now, when first eligible and wish to enroll them at a later date, they cannot enroll until our next open enrollment, which is the month of May for a June 1 effective date. You may switch dental plans during Open Enrollment.

There are special enrollment circumstances where individuals can enroll without the late enrollment penalty. Please refer to your member certificate when you receive it for more detailed information.

ID Cards/Member Handbook. Once United Healthcare has processed our enrollment ID cards will be mailed to you at your home address. The member handbooks will be sent to our office and I will distribute to you. The member handbook contains valuable information about your plan therefore, be sure to keep it in a good place for future reference.

VOLUNTARY VISION – Vision Service Plan (VSP)

HRAOW will also be offering a voluntary vision program through Vision Service Plan (VSP.). Please refer to the enclosed VSP benefit summary for more detailed information.

This is a voluntary vision plan. Therefore the cost for the coverage is your responsibility and is shown below.

Vision Providers. This vision program also has in and out of network benefits. The plan gives you two levels of benefits and many choices of providers. You receive a specific level of benefits based on how you choose to obtain covered services. Once again think of your vision plan as two plans in one:

1) Network benefits apply when you receive covered services from VSP Network doctors. When covered in full services are obtained from a VSP Network doctor, you will have no out-of-pocket expenses other than the applicable co-pays.

2) Out-of-Network benefits apply when you receive covered services from providers who do not participate in the VSP network. Non-VSP providers are reimbursed up to a scheduled amount and you are responsible for the difference between the billed amount and the VSP scheduled amount.

A directory of VSP providers can be found by visiting the VSP website at www.VSP.com.

Enrollment Packet. The VSP enrollment packet will be introduced at the Group Enrollment Meeting. The packet includes a generic VSP wallet card that provides the VSP phone number, address and website, a benefit summary and a provider list.

Open Enrollment. This plan also has an open enrollment period and if you don't enroll you and your dependents now, when first eligible and wish to enroll them at a later date, they cannot enroll until our next open enrollment, which is the month of May for a June 1, 2009 effective date.

There are special enrollment circumstances where individuals can enroll without the late enrollment penalty. Please refer to your member certificate when you receive it for more detailed information.

ID Cards/Member Handbook. VSP does NOT provide a member handbook or individual ID cards. They only information you will receive is the information provided in the enrollment packet.

LIFE, SHORT TERM DISABILITY AND LONG TERM DISABILITY – Mutual of Omaha

Effective 6/1/08 our new insurance carrier for Life/AD&D, STD and LTD will be Mutual of Omaha. We will also be offering a Voluntary Life Insurance option for yourself and dependents. HRAOW will provide life/AD&D coverage.

Benefits.

Life/AD&D: \$35,000

Voluntary Life: \$10,000 increments up to \$250,000

Guaranteed issue will be based on number of enrollees

Spouse and dependent coverage options available

Short Tem Disability: 66.67% of weekly income to \$750 weekly benefit maximum

1st day for Accidents; 8th day for Illness

13 weeks duration

Long Term Disability: 66.67% to \$6,000 maximum monthly benefit

Social Security Normal Retirement Age (SSNRA)

90 day elimination period

Included in your enrollment packet are plan summaries. Please refer to them for detailed information about these benefits.

YOUR COST:

The premiums and your cost for our various benefit programs are listed below. Remember that we have a Flexible Spending Plan that allows you to increase your spendable income by paying for your medical, dental and vision premiums from your salary before taxes. Rates may vary slightly once all enrollments have been submitted to the carriers.

MEDICAL – CONTRIBUTORY		
	\$500 Deductible	\$2500 Deductible
Employee only	\$ 406.99	\$322.01
Employee + spouse	\$ 873.58	\$ 690.89
Employee + family	\$ 1177.88	\$ 931.46
Employee + child(ren)only	\$ 711.29	\$ 562.59

DENTAL - CONTRIBUTORY				
	CORE PLAN		BUY-UP PLAN	
	Premium		Premium	
For you	\$ 20.14		\$ 36.99	
For you and your spouse	\$ 39.70	\$ 30.34	\$ 72.97	\$ 65.29
For you and your family	\$ 60.35	\$ 50.99	\$ 110.92	\$ 103.24
For you and your child(ren) only	\$ 37.44	\$ 28.08	\$ 68.82	\$ 61.14

VISION - VOLUNTARY		
	Premium	
For you	\$ 8.12	
For you and your spouse	\$ 12.99	
For you and your family	\$ 21.38	
For you and your child(ren) only	\$ 13.26	

SHORT AND LONG TERM DISABILITY - CONTRIBUTORY
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Your cost	\$32.00 Apr. Dependent on Salary amount
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What is a Qualifying Life Event?

