

# **PETE KING CORP**

## **EMPLOYEE HANDBOOK**

**Revised 01/2023**

**2575 East Lone Mountain Road, North Las Vegas, NV 89081  
777 South Auto Mall Drive, Bldg B, Suite 108, American Fork, UT 84003**

**Human Resources: 702-657-1102**

**Contact Human Resources with Questions Regarding Employee Handbook  
Website:**



**PETE KING CORP  
EMPLOYEE HANDBOOK**

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**ACKNOWLEDGEMENT OF EMPLOYEE HANDBOOK**

- I hereby acknowledge I have been provided the PETE KING CORP Employee Handbook.
- I understand it is a condition of employment with PETE KING CORP, that I read, understand and abide by the policies and procedures established by the company in its written Employee Handbook including:

Equal Employment Opportunity Policy  
Nondiscrimination Policies  
Group Health Insurance Benefits  
Group Health Continuation Coverage “COBRA”  
Harassment Free Environment/Policy Against Sexual Harassment  
Holiday Policy  
Statement of Employee Safety  
Injury Management & Claims Reporting Procedures  
Federal Paid Sick Leave Under Executive Order 13706  
Nevada Paid Leave Under NRS Section 608 Revised by SB 312  
Leave of Absence Policy  
Payroll Check Replacement Policy  
Time Keeping and Overtime Policy/Electronic Time Records

- I understand if I have questions regarding the company’s written Employee Handbook I should discuss them with my superintendent or human resources.
- I understand if I feel I am not receiving proper or sufficient training I should contact the Manager of PETE KING CORP, at 702-657-1102.
- I understand if I have an unsafe condition or practice to report or if I have a safety suggestion I would like to recommend, I should complete an Employee Safety Information Report and submit it directly to the office. I know this form may be completed and submitted anonymously, if desired.
- I understand it is illegal for an employer to take any action against an employee in reprisal for exercising rights as shown in the Employee Handbook.
- **I UNDERSTAND THE CONTENTS OF THIS EMPLOYEE HANDBOOK DO NOT CONSTITUTE THE TERMS OF A CONTRACT OF EMPLOYMENT.**  
Employment with PETE KING CORP is on an “at-will” basis. Our employment relationship may be terminated at any time by either the employee or the company for any reason not prohibited by law.

Employee’s Name Printed: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PETE KING CORP  
EMPLOYEE HANDBOOK**

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**CONSTITUTE THE TERMS OF A CONTRACT OF**  
**EMPLOYMENT**

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**POLICIES AND PROCEDURES OUTLINED IN OUR  
EMPLOYEE HANDBOOK ARE SUBJECT TO CHANGE  
WITHOUT PRIOR NOTIFICATION**

**PETE KING CORP  
EMPLOYEE HANDBOOK**

---

**TABLE OF CONTENTS**

EQUAL EMPLOYMENT OPPORTUNITY POLICY ..... 5

NONDISCRIMINATION POLICIES

    Race, Color, Religion, Sex, National Origin Nondiscrimination Policy .....6

    Disability Nondiscrimination Policy.....6

    Age Nondiscrimination Policy.....7

    Sex (Wages) Nondiscrimination Policy.....7

    Disabled, Recently Separated, Other Protected and Armed Forces Medal Veterans  
        Nondiscrimination Policy .....7

    Genetic Information Nondiscrimination Policy (GINA) .....8

    Retaliation .....8

GROUP HEALTH INSURANCE BENEFITS ..... 9

GROUP HEALTH CONTINUATION COVERAGE

    “COBRA” ..... 10

    Qualifying Events ..... 10

    Notices and Election..... 12

    Type of Coverage and Premium Payments ..... 13

    Maximum Coverage Periods ..... 15

    Newborn Children of/Children Placed for Adoption with Covered Employee .....16

    Termination of Coverage Before the End of Maximum Coverage Period..... 16

    Other Information..... 18

    Plan Administrator..... 18

HARASSMENT FREE ENVIRONMENT ..... 19

POLICY AGAINST SEXUAL HARASSMENT ..... 19

HOLIDAY POLICY ..... 20

STATEMENT OF EMPLOYEE SAFETY .....21

INJURY MANAGEMENT & CLAIMS REPORTING PROCEDURES .....23

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

---

FEDERAL PAID SICK LEAVE POLICY UNDER EXECUTIVE ORDER 13706.....25

NEVADA PAID LEAVE POLICY UNDER NRS SECTION 608 REVISED BY SB312 .....27

LEAVE OF ABSENCE POLICY ..... 28

    Serious Health Conditions ..... 28

    Leave .....29

    Notification..... 29

    Certification ..... 30

    Benefits..... 30

    Pay Status ..... 30

    Return from Leave..... 31

PAYROLL CHECK REPLACEMENT POLICY ..... 32

TIME KEEPING AND OVERTIME POLICY/ELECTRONIC TIME RECORDS ..... 33

HIPPA NOTICE OF PRIVACY PRACTICES .....36

# PETE KING CORP EMPLOYEE HANDBOOK

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## EQUAL EMPLOYMENT OPPORTUNITY POLICY

It is the policy of PETE KING CORP (also referred to herein as “the Company”) to assure that the Company employs applicants and treats employees without regard to their race, religion, sex, color, national origin, or status as a disabled person, or as a disabled, recently separated, other protected and Armed Forces service medal veteran. This policy applies to the following actions and conditions among others: employment, compensation, upgrading, demotion, transfer, recruitment, recruitment advertising, layoff, termination, job training, selection for training, selection for apprenticeship or pre-apprenticeship and/or on-the-job training.

