

## ARTICLE 5      BENEFITS

### K. Paid Pregnancy Leave (*\*Signature Needed*)

Revised: 1/31/2024

Delhi Township is firmly committed to protecting the rights of expectant mothers and complying with Title VII of the 1964 Civil Rights Act as amended by the Pregnancy Discrimination Act of 1978. Delhi Township's policy is to treat women affected by pregnancy, childbirth, or related medical conditions in the same manner as other employees unable to work because of their physical condition in all employment aspects, including recruitment, hiring, training, promotion, and benefits.

#### **Eligibility**

To be eligible for paid pregnancy leave, an employee must meet the following requirements: be affected by pregnancy, childbirth, or related medical conditions, work at least 20 hours per week, have been employed for a 12-month period, and worked 1,250 hours in the twelve-month period immediately preceding the paid pregnancy leave period (hereinafter referred to as "Eligible Employee").

#### **Paid Leave**

Delhi Township provides each Eligible Employee eight (8) weeks of pregnancy leave paid at 100% of actual base salary (hereinafter referred to as "Paid Leave Period") for pregnancy, childbirth, and related medical condition (including recovery from childbirth), subject to the terms outlined below.

If the employee needs leave beyond what is authorized by this paid pregnancy leave policy, the employee may take additional leave in accordance with the Township's Family and Medical Leave Act ("FMLA") Policy. If the employee has exhausted all paid pregnancy and FMLA leave but requires additional leave due to medical complications related to pregnancy and/or childbirth, the employee must notify Delhi Township as soon as possible. The additional leave will be treated the same as any other medical or sick leave.

Individuals who qualify for paid pregnancy leave, pursuant to this policy, may use any accumulated paid sick days or vacation days to extend paid pregnancy leave beyond the Paid Leave Period and be paid for those designated days.

#### **Benefits**

While an employee is away from work on an approved paid pregnancy leave of absence, the individual continues to participate in Delhi Township's company benefit plans. Benefits requiring employee contributions, including health insurance, will continue to require the employee's contribution. An employee who fails to contribute those benefits may have those benefits interrupted or cancelled.

**Written Requests**

An Eligible Employee must submit a written request for paid pregnancy leave no later than two (2) weeks prior to the date of expected leave. This written request (included on this form) shall include the date on which the paid pregnancy leave shall begin as well as the duration of the leave.

**Medical Incapacity and Transfers**

In the event an employee is physically incapable of performing regular job duties at any time during the pregnancy, for reasons related to the pregnancy, the employee may make a written request to be placed on paid pregnancy leave. Delhi Township will make reasonable accommodations, to the extent possible.

An employee requesting paid pregnancy leave under this policy may also request a transfer to a less strenuous or less hazardous position, if so desired. The request must be in writing and must state the reason for the transfer. Delhi Township will make reasonable accommodations, to the extent possible.

**Legal Compliance**

Delhi Township shall honor this policy in accordance with any applicable, governing laws. Employees that require paid pregnancy leave shall not be discriminated against, nor shall their salary or employment status at Delhi Township be unlawfully affected by it.

Employees who are pregnant or give birth to a child but are not Eligible Employees will be treated fairly and in accordance with applicable, governing laws. Additionally, those employees will be subject to Delhi Township’s other leave policies, as applicable.

**DELHI TOWNSHIP  
PAID PREGNANCY LEAVE POLICY**

I hereby acknowledge that I have received the information and read the Paid Pregnancy Leave Policy.

\_\_\_\_\_   
 [NAME]

\_\_\_\_\_   
 Date