A Qualifying Life Event is an event defined by the Internal Revenue Service in Section 125 that allows you to change your FSA election. FSAFEDS permits all QLE's defined by the IRS. These QLEs include:

- Change in your legal marital status (i.e., marriage, legal separation, divorce, or death of your spouse)
- Change in employment status (for you, your spouse, or dependent) that affects eligibility for health insurance benefits
- Change in your number of tax dependents
- Birth or date you adopt a child, or placement for adoption
- Death of your spouse or dependent
- Change in your dependent's eligibility (for example, your child reaches age 13 where he/she is no longer eligible under a DCFSA)
- Change in your child care/elder care provider or cost or coverage, such as a significant cost increase charged by your current daycare provider, or a change in your daycare provider. This applies to a DCFSA only. It does NOT apply to a HCFSA or LEX HCFSA.

Note: A dependent is anyone you claim on your federal income tax return or someone with whom you jointly file a federal income tax return.

If you or your dependents experience a QLE, you may enroll or change your current election(s) in the FSAFEDS Program; however, your requested change must be consistent with the event that prompted the election change. For example, if you adopt a baby, you may want to increase your HCFSA and/or DCFSA elections to accommodate the added medical expenses and/or daycare costs you may incur for this adopted child. However, in general, you could not decrease your DCFSA elections for that QLE. You may wish to decrease your DCFSA, for example, if your spouse decided to stay home with your child and you no longer had eligible daycare costs.

If your requested change is due to the birth or adoption of a child, the change will be retroactive to the child's date of birth, date of adoption, or placement for adoption, consistent with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you are a Federal employee and experience a QLE, such as the death of your spouse, you may enroll in the FSAFEDS Program.

Additionally, you cannot reduce your HCFSA, LEX HCFSA or DCFSA election(s) below the amount already reimbursed or already in your account.

After September 30 of any Benefit Period, only those QLEs resulting in a decrease in the annual election will be considered. QLEs resulting in an increase in the annual election will not be accepted due to the limited number of pay periods remaining in the calendar year.

USE OF COMPANY PROPERTY

Use of Telephone Lines, Email, and the Internet

1. All telephone lines, facsimile (fax) lines, Intranet and Internet access lines, electronic mail addresses, online services, computer terminals, computer hardware, computer software, modems, telephone, and radio frequencies, cellular telephones, pagers, and any electronic or other device and/or system that can be used for communication, for storing information, or for accessing information in any form or manner, that are used in this Company by any employee, personnel, or other person are Company property. All such devices and/or systems are the sole property of the Company, whether owned, leased, accessed, or otherwise used in the name of the Company or in the name of any agent of the Company, and no employee, personnel, or other person of this Company acquires any rights or interest of any type in any such device and/or system whatsoever, under any circumstances.

2. No employee, agent, independent contractor, or other personnel of this Company is permitted to use any such device and/or system for any use whatsoever except as authorized or instructed in order to further the legitimate business interests and goals of this Company. Any other use, including personal use, of any such device and/or system is prohibited unless expressly authorized. The unauthorized use of any such device and/or system will result in appropriate action being taken against the person who made the unauthorized use, up to and including termination from employment. The use of each such device and/or system will be monitored or checked from time to time to verify compliance with this policy.

3. It is not the intent or desire of this Company to grant or imply to any employee or other personnel any right or expectation of privacy, privilege, or confidentiality in their use of any such device and/or system.

Use of Cellular Phones and Company Phones

1. This Company and any of its "BUSINESS UNITS" may provide employees with policies for personal use of cellular phones or personal use of company phones. It is each employee's responsibility to have a clear understanding of these policies.

Use of Vehicles

- 1) Vehicles owned or leased by this Company or any of its "BUSINESS UNITS" are to be operated, used, and maintained only by qualified personnel. As used in this policy, "vehicle" means any method or means of transportation used for the purpose of moving one or more persons and/or cargo and which is powered by an internal combustion engine, electric motor, hydraulics, other nonhuman power source, or any combination of power sources. No employee, agent, independent contractor, or other personnel of this Company or any of its "BUSINESS UNITS" is permitted to use any vehicle for any use whatsoever except as authorized or instructed in order to further the legitimate business interests and goals of this Company or any of its "BUSINESS UNITS". Any other use, including personal use, of any such vehicle is prohibited unless expressly authorized. The unauthorized use of any such vehicle will result in appropriate action being taken against the person who made the unauthorized use, up to and including termination from employment. The use of each such vehicle will be monitored or checked from time to time to verify compliance with this policy.
- 2) No employee is to use his or her personal vehicle or any vehicle not owned or leased by this Company or any of its "BUSINESS UNITS" for company purposes except as authorized. When such vehicles are used for company purposes the owner may be compensated for its use by a method approved in the Internal Revenue Code (for example, the payment of mileage for use of a personal automobile, as well as reimbursement for tolls and