- The Company will ensure that all Company facilities and activities are non-segregated.
- The Company will seek to ensure that job classifications, seniority practices, referral practices, and other such practices do not have a discriminatory effect.
- The Company will ensure that any job qualifications that discriminatorily screen out members of a target group are job-related and consistent with business necessity.

The Company will act affirmatively in its workforce recruitment and advancement of qualified females, members of minority groups, individuals with disabilities as well as disabled, recently separated, other protected and Armed Forces service medal veterans.

If you see or feel there has been a violation of this policy contact me at (702) 657-1102.

PETE KING CORP  
An Equal Employment Opportunity Employer

*Ryan Wagner*  
Ryan Wagner  
President

## **PETE KING CORP EMPLOYEE HANDBOOK**

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### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN NONDISCRIMINATION POLICY**

In accordance with Title VII of the Civil Rights Act of 1964, as amended, Pete King Corp, Race, Color, Religion, Sex, National Origin Nondiscrimination Policy protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment on the basis of race, color, religion, sex (including pregnancy) or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

In accordance with Executive Order 11246, as amended, Pete King Corp policy prohibits job discrimination on the basis of race, color, religion, sex or national origin and requires affirmation action to ensure equality of opportunity in all aspects of employment.

Pete King Corp does not discriminate based on race, color, religion, sex or national origin and acts affirmatively to ensure equality of opportunity in all aspects of employment.

### **DISABILITY NONDISCRIMINATION POLICY**

In accordance with Title I and Title V of the Americans with Disabilities Act of 1990, as amended, Pete King Corp Disability Nondiscrimination Policy protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship or safety issues for the applicant/employee as well as safety of other persons with whom they would be working. Pete King Corp does not discriminate based on disability.

In accordance with Section 503 of the Rehabilitation Act of 1973, as amended, Pete King Corp policy protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship or safety issues for the applicant/employee as well as safety of other persons which whom they would be working.

## **PETE KING CORP EMPLOYEE HANDBOOK**

---

As a Federal contractor, Pete King Corp takes affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment.

Pete King Corp does not discriminate based on disabilities and acts affirmatively to employ and advance in employment qualified individuals with disabilities.

### **AGE NONDISCRIMINATION POLICY**

In accordance with The Age Discrimination in Employment Act of 1967, as amended, Pete King Corp Age Nondiscrimination Policy protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment. Pete King Corp does not discriminate based on age.

### **SEX (WAGES) NONDISCRIMINATION POLICY**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act as amended, in accordance with the Equal Pay Act of 1963 as amended, Pete King Corp Sex (Wage) Nondiscrimination Policy prohibits sex discrimination in the payment of wages to women and men performing substantially equal work in jobs that require equal skill, effort and responsibility under similar working conditions in the same establishment. Pete King Corp does not discriminate based on sex (wages).

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED AND ARMED FORCES SERVICE MEDAL VETERANS NONDISCRIMINATION POLICY**

In accordance with The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, Pete King Corp Veteran Nondiscrimination Policy prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who while on active duty participated in a U.S. military operation for which an Armed Forces service medal was awarded). Pete King Corp does not discriminate and acts affirmatively to employ veterans covered by this policy.



**PETE KING CORP  
EMPLOYEE HANDBOOK**

---

**GENETIC INFORMATION NONDISCRIMINATION POLICY  
(GINA)**

In accordance with Title II of the Genetic Information Nondiscrimination Act of 2008, Pete King Corp GINA Policy protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees or their family members. Pete King Corp does not discriminate based on genetic information.

**RETALIATION**

Federal laws prohibit retaliation against a person who files a charge of discrimination, participates in an OFCCP proceeding or otherwise opposes discrimination or any other unlawful employment practice.

It is the policy of Pete King Corp to prohibit any and all retaliation against an employee for reporting any unlawful employment practice. Personal harassment, unwanted changes in working conditions and any other forms of retaliatory discrimination are expressly prohibited. This policy does not purport to restrain the company or its employees from exercising their legal rights in responding to and defending against a charge of unlawful employment practice.

# **PETE KING CORP EMPLOYEE HANDBOOK**

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## **GROUP HEALTH INSURANCE BENEFITS**

PETE KING CORP offers a group health insurance plan to eligible employees. The group health plan is normally contracted on an annual basis. The benefits plan and insurance company may change upon each contract renewal.

You must meet the group health insurance eligibility requirements for enrollment. Full-time employees are eligible for benefits on the first day of the month following your 60-day waiting period, based on your hire or rehire date. The employment date used is your hire date or the last rehire date which may incorporate breaks or interruptions of your employment.

You will receive a Benefit Guide outlining benefit options, enrollment instructions and premium costs approximately 30 days prior to your effective insurance date. Please read the Benefit Guide and enrollment instructions carefully. Contact Human Resources if you have any questions about options available to you so you are able to make an informed decision. Familiarizing yourself and eligible, covered dependents with the insurance plan option selected will help minimize unnecessary claim problems and costs to you. Complete your benefit enrollment by phone through our agent or utilize our online enrollment option before the deadline date.