parking costs). Any compensation must be pre-arranged and authorized by this Company or any of its "BUSINESS UNITS" prior to use of a personal vehicle used for company purposes. A "Reimbursement Agreement", "Resolution to Reimburse" or similar document must be signed and executed by this Company or any of its "BUSINESS UNITS" prior to use of a personal vehicle as described above.

Use of Equipment

1. Equipment owned or leased by this Company or any of its "BUSINESS UNITS" is to be operated, used, and maintained only by qualified personnel. As used in this policy, "equipment" has the same meaning as used and published in current Generally Accepted Accounting Principles (except for vehicles, which are addressed by the previous policy). No employee, agent, independent contractor, or other personnel of this Company or any of its "BUSINESS UNITS" is permitted to use any equipment for any purpose whatsoever except as authorized or instructed in furthering the legitimate business interests and goals of this Company or any of its "BUSINESS UNITS". Any other use, including personal use, of equipment is prohibited unless expressly authorized. The unauthorized use of equipment will result in appropriate action being taken against the person who made the unauthorized use, up to and including termination from employment. The use of equipment will be monitored or checked from time to time to verify compliance with this policy.
2. No employee is to use his or her personal equipment or any equipment not owned or leased by this Company or any of its "BUSINESS UNITS" for company purposes except as authorized. When personal equipment is used for company purposes the owner shall be compensated for its use by a method approved in the Internal Revenue Code. Any compensation must be pre-arranged and authorized by this Company or any of its "BUSINESS UNITS" prior to use of a personal equipment used for company purposes. A "Reimbursement Agreement", "Resolution to Reimburse" or similar document must be signed and executed by this Company or any of its "BUSINESS UNITS" prior to use of a personal equipment as described above.

Use of Inventory

1. Inventory of the Company or any of its "BUSINESS UNITS" is to be used only in ways that are consistent with its intended purpose, which is for sale to our customers. As used in this policy, "inventory" has the same meaning as used and published in current Generally Accepted Accounting Principles. No employee, agent, independent contractor, or other personnel of this Company or any of its "BUSINESS UNITS" is permitted to use any inventory for any purpose whatsoever except as authorized or instructed in furthering the legitimate business interests and goals of this Company or any of its "BUSINESS UNITS". Any other use, including personal use, of inventory is prohibited unless expressly authorized. The unauthorized use of inventory will result in appropriate action being taken against the person who made the unauthorized use, up to and including termination from employment. The use of inventory will be monitored or checked from time to time to verify compliance with this policy.

Use of Supplies

2. Supplies of the Company or any of its "BUSINESS UNITS" are to be used only for company purposes. As used in this policy, "supplies" has the same meaning as used and published in current Generally Accepted Accounting Principles. No employee, agent, independent contractor, or other personnel of this Company is permitted to use company supplies for any purpose whatsoever except as authorized or instructed in furthering the legitimate business interests and goals of this Company or any of its "BUSINESS UNITS". Any other use, including personal use, of supplies is prohibited unless expressly authorized. The unauthorized use of supplies will result in appropriate action being taken against the person who made the unauthorized use, up to and including termination from employment. The use of supplies will be monitored or checked from time to time to verify compliance with this policy.

Use of Other Company Property

3. Any other property owned or leased by this Company or any of its "BUSINESS UNITS" and not included in the definitions or descriptions of property in the previous policies is to be used only for company purposes. No employee, agent, independent contractor, or other personnel of this Company or any of its "BUSINESS UNITS" is permitted to use company property for any purpose whatsoever except as authorized or instructed in furthering the legitimate business interests and goals of this Company or any of its "BUSINESS UNITS". Any other use, including personal use, of company property is prohibited unless expressly authorized. The unauthorized use of company property will result in appropriate action being taken against the person who made the unauthorized use, up to and including termination from employment. The use of company property will be monitored or checked from time to time to verify compliance with this policy.

Workplace Searches

1. Searches of company workplaces or any of its "BUSINESS UNITS" may be made for one or more of the following purposes: (a) pursuant to applicable state or federal law or regulation; (b) pursuant to the terms of a government contract to which we are a party; (c) pursuant to the requirements of a compliance program; (d) as part of an internal investigation into a complaint of discrimination, harassment, illegal drug use, use of alcohol, violence, threats of violence, damage or destruction of any property, theft, or when otherwise necessary to properly investigate a complaint made by an employee or other person; (e) to determine whether company owned or leased property has been improperly used; (f) to maintain the confidentiality of trade secrets, proprietary information, customer/client information, or of any other information; or (g) in cooperation with local, state, or federal law enforcement.
2. Any search to be conducted will be by the least intrusive method available in order to properly carry out the search.
3. As a condition of employment, each employee must cooperate in any search of company owned or controlled areas, places, and property of any type or description. The failure or refusal of any employee to cooperate with a search as described in this policy will result in appropriate action being taken against the employee, including termination of employment.
4. Personal property of employees will not be searched without the written consent of the employee. However, as a condition of employment, each employee must cooperate in any nonintrusive search of his or her property, such as by metal detection, X-ray, or other similar methods. As a further condition of employment, each employee must cooperate in any search of his or her property by appropriate methods when necessary for one of the purposes described above. The failure or refusal of any employee to cooperate with a search as described in this policy will result in appropriate action being taken against the employee, up to and including termination of employment. The Written Consent to Search form that must be signed prior to any search described in this policy is set out below.
5. An employee's body and the clothing being worn by an employee (not including jackets, coats, or other apparel not intended to be worn while the employee is performing his or her job) will not be searched by company personnel.
6. Polygraph examinations ("lie-detector" testing) will not be conducted on any employee by company personnel. Polygraph examinations in employment are prohibited by federal law except in limited situations.
7. Any company owned or leased property, including information in any form, which is found during a search may be seized and held by the Company or any of its "BUSINESS UNITS" at our sole discretion. Any employee

in possession of such property who does not have authority to possess such property at the time of the search is subject to appropriate action, up to and including termination from employment.

8. Any employee who is found to be in possession of what appears to be illegal drugs or the illegal possession of any property not owned or leased by this Company or any of its "BUSINESS UNITS" is subject to appropriate action, up to and including immediate termination from employment. At our sole discretion, we may confiscate any property found during a search if we believe this action is necessary for the safety of any person. If we believe a crime is or has been committed as a result of any search conducted by us, we will contact appropriate law enforcement personnel and will cooperate with their instructions.

SAMPLE OF WRITTEN CONSENT TO SEARCH

I, (name of employee), an employee of (name of employer), hereby consent to the search by my employer of property owned or used by me and which is located at any workplace owned, leased, used, or controlled by my employer. This consent is given as a condition of my employment. I understand that if I refuse to sign this consent my employment may be terminated.

The purpose of this search is: _____

The search method(s) are: _____

This search is to be conducted between the following dates: _____

By consenting to this limited search I am not waiving any rights I have under the U.S. Constitution nor under the Constitution of the State of (state in which the search is conducted).

Employee: _____ Date: _____

COMPANY POLICY FOR ACCESS TO EMPLOYEE FILES

Access to Employee Files and Information

1. All employee files, regardless of their format and how they are maintained, are the property of this Company. All employee files and the information contained in employee files are confidential. Access to any employee's file and the information contained in the file is strictly prohibited except as described in this policy.
2. Access to any employee's file and information is limited to the employee and to such other company personnel whose responsibilities require access. Such access is limited to only such uses of the file and information as are required to fulfill the purpose of access.
3. Access to an employee's file and information will also be granted to any person identified in a written authorization for access and/or disclosure signed by the employee. Health and medical information about an employee will not be released except through a properly signed authorization that meets the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Access to an employee's file and information, including health information, will also be made available as required by a court order or as otherwise required by law.
4. A **current** employee has access to his or her own file(s). The conditions under which an employee may view this information are:

- (a) the employee must make a written request to see his or her own file;

(b) the employee's written request can be to view all information in any file or specific information identified in the request;

(c) the information that must be contained in this written request includes the employee's name, job location/client assignment, and brief statement of what documentation the employee desires to review;

(d) this request is to be made to the employee's supervisor or to any other person who can arrange for the employee to view his or her file as requested;

(e) the employee may view the file in a supervised location set aside for this purpose during normal business hours;

(f) while viewing the file, the employee may not photocopy or take photographs of any contents of the file. The employee may not add anything to the file or remove anything from the file, nor may the employee have anyone accompany him or her except for the employee's spouse or immediate family member, attorney, personal representative, or such other person as necessary to assist the employee in viewing and understanding the contents of the file. The employee will not be interfered with while viewing his or her file, but we will always elect to have a company representative present as the file is reviewed by the employee.