Upon receiving your enrollment information, the insurance company will send insurance identification cards to you in approximately two to three weeks.

**PETE KING CORP  
EMPLOYEE HANDBOOK**

---

**GROUP HEALTH CONTINUATION COVERAGE**  
**“COBRA”**

The following is a summary of rights and obligations regarding continuation of group health plan coverage, also known as “COBRA”. Congress often changes the COBRA laws. This summary is subject to change without notice as interpretations or changes of the law occur.

Federal law requires most employers sponsoring group health plans to offer employees and their eligible dependents covered under a group health plan the opportunity to elect a temporary extension of health coverage (called “continuation coverage” or “COBRA coverage”) at group rates in certain instances (“qualifying events”) where coverage under the group health plan would otherwise end. PETE KING CORP (the “Employer”) maintains a group health insurance plan which is subject to this Notice. For simplicity, it is referred to in this Notice as the “Plan”. The life insurance and accidental death and dismemberment (AD&D) portion of the Plan is not covered under COBRA but may be converted to an individual policy. You do not have to show that you are insurable to elect continuation coverage. However, you will have to pay all of the premium for your continuation coverage. At the end of the maximum coverage period, you will be allowed to enroll in an individual conversion health plan if it is otherwise available under the Plan.

This summary is intended only to summarize, as best possible, your rights and obligations under the law. The Plan offers no greater COBRA rights than what the COBRA statute requires, and this Notice should be construed accordingly. The COBRA statute is not clear on some points and is interpreted by Federal agencies and the courts. Congress often changes the law. Therefore, this summary is subject to change without notice as interpretations or changes of the law occur.

**Both you (the employee) and your spouse should read this summary carefully and keep it with your records.**

**QUALIFYING EVENTS**

A COBRA “qualifying event” is one of the specified triggering events which would result in the loss of coverage of a “qualified beneficiary”. A “qualified beneficiary” is any employee, former employee, spouse or dependent child who lost coverage due to the qualifying event and was covered under the plan on the day before the qualifying event. The definition includes a child born to or placed for adoption with a covered employee during the period of COBRA coverage.

If you are an employee of the Employer covered by the Plan, you have a right to elect continuation coverage if you lose coverage under the Plan because of any one of the following two “qualifying events”:

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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1. Termination of your employment (including voluntary resignation, involuntary termination, retirement, or layoff) except for termination due to your gross misconduct; or
2. Reduction in the hours of your employment (includes leave of absence).

If you are the spouse of an employee covered by the Plan, you have the right to elect continuation coverage if you lose coverage under the Plan because of any one of the following four “qualifying events”:

1. The death of your spouse;
2. A termination of your spouse’s employment (including voluntary resignation, involuntary termination retirement, or layoff except for termination due to gross misconduct) or reduction in your spouse’s hours of employment (includes leave of absence) with the Employer;
3. Divorce from your spouse; or
4. Your spouse becomes entitled to Medicare benefits.

In the case of a dependent child of an employee covered by the Plan, he or she has the right to elect continuation coverage if group health coverage under the Plan is lost because of any one of the following five “qualifying events”:

1. The death of the employee parent;
2. The termination of the employee parent’s employment (including voluntary resignation, involuntary termination, retirement, or layoff except for termination due to employee gross misconduct) or reduction in the employee parent’s hours of employment (including leave of absence) with the Employer;
3. Parents’ divorce;
4. The employee parent becomes entitled to Medicare benefits; or
5. The dependent ceases to be a “dependent child” under the Plan.

## **PETE KING CORP EMPLOYEE HANDBOOK**

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### **NOTICES AND ELECTION**

The Plan provides that your covered dependent's coverage terminates (i.e., is lost) on the date of the qualifying event for a divorce (coverage is lost for the spouse only), or for a child losing eligible dependent status under the Plan.

Under the COBRA statute, the employee or a family member has the responsibility to notify the Plan Administrator of a divorce or a child losing dependent status under the Plan. The employee or family member must give this notice in writing no later than 60 days after the date the covered dependent would lose coverage under the Plan because of a divorce or a child losing dependent status.

**If you or a family member fail to notify the Plan Administrator in writing during the 60-day notice period, any family member who loses coverage will NOT be offered the option to elect continuation coverage.**

Further, if you or a family member fail to notify the Plan Administrator within the 60-day period, and consequently, your covered dependent's coverage continues (contrary to the Plan terms) beyond the date of the divorce or a child losing dependent status and the Plan Administrator later finds out about the event, then your covered dependent's coverage will be terminated as provided in the Plan (as of the date of the qualifying event of a divorce or a child losing dependent status) and you must reimburse the Plan for any claims paid after the coverage termination date. The same termination and reimbursement requirement will apply if you or a family member give written notice of the event within the 60-day notice period, but then do not timely elect and pay for COBRA coverage. If the Plan Administrator is timely notified that a divorce or child losing dependent status has occurred, the covered dependent(s) are notified of the right to elect continuation coverage.

**If you or your covered dependents do not elect continuation coverage within this 60-day election period, you will lose your right to elect continuation coverage.**

To be considered timely, an election must be postmarked by the U.S. Postal Service and received by the Employer, sent by an express delivery service with proof of date sent and received by the Employer; or delivered in person to the Employer during normal business hours at the office within 60 days of the date benefits terminate or the date of the Election notice (whichever is later).