5. A request for access to a file that is the subject of or relevant to any actual or potential legal claim may be denied except pursuant to court order, subpoena, or as otherwise required by law.

SAMPLE OF REQUEST TO VIEW FILE

I, _____, a current employee of _____, hereby request to see the following information contained in any file maintained by my employer.

(Check each item that applies to your request.)

- All information about me.
- My health and medical information.
- Information about my pay, benefits, and any other compensation.
- My performance evaluations and any other information concerning my job performance.
- Other (describe): _____

Employee

Date

PROPERTY OF EMPLOYEES

Your Property at Work

Except as described in this policy, employees are not to bring any personal property to the workplace or to their workstations, job sites or offices.

Employees with a private or shared office may bring and mount on the walls of their office any diplomas, licenses, certifications, awards, recognitions, or other credentials that are related to their position with this

Company or any of its "BUSINESS UNITS", provided prior approval from Immediate Supervisor has been obtained.

Employees with desks or other private or exclusive work areas may bring and place on their desks or in their work areas framed photographs and other personal items or effects as long as they do not interfere with the employee's work or productivity and are non-offensive in nature.

Employees may not bring or use any furnishings, computers or other electronic devices, telephones, audio-visual equipment (including radios, stereos, televisions, etc.), or any other communication or information devices unless the item is provided by this Company or any of its "BUSINESS UNITS" or unless the employee has obtained prior permission from his or her supervisor. Permission will generally be given as long as the item or the use of the item in question does not interfere with the work or productivity of any employee and is non-offensive in nature.

Responsibility for Your Property

Employees who bring personal property to the workplace or workstation do so at their own risk. This Company or any of its "BUSINESS UNITS" assumes no responsibility or liability for any personal property of any employee.

EMPLOYEE PERFORMANCE

Job Descriptions

1. There is a written job description for every position in this Company or any of its "BUSINESS UNITS" .
2. The basic purposes of our job descriptions are: (a) to describe the essential functions or responsibilities of the job; and (b) to describe the qualifications required to hold the job.
3. We use job descriptions in the evaluation of applicants for a job and in evaluating the performance of an employee who has the job.
4. We create and prepare all job descriptions based on the needs of the Company or any of its "BUSINESS UNITS" and the demands of business. We will modify a job description as necessary on the same basis. We may occasionally request information or suggestions from an employee as we are creating, preparing, or modifying a job description, but all decisions as to the final content of any job description will be made by the Company or any of its "BUSINESS UNITS" . The content of a job description is not negotiated with any employee.

Work Schedules

If an employee has a specific work schedule, it is either included in the employee's job description or will be set as described in the job description.

Absence Policies

1. Employees with specific work schedules are expected to be at work during their respective work schedules.
2. Employees without specific work schedules are expected to devote such time as necessary in order to fulfill the responsibilities of their position.

3. We recognize that it is occasionally necessary for any person to be absent from work for a variety of reasons. Employees who have accrued vacation time, sick leave, or personal leave as a benefit of employment, whether paid or unpaid, may use such time as described in our policies covering benefits as compensation.

4. Employees eligible to take leave pursuant to the Family and Medical Leave Act may do so as described in our policy covering this law.

5. Employees will also be given time off for jury duty, in order to comply with a properly issued subpoena, or in order to comply with the order of any court. To take time off for one of these reasons, we require at least twenty-four hours notice and we may ask for a copy of your jury notice, subpoena, or court order to place in your employment file as a record of the reason for this absence. (Except for very unusual circumstances, you will be given more than twenty-four hours notice that you must comply with a jury notice, subpoena, or court order.) Your job and all benefits of your employment will be maintained for you during your absence as required under state and/or federal law.

6. Employees who must be absent due to their service in the National Guard or Armed Forces of the United States must give us notice as soon as possible. We may ask for a copy of your order to report for service to be placed in your employment file as a record of the reason for this absence. Your job and all benefits of your employment will be maintained for you during your absence as required under state and/or federal law.

7. To request to be absent for any other reason; you must call the Human Resources Manager prior to the beginning of your shift: 360-567-2092. You may be instructed to call your Supervisor at your assigned "BUSINESS UNIT". We will attempt to accommodate requests to be absent.

8. Unless prior authorization for time off has been granted, employees who have an unexpected absence due to illness that exceeds more than one (1) day, employees must provide a written notice from a Doctor that states the employee is released to return to work.

9. Appropriate action will be taken against an employee who is excessively absent, up to and including termination from employment. What constitutes "excessive absence" will be determined by us based on applicable law, company benefits, and your performance of your job.

Dress Code

1. All employees must dress appropriately for the requirements of their respective positions with the Company or any of its "BUSINESS UNITS". Appropriate dress for an employee may be described in the job description, by industry custom, or by specific instructions given orally or in writing. Each "BUSINESS UNIT" may provide to you a Detailed Dress Code Policy, this may be presented to you by your Immediate Supervisor.

2. Employees required to wear or use personal protective equipment must wear or use such equipment as instructed and as required.

3. All employees must be clean and properly groomed while at work. Perfume, cologne, and other personal products with a fragrance or odor must be used with discretion.

Use of Tobacco Products

Tobacco products in any form may not be used or consumed except in designated areas.

Drug and Alcohol Use

Illegal drugs, alcohol, prescription drugs that interfere with the safe performance of work, or any other potentially intoxicating substance cannot be used, consumed, possessed, or exhibited during work or at the workplace. Appropriate action will be taken against employees who violate this policy, up to and including termination from employment.

Performance Evaluations

1. The performance of employees will be evaluated from time to time. The purpose of an employee performance evaluation is to measure how well an employee is handling the responsibilities of his or her job. An employee's current job description will be used as the basis for making this evaluation. In addition, other factors may be considered in evaluating an employee's job performance, such as: (a) whether the employee has acquired additional qualifications relevant to his or her position (i.e., training, education, certification, formal recognition of accomplishments, etc.); (b) how well the employee has met any goals or objectives relevant to his or her position; (c) whether the employee has demonstrated initiative and responsibility beyond that required in his or her job description; (d) comments about the employee's performance and qualifications from co-workers, supervisors, or other company personnel; and (e) other factors showing how well the employee meets or exceeds the responsibilities of his or her position with this Company.

2. Performance evaluations will be conducted by supervisory or managerial personnel of this Company or any of its "BUSINESS UNITS" .

3. The performance evaluation of an employee will be conducted when the employee is under consideration for: (a) an increase in pay and/or benefits; (b) a significant change in responsibilities (which may include a promotion, an internal job change, transfer to another workplace or location, etc.); (c) action because of any failure by the employee to meet the requirements of his or her job description, up to and including termination of employment; or (d) any other action relevant to the employee's employment and/or the legitimate interests of this Company or any of its "BUSINESS UNITS" .

4. An employee may or may not be given advance notice of a performance evaluation.

5. The full nature and extent of a given evaluation of a specific employee will be based on the reason for the evaluation, the nature of the employee's job and the legitimate interests of this Company or any of its "BUSINESS UNITS" .

6. An employee will be informed of any action to be taken as a result of the performance evaluation, as well as of the factors learned from the evaluation that are relevant to the action to be taken.

Warnings and Discipline

1. An employee whose job performance is not satisfactory will receive a warning. This warning may be given orally or in writing. The nature of the warning will fit the circumstances, but all warnings will: (a) be given privately and directly to the employee; (b) adequately describe the reason for the warning; (c) adequately describe what is expected from the employee in response to the warning; (d) adequately describe the consequences if the employee fails to meet what is expected in response to the warning; and (e) contain a reference to any specific company policy on which the reason for the warning is based.

2. An employee whose job performance is not satisfactory may incur disciplinary consequences, but which do not include termination of employment. As appropriate, a warning as described above will be given prior to any discipline, but the giving of a warning is not a prerequisite to any discipline. Discipline may include such

actions as: (a) taking away job-related responsibilities; (b) transfer to another workplace or location; (c) withdrawing consideration for any promotion or benefit related to the employee's employment; (d) suspension from employment with or without pay for an appropriate period of time; (e) successful completion of a drug or alcohol treatment program or of another type of relevant treatment or therapy program; (f) reimbursement for damages or losses by the employee that were caused by the employee; or (g) such other action that will address the particular problem.

Termination of Employment

1. An employee who does not work pursuant to an express contract of employment may be terminated from employment for any reason that does not violate the law, at any time, and at our sole discretion. However, the decision to terminate an employee will not be made lightly.

2. As appropriate, a warning as described in the previous policy may be given prior to termination of employment. However, neither the giving of a warning nor the taking of disciplinary measures are prerequisites to termination of employment.

3. An un-paid suspension may be necessary to investigate a final decision for proposed termination. The duration of an un-paid suspension is at the discretion of this Company, however, would not exceed (30) working days.