A covered employee or the spouse of the covered employee may elect continuation coverage for all covered family members. The covered employee, spouse and dependent children, however, each have an independent right to elect continuation coverage. Thus, a spouse or dependent children may elect continuation coverage even if the covered employee does not elect COBRA.

The Plan coverage for you and your covered dependents is canceled after a qualifying event and

## **PETE KING CORP EMPLOYEE HANDBOOK**

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remains canceled until the COBRA coverage is properly elected with timely payments. The coverage becomes retroactive following a proper election and timely premium payments.

**If you do not elect continuation coverage (COBRA), your Plan coverage will end the last day of your employment) or the day your hours were reduced. For all other qualifying events, the group health insurance coverage will end on the date of the qualifying event if COBRA is not elected.**

Notice of a disability determination under the Social Security Act must be provided by the disabled individual to the Plan Administrator within the 18-month COBRA coverage period and within 60 days after the date of the determination. (More disability information is shown under the heading “Maximum Coverage Periods”.)

### **TYPE OF COVERAGE AND PREMIUM PAYMENTS**

If you elect COBRA coverage, the continuation coverage is identical to the coverage provided under the Plan to similarly situated employees or covered dependents. Continuation coverage consists of the coverage under the group health plan that you and other “qualified beneficiaries” had immediately before your “qualifying event”. A “qualified beneficiary” is any employee, former employee, spouse or dependent child who lost coverage due to the qualifying event and was covered under the plan on the day before the qualifying event date. The definition includes a child born to or placed for adoption with a covered employee during the period of COBRA coverage.

The life insurance & AD&D portion is not subject to COBRA and is not included in the continuation coverage but may be converted to an individual policy by completing a conversion application form with the life insurance company. The conversion form may be requested from the life insurance company or the Plan Administrator.

If the coverage for similarly situated employees or covered dependents is modified, COBRA coverage will be modified the same way. Each qualified beneficiary will have the same options under COBRA coverage as active employees or covered dependents under the Plan.

When an employee or covered dependent(s) under the Plan have a qualifying event, COBRA coverage must be timely elected and paid for to be retroactively reinstated to the first day of the COBRA period.

The continuation coverage must be continuous from the date you would have otherwise lost coverage. The cost of the COBRA coverage will be the premium cost plus 2% administration fee and is subject to change upon the group health insurance contract renewal rates. Each individual has the right to elect COBRA. If one covered individual elects COBRA, the monthly cost will be the individual premium cost plus 2% fee. If two or more qualified beneficiaries elect COBRA

## **PETE KING CORP EMPLOYEE HANDBOOK**

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continuation coverage with respect to the same qualifying event, the monthly cost will be the total of the individual and dependent premiums plus 2% fee. If you had family coverage but elect to cover only one covered individual under COBRA, the monthly cost will be the individual premium plus 2% fee. Notification of the premium costs will be received with the forms you must complete to elect COBRA after a qualifying event. Please contact the Plan Administrator if you have any questions about your options or costs.

You or your covered dependents must pay the premium payments for the “initial premium months” by the 45th day after electing continuation coverage. The initial premium months are the months that end on or before the 45th day after the date of the COBRA election. The initial payment must include payment for the premiums for all prior months of continuation coverage, not including the month in which you are making the initial payment. You must pay the entire premium for the COBRA coverage to the penny. Please be sure all checks are signed, properly dated and written for the correct total amount. If you pay less than the full amount or an incorrect total amount of the premium, your check is not signed or you pay by check without sufficient funds in the bank (your check “bounces”), you have not paid your full premiums and your COBRA coverage will be canceled unless you make full payment within the payment period. If the full initial premium payment is not made within the 45-day period, COBRA coverage for the affected qualified beneficiaries will be canceled retroactively to the first day of the unpaid COBRA coverage period.

After the “initial premium payment”, all other premiums are due on the 1st of each month for that month’s COBRA coverage. The grace period for late payment expires on the 30th day after the 1st of the month. Monthly statements are sent approximately 10 days before the premium due date. Billing statements are not required and it is your responsibility for paying the full premium on time if you do not get a bill. If you don’t make the full premium payment within the 30-day grace period, your COBRA coverage will be canceled retroactively to the 1st of the month of unpaid coverage. If you lose COBRA coverage, you cannot reinstate it.

To be considered timely, payments must be postmarked by the U.S. Postal Service on or before the applicable grace period expiration date and received by the Employer; sent by an express delivery service with proof of date sent on or before the applicable grace period expiration date and received by the Employer; or delivered in person to the Employer during normal business hours at the office on or before the grace period expiration date. The grace period expires 30 days after the due date (first of the month).

If you wait until the end of the grace period to pay, you risk not having sufficient time to correct errors which may or may not be within your control (i.e., unsigned checks, incorrect payment amounts, premiums sent to the wrong address, or late/missed pickups by the U.S. Postal Service).

A disabled qualified beneficiary may continue COBRA for up to 29 months (see the required conditions). The Employer has the right to charge a disabled qualified beneficiary COBRA premium

## **PETE KING CORP EMPLOYEE HANDBOOK**

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coverage for months 19 through 29 at 150% of the applicable premium.