Grievance Procedures

1. An employee or group of employees with a grievance concerning any issue relating to their employment may have this grievance addressed.

2. An employee or group of employees who want their grievance addressed must notify us. This notice may be oral or in writing (although we may require an oral grievance to be put in writing) and must adequately describe the grievance. The grievance must identify whether it is from an individual or from a group of employees, but any grievance may be made anonymously. This notice may be given to any supervisor or other person who will notify the Human Resources Manager.

3. The Human Resources Manager will arrange a Grievance Committee which will be composed of a minimum of (3) persons, including at least one representative of management and at least one employee representative. All members of the Grievance Committee will be Company personnel or any of its "BUSINESS UNITS" personnel. This committee will not necessarily be a standing committee and may be organized only as needed. Management will select its representative(s) by any method it desires and which is effective. Employees will select their representative(s) by any method they desire and which is effective.

4. The Grievance Committee will be organized and will convene as soon as possible in order to consider and act on the grievance. The committee's first action will be to elect a chair from its membership who will schedule and preside over all committee meetings. This committee is empowered to use such methods and to take such actions as it finds appropriate to address and act on a grievance. All decisions of the committee will be made by a majority vote of the committee members, including the chair.

5. The actions which the Grievance Committee may take in response to a grievance include: (a) finding that the grievance is unfounded; or (b) finding that the grievance has merit, either in whole or in part; and (c) recommending to management the most appropriate action to be taken as a result of the committee's findings.

6. The recommendation of the Grievance Committee should be followed unless specific and legitimate reasons would require modification of the committee's recommendation.

OTHER POLICIES

Hiring Procedures

1. The specific hiring procedure for any existing or new position with this Company or any of its "BUSINESS UNITS" is set by management policy. The management of this Company or any of its "BUSINESS UNITS" has sole responsibility for the creation of any position, determining the job description of each position, and deciding who to hire for any position.

2. No person has the authority to offer employment with this Company or any of its "BUSINESS UNITS" to any other person unless this authority is a specific part of his or her job description.

Travel Policies

1. An employee's travel from home to work and from work to home is not covered by this policy. The expense of all such travel is the employee's sole responsibility.

2. Employees who travel as part of their employment will do so pursuant to these general policies: (a) all travel must be authorized; (b) actual travel expenses will be paid by the Company, including but not necessarily limited to airfare, ground transportation, mileage, tolls, lodging, meals, tips and business expenses; and (c) travel expenses paid by an employee will be reimbursed.

3. Employees who travel must keep accurate records of the costs and details of their travel on forms or in formats provided by us for this purpose. The basic information to be included in these records includes: (a) dates of travel, expenses, or activities reported; (b) description of activities being reported; (c) amount of and reason for each expense reported; and (d) receipts or other written verification of the expenses.

4. Specific instructions may be given with the authorization for employee travel. The employee must comply with any such instructions.

Expense Accounts and Reimbursement of Expenses

1. Employees who incur business expenses as a part of their employment will do so pursuant to these general policies: (a) all expenses must be authorized; and (b) expenses paid by an employee will be reimbursed.

2. Employees who incur business expenses in the performance of their jobs must keep accurate records of the costs and details of such expenses on forms or in formats provided by us for this purpose. The basic information to be included in these records are: (a) dates of expenses or activities reported; (b) description of activities being reported; (c) amount of and reason for each expense reported; and (d) receipts or other written verification of the expenses.

3. Specific instructions may be given with the authorization for expenses incurred by an employee. The employee must comply with any such instructions.

EMPLOYEE POLICY REGARDING INVENTIONS, CREATIONS, DISCOVERIES, AND IDEAS OF EMPLOYEES

Inventions, Creations, Discoveries, and Ideas of Employees

1. During the term of each employee's employment, all inventions, creations, discoveries, and ideas of the employee that were made, discovered, created, or otherwise expressed or brought into existence shall be considered to be the inventions, creations, discoveries, and ideas of this Company.

2. All inventions, creations, discoveries, and ideas of any employee are "works for hire" as that term is defined in all applicable state and federal law relating to patents, trademarks, copyright, trade secrets, and franchises.

3. Inventions, creations, discoveries, and ideas of employees include, but are not limited to: (a) any and all writings relevant in any way to the business or interests of this Company; (b) any and all writings made by the employee in the course of employment with this Company; (c) any and all inventions and discoveries (including modifications and improvements) relevant in any way to the business or interests of this Company; (d) any and all inventions and discoveries (including modifications and improvement) made by the employee in the course of employment with this Company; (e) any and all creations or ideas relevant in any way to the business or interests of this Company; (f) any and all creations and ideas made by the employee in the course of employment with this Company; (g) any and all business interests (however defined or described) and/or customers developed, obtained, brought to this Company or contacted on behalf of this Company by employee; and (h) any and all processes, procedures, plans, schemes, concepts, reports, investigations, compilations, lists, tables, charts, accumulations of information, and any other thing, whether tangible or intangible, that is relevant in any way to the business or interests of this Company.