No claims under continuation coverage are paid unless the premium for the month of the coverage is paid. If, for whatever reason, you received any medical benefits under the Plan during a month for which the premium was not timely paid, you will be required to reimburse the health plan for the benefits you received or pay the providers for their services at their regular rates.

### **MAXIMUM COVERAGE PERIODS**

1. **36 MONTHS.** If the spouse or dependent children lose group health coverage because of the employee's death, divorce, or the employee's becoming entitled to Medicare, or because the dependent child(ren) lose status as a dependent under the Plan, the maximum continuation coverage period (for covered spouse and covered dependent child(ren)) is three (3) years from the date of the qualifying event.
  
2. **18 MONTHS.** If the employee, spouse or dependent children lose group health coverage because of the employee's termination of employment (other than for gross misconduct) or reduction in hours, the maximum continuation coverage period (for covered employee, covered spouse and covered dependent children) is 18 months from the last day of the month in which the qualifying event occurred. There are three exceptions:
  - a) If an employee or covered dependent is disabled at any time during the first 60 days of continuation coverage, the continuation coverage period for all qualified beneficiaries under the qualifying event is 29 months from the last day of the month of the original qualifying event. The Social Security Administration must formally determine under Title II (Old Age, Survivors and Disability Insurance) or Title XVI (Supplemental Security Income) of the Social Security Act that the disability exists and when it began. For the 29-month continuation coverage period to apply, notice of the determination of disability under the Social Security Act must be provided by the disabled individual to the Plan Administrator within the 18-month coverage period and within 60 days after the date of the determination.
  
  - b) If a second qualifying event occurs (for example, the employee dies or becomes divorced) within the 18-month or 29-month coverage period, the maximum continuation coverage becomes three (3) years from the last day of the month of the original qualifying event. You are required to notify the Plan Administrator in writing of a second qualifying event within 60 days of the qualifying event.
  
  - c) If the qualifying event occurs within 18 months after the employee becomes entitled to Medicare, the maximum coverage period (for the covered spouse and covered dependent children) ends three (3) years from the last day of the month in which the employee became entitled to Medicare.



## **PETE KING CORP EMPLOYEE HANDBOOK**

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### **NEWBORN CHILDREN OF, OR CHILDREN PLACED FOR ADOPTION WITH, THE COVERED EMPLOYEE AFTER THE QUALIFYING EVENT**

If, during the period of continuation coverage, a child is born to the covered employee or is placed for adoption with the covered employee, the child is considered a qualified beneficiary. The covered employee or other guardian has the right to elect continuation coverage for the child, provided the child satisfies the otherwise applicable Plan eligibility requirements. The covered employee or a family member must notify the Plan Administrator within 30 days of the birth or placement to enroll the child on COBRA. (The 30-day period is the Plan's normal enrollment window for newborn or adopted children.)

**If the covered employee or family member fails to notify the Plan Administrator timely, the covered employee will NOT be offered the option to elect COBRA coverage for the newborn or adopted child.**

### **TERMINATION OF COVERAGE BEFORE THE END OF MAXIMUM COVERAGE PERIOD**

COBRA coverage of the employee, spouse or dependent children will automatically terminate (even before the end of the maximum continuation coverage period) when any one of the following five events occurs:

1. The Employer no longer provides group health coverage to any employees;
2. The premium for your COBRA coverage is not paid timely;
3. If the employee, spouse or dependent children become covered under another group health plan (as an employee or otherwise) that has no exclusion or limitation with respect to any preexisting condition that you have. If the other plan has applicable exclusions or limitations, your COBRA coverage will terminate after the exclusion or limitation no longer applies (e.g., after a 12-month preexisting condition waiting period expires). The rule applies only to the qualified beneficiary who becomes covered by another group health plan. Note that under a Federal law (the Health Insurance Portability and Accountability Act of 1996) that requires portability of health care coverage effective for plan years beginning after June 30, 1997, an exclusion or limitation of the other group health plan might not apply at all to the qualified beneficiary, depending on the length of the creditable health plan coverage prior to enrolling in the other group health plan;
4. You (employee, spouse or dependent children) become entitled to Medicare benefits (applies only to the person who becomes entitled to Medicare);

## PETE KING CORP EMPLOYEE HANDBOOK

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5. If the employee, spouse or dependent children became entitled to a 29-month maximum coverage period due to disability of a qualified beneficiary, but then there is a final determination under Title II or XVI of the Social Security Act that the qualified beneficiary is no longer disabled (however, continuation coverage ends with the first month beginning more than 30 days after the determination).

You must be actively working on your effective date of the group health plan to have Plan coverage and COBRA rights. If your effective date is not a normal working day, you must be actively working the first working day following the effective date.

If you are injured on the job and are unable to return to work, your Plan coverage will end the last day of the month in which you were injured and were no longer actively working. The COBRA coverage period will be the first day of the next month. You and your covered dependents coverage under the Plan will be canceled as of the last day of the month of your qualifying event and remains canceled until the COBRA coverage is elected and paid for. The coverage becomes retroactive if you elect COBRA and pay premiums timely.

You may be eligible for a leave of absence under the Family and Medical Leave Act of 1993 (FMLA). Refer to the Leave of Absence Policy (in Employee Handbook and Summary Plan Description) for the eligibility requirements. You are required to submit a written request to the Plan Administrator for a leave of absence and provide necessary forms and documentation. If the employee qualifies, a maximum leave of 12 weeks per calendar year may be granted when medically necessary due to the employee's or family member's serious medical condition. On approved leave, your benefits will continue per the Leave of Absence Policy and you are responsible for the normal employee contributions for the group health plan coverage. If you do not return from an approved leave, the end of your leave will be considered a "qualifying event" for COBRA with a maximum continuation coverage period of 18 months unless another or second qualifying event would extend the maximum continuation coverage period.

If you return to work for the Employer within the 18-month period after a qualifying event, elected COBRA timely and if all COBRA premiums were paid timely, you and any covered dependents under COBRA may be changed to "employee status". Employee status coverage will begin the first of the month after your rehire date following COBRA. All COBRA premiums must be paid up to the employee status period providing no lapse in coverage. You will not be subject to the eligibility waiting period of the Plan. "Employee status" refers to the contributions and benefits an eligible employee receives on the Plan. New enrollment forms are required for the status change. Please contact the Plan Administrator for the forms to change to employee status.

If the employee does not elect COBRA coverage after a qualifying event and returns to work at a later date, you will be required to meet the eligibility requirements of the Plan based on the new

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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rehire date. The new effective date of coverage will be the first day of the month following 60 days of consecutive employment after the rehire calendar month.

**OTHER INFORMATION**

If you or any family member have any questions about this notice or COBRA, please contact the Plan Administrator. Please contact the Plan Administrator if you wish to receive the most recent copy of the Plan's Summary Plan Description, which contains important information about Plan benefits, eligibility, exclusions and limitations.

If your marital status changes, or a dependent ceases to be a dependent eligible for coverage under the Plan terms, notify the Plan Administrator in writing within 60 days of the event. If you, your spouse or your covered dependent's address changes, you must immediately notify the Plan Administrator.

**PLAN ADMINISTRATOR**

The Employer is the Plan Administrator. All notices and other communications regarding the Plan and regarding COBRA should be directed to the following individual who is acting on behalf of the Plan Administrator:

Angela Brown  
Office Manager  
2575 E. Lone Mountain Rd.  
North Las Vegas, NV 89081  
702-657-1102

**PETE KING CORP  
EMPLOYEE HANDBOOK**

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**HARASSMENT FREE ENVIRONMENT**

It is PETE KING CORP policy to ensure and maintain a working environment free of harassment, intimidation, and coercion at all sites and in all facilities at which employees are assigned to work. This policy includes sexual, racial or ethnic harassment in the form of actions or verbal comments.

**POLICY AGAINST SEXUAL HARASSMENT**

All employees of PETE KING CORP are entitled, as a matter of company policy, to work in an environment free of sexual harassment. Prohibited sexual harassment includes unwelcome physical conduct of a sexual nature, display of sexually-suggestive graffiti (objects or pictures), and other sexually-oriented behavior that unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive environment.

This policy prohibits such conduct on the part of all individuals at all levels of the company, as well as on the part of visitors and guests. Any employee who feels he or she is affected by a violation of this policy, or who knows of a violation affecting another employee's work environment, should immediately bring the matter to the attention of his/her supervisor **AND** the following individual:

Angela Brown, Office Manager

702-657-1102

A prompt investigation into any such complaint will be conducted and, if a violation of this policy is established, all steps necessary to resolve the matter will be taken.

It is the further policy of PETE KING CORP to prohibit any and all retaliation against an employee for reporting prohibited sexual harassment. This policy does not purport to restrain the company or its employees from exercising their legal rights in responding to and defending against a charge of sexual harassment. Personal harassment, unwanted changes in working conditions, and any other forms of retaliatory discrimination are expressly prohibited.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**HOLIDAY POLICY**

PETE KING CORP will observe the following holidays:

New Year's Day

All Presidents' Day

Memorial Day

Fourth of July

Labor Day

Thanksgiving Day

Friday Following Thanksgiving Day

Christmas Day

An employee may request time off to observe other religious or national holidays based on preference; however, it is expected that the employee will give his/her immediate supervisors adequate notice (at least three days) and that there is not a business necessity for that employee

Religious and/or national holiday observances will be unpaid time off.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**STATEMENT OF EMPLOYEE SAFETY**

It is the policy of PETE KING CORP that the first consideration in the performance of work will be the safety of employees. All reasonable methods, procedures and equipment necessary to achieve this will be used.

Our goal is to eliminate all occupational accidents and incidents. This objective can be met only with the complete cooperation and dedication of every employee. Accountability for safety must be accepted at all levels from management to each individual employee.

A comprehensive written Safety Program has been developed to help us achieve this goal.

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**IT IS A CONDITION OF EMPLOYMENT THAT YOU READ, UNDERSTAND**  
**AND ABIDE BY THE POLICIES AND PROCEDURES AS OUTLINED IN OUR**  
**EMPLOYEE HANDBOOK AND IN OUR SAFETY PROGRAM**

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Listed below is information about some of the forms used as part of our Safety Program for reporting, investigating and analyzing accidents and incidents. Blank forms are available from any foreman, superintendent or the office.

Greg Mortensen, our Safety Director located in our Nevada office, must be notified immediately of any accident and/or injury. He can be reached at 702-657-1102 or by e-mail at [greg@petekingcorp](mailto:greg@petekingcorp).