4. No employee shall acquire any right, privilege, or interest in any invention, creation, discovery, or idea for any purpose except upon the prior express and written license of this Company.

Confidentiality and Trade Secrets

1. This policy applies to various types of proprietary information of this Company or any of its "BUSINESS UNITS", including but not necessarily limited to customer lists, confidential information concerning customers, accounting and financial information, data, specifications, plans, processes, intellectual property, and trade secrets. All such information is confidential and is to be treated as confidential by employees at all times. All such proprietary information is to be used only as directed by us and only in order to further the legitimate interests of this Company or any of its "BUSINESS UNITS". Employees must follow our instructions, whenever given, regarding access to proprietary information, the use of proprietary information, the release and re-release of proprietary information, and the modification or destruction of proprietary information.

2. Information that is considered to be private, privileged, or confidential is to be communicated, stored, and accessed in a manner and by methods that will protect the private, privileged, or confidential nature of the information. All employees who have or who may have access to any such information shall be trained in how to preserve confidentiality and shall also sign an Employee Confidentiality Statement at the beginning of their employment or at such time as their job responsibilities may change to include actual or potential access to confidential information. The Employee Confidentiality Statement form is set out below.

EMPLOYEE CONFIDENTIALITY STATEMENT

Copy retained in Employee File

*THIS ORIGINAL WILL REMAIN A PERMANENT PART OF YOUR "EMPLOYEE FILE"

This Statement describes your Ethical and/or Legal Duty as an employee of HR Alliance of Washington, Inc (HRAOW, INC) or any of it's "BUSINESS UNITS" concerning the Confidentiality of Privileged Information that you will or may handle and use as part of your employment.

I, _____, hereby acknowledge, understand and agree:

1. That, as an employee HR Alliance of Washington, Inc (HRAOW, INC) or any of it's "BUSINESS UNITS", I will or may have access to information that is privileged and confidential. I will only use this information as directed or instructed by my employer and as necessary to fulfill the necessary requirements of my job.

2. That if I use or disclose this information in any manner not authorized by my employer as expressed through my employer's policies and instructions, whether such policies and instructions are general in nature or are specific to me, I must immediately report any such unauthorized use or disclosure by me to :

Human Resources Manager: _____

4. That if I become aware of the unauthorized use or disclosure of privileged and confidential information by any employee or other personnel of my employer, or by any other person, I must immediately report any such unauthorized use or disclosure to :

Human Resources Manager: _____

4. That in the event of any unauthorized use or disclosure of privileged and confidential information, I must comply with the instructions of my employer in efforts to mitigate the effects of such unauthorized use or disclosure. This is my obligation regardless of the nature or cause of the unauthorized use or disclosure.

5. That I must comply fully with this statement as part of my job description and that any failure on my part to so comply may result in termination of my employment.

Employee: _____ Date: _____

*THIS ORIGINAL WILL REMAIN A PERMANENT PART OF YOUR "EMPLOYEE FILE"

ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

Copy retained in Employee File

*THIS ORIGINAL WILL REMAIN A PERMANENT PART OF YOUR "EMPLOYEE FILE"

I, _____, hereby acknowledge:

- 1. That I have received a copy of this Employee Handbook.
- 2. That I have read and/or have had these policies explained to me.
- 3. That I understand these policies and that if I should have questions about any policy at any time, I will ask my question(s) and my employer has assured me of a prompt and accurate response to any such question.
- 4. That I will comply with these policies and that my failure to comply with any one or more of these policies may result in appropriate consequences, up to and including termination of employment.
- 5. That certain policies in particular have been identified by my employer as having special significance and as requiring specific compliance by me. These policies may be independent from this Employee Handbook.

These policies are:

6. That HR Alliance of Washington, Inc (HRAOW, INC) or any of it's "BUSINESS UNITS" may change any policy at any time, but that I will continue to be covered by or obligated under current policies until I receive a copy of the new or modified policy. I will be covered by or obligated under new or modified policies as of the date I receive actual notice of the new or modified policy.

 Employee

 Date

*THIS ORIGINAL WILL REMAIN A PERMANENT PART OF YOUR "EMPLOYEE FILE"