1. **Form C-1, State of Industrial Insurance System Notice of Injury or Occupational Disease Incident Report Nevada:** It is the injured employee's responsibility to complete this form within 24 hours after an industrial accident/injury if they choose not to seek medical attention. If medical treatment is needed for an industrial injury, employees must choose a medical facility from the current provider list. If an employee uses a medical facility **NOT** on the current provider list, they will forfeit their benefits and will be responsible for all costs incurred. Form C-1 and current provider lists may be obtained from foremen or the office.
2. **Employee's Report of Injury:** Employees must report all injuries immediately to their foreman and the office no matter how minor the injury may appear. As a follow up employees must complete and submit this form as soon as possible.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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3. **Foreman's Report of Injury and Investigation:** The injured employee and/or foreman must notify our office of an injury immediately. As a follow up, foremen must complete and submit this form as soon as possible. The foreman's investigation of the injury will be guided by the checklist on the back of this form.
4. **Form C-3 (Employer's Report of Industrial Injury) Nevada:** Our office industrial injury claims person will complete and submit this form to the appropriate claims administrator for injured employees who seek medical attention within five working days from when the company receives a **Form C-4** from the place medical attention was received.
5. **Form 122 (Employer's First Report of Injury or Illness) Utah:** In Utah our office industrial injury claims person will complete and submit this form to the appropriate claims administrator for injured employees who seek medical attention within seven working days from when the company receives a **Form 123** Physicians Initial Report of Work Injury or Occupational Disease.
6. **Near Miss/Potential Accident Report:** Foremen are to complete the top portion of this form if they observe a "near miss", see a situation which may potentially cause an accident or if a near miss or potential accident is reported to them by an employee.
7. **Employee Report of Vehicle Accident Involving Company Vehicle:** Any employee involved in an accident while driving a company vehicle must complete and submit this form. All accidents involving a company vehicle must be reported to the police.
8. **Incident Report:** Employees need to complete and submit this form if they are involved in or witness an incident or accident in which an employee or company property is involved and a person who is not our employee is injured or there is damage to equipment or property not belonging to our company.
9. **Employee Safety Information Report/Safety Suggestion:** Employees need to complete and submit this form if they want to report an unsafe work place condition or practice or if they would like to recommend a safety suggestion to our company.
10. **Report of Theft:** Employees need to complete and submit this form to report the theft of company vehicles, equipment, materials, tools or other property. All thefts must be reported to the police.
11. **Report of Significant Work Exposure to Bodily Fluids:** Employees must complete and submit this form to our office immediately but in no case later than ten calendar days after significant work exposure to bodily fluids.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**INJURY MANAGEMENT & CLAIMS REPORTING PROCEDURES**

Pete King Corp utilizes Medcor Workplace Health Management as first point of contact for worker compensation injuries in the state of Nevada.

In the case of a life-threatening injury CALL 911; otherwise the following steps are to be followed when an employee is injured on the job:

- 1) Injured employee is to immediately contact their foreman if they are on site.
- 2) Foreman with the employee is to immediately call Medcor's Injury Triage Line at 1-800-775-5866. Interpreters will be available on the Injury Triage Line to assist if needed.
- 3) If the injured employee's foreman is not available, the injured employee is to immediately call the Medcor's Injury Triage Line direct.
- 4) A medical professional on the Injury Triage Line will gather relevant information from the foreman when available and will then speak to the employee after which they will recommend a course of action that includes:
  - a. On-site first aid treatment procedures
  - b. Home-care treatment procedures
  - c. Or, if needed, referral to a designated medical facility for treatment.
  - d. Course of action will be shared with foreman.
- 5) In the case of an injury that is NOT referred to a medical facility, Medcor will immediately begin the claim management process by providing:
  - a. Triage Report to Company
  - b. Foreman Report to Company
  - c. Treatment Guidelines
- 6) In the case of an injury that Medcor directs to a designated medical facility, Medcor will send:
  - a. Injury Alert Form to designated medical facility with relevant information
  - b. First Report information to insurer
  - c. Triage Report to Company
  - d. Foreman Report to Company
  - e. Treatment Guidelines
  - f. First Report to Company
- 7) Post Injury Resource: Employees can call Medcor back at the toll-free number 1-800-775-5866 with any questions or if symptoms change or worsen 24 hours a day, 7 days a week so they will always have access to a health-care professional.
- 8) Employees should still complete the Company's Employee's Report of Injury and submit it to the office.
- 9) Greg Mortensen, our Safety Director located in our Nevada office, must still be notified immediately of any accident and/or injury. He can be reached at 702-657-1102 or by e-mail at [greg@petekingcorp.com](mailto:greg@petekingcorp.com).
- 10) Foremen should still complete the Company's Foreman's Report of Injury and Investigation.



**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

---

11) Employees are still required to have a urine test for drugs or alcohol within 24 hours of any injury requiring medical attention.

Your full cooperation with Medcor is required. Employees who do not follow the steps outlined above following an injury will be subject to the Company's progressive disciplinary action up to and including termination for not following company policy in the same manner as when receiving a Safety Violation for not following company safety policies.

Foremen are responsible for ensuring all crew members are aware of Medcor and the policy we have put in place for injury management and claims reporting procedures. If a foreman's crew members do not follow this policy, the foreman will be subject to the same progressive disciplinary action as the injured employee. Contacting Medcor using the Injury Triage Line is not at the discretion of the employee or foreman. It is mandatory.

Always call 911 first for any potential life-threatening situations including:

- Choking
- Unconscious or disoriented
- Severe bleeding
- Off balance, unable to walk
- Hot, dry skin
- Seizure or convulsions
- Difficulty breathing
- Chest pain or discomfort
- Profuse sweating
- Severe abdominal pain
- Any other problem you feel may be an emergency

If 911 is called the employee or foreman still need to call Medcor's Injury Triage Line as soon as the emergency has been handled to report the injury.

Failure to follow the above policy may result in the delay of compensation for your worker's compensation claim.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**FEDERAL PAID SICK LEAVE UNDER EXECUTIVE ORDER 13706**

**ENTITLEMENT & AMOUNT:** Beginning January 1, 2017, Pete King Corp employees who work on Federal jobs with contracts containing language for “FAR 52.222-62 Paid Sick Leave for Federal Contractors Under Executive Order 13706” (FAR 52.222-62 jobs) are entitled to earned paid sick time and will accrue one hour of earned paid sick time for every 30 hours worked on a FAR 52.222-62 job subject to the following limitations:

- Employees are not entitled to be paid for earned sick time unless they are scheduled to work on a FAR 52.222-62 job during the time use of earned paid sick time is requested.
- An employee’s unused accrued earned paid sick time will roll over into the following calendar year; however, the amount of paid sick time that can be accrued or used during any calendar year is limited to a maximum of 56 hours.
- Employees will not receive reimbursement upon termination, resignation, retirement or other separation from employment for accrued earned paid sick time that has not been used.
- When there is a separation from employment and employee is rehired within twelve months of separation, previously accrued earned paid sick time that had not been used will be reinstated.
- Employees will be able to use reinstated accrued earned paid sick time when rehired if they are scheduled to work on a FAR 52.222-62 job during the time use of earned paid sick time is requested.
- Employees will start to accrue additional earned paid sick time from the date of rehire when working on a FAR 52.222-62 job.

**TERMS OF USE:** Earned paid sick time may be used for the following purposes: (1) medical care or mental or physical illness, injury, or health condition; or (2) a public health emergency; and (3) absence due to domestic violence, sexual violence, abuse or stalking. Employees may use earned paid sick time for themselves or for family members including care of “close friend” who is ill, injured, or has other health-related needs including preventive care. *You may contact the Wage and Hour Division of US Department of Labor for more information:*

[www.dol.gov/whd/govcontracts/eo13706](http://www.dol.gov/whd/govcontracts/eo13706).

*The Wage and Hour Division can answer questions in person or by telephone about your workplace rights and protections.*

Employees must request use of earned paid sick time by contacting our payroll or human resource department before time of use when foreseeable or when unforeseeable at the latest by end of day of requested use. If this policy is not followed, use of paid earned sick time will be denied. Employees must be schedule to work on a FAR 52.222-62 job during the time use of earned paid sick time is requested. Employee needs to make a reasonable effort to schedule the use of earned paid sick time in a manner that does not unduly disrupt company operations.

Our payroll and human resource departments can be contacted in the following ways:

## **PETE KING CORP EMPLOYEE HANDBOOK**

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Both Nevada and Utah: 2575 E. Lone Mountain Rd., North Las Vegas, NV 89081  
702-657-1102 Email: [Accounting@petekingcorp.com](mailto:Accounting@petekingcorp.com)

When possible, employee's request for use of earned paid sick time needs to include the expected duration of the absence.

Earned paid sick time may be used in increments of one hour, up to 8 hours a day (or 10 hours if a 4/10 agreement is in effect).

For earned paid sick time of three or more consecutive work days, the company will require reasonable documentation that the earned paid sick time requested is being used for a purpose covered under FAR 52.222-62 *Paid Sick Leave for Federal Contractors Under Executive Order 13706*. Documentation signed by a health care professional indicating that use earned paid sick time is necessary shall be considered reasonable documentation.

In cases of domestic violence, sexual violence, abuse or stalking, employee can select one type of documentation from list specified by FAR 52.222-62 *Paid Sick Leave for Federal Contractors Under Executive Order 13706* and it will be considered reasonable documentation.

*Confidentiality and Nondisclosure: An employee does not need to disclose details relating to domestic violence, sexual violence, abuse or stalking or the details of an employee's or an employee's family member's health information as a condition of providing earned paid sick time. If an employee gives information to the company regarding health information or information pertaining to domestic violence, sexual violence, abuse or stalking about an employee or employee's family member, such information shall be treated as confidential and not disclosed except to the affected employee or with the permission of the affected employee.*

**RETALIATION & DISCRIMINATION PROHIBITED:** Employers are prohibited from discriminating against or subjecting any person to retaliation for: (1) asserting any claim or right under FAR 52.222-62; including requesting or using earned paid sick time; (2) assisting any person in doing so; or (3) informing any person of their rights under FAR 52.222-62.

**ENFORCEMENT:** Each employee has the right to file a complaint with the Wage and Hour Division of US Department of Labor alleging that their rights have been violated under FAR 52.222-62.

**INFORMATION:** For additional information regarding the paid sick leave requirements under FAR 52.222-62, you may contact the Wage and Hour Division of US Department of Labor:

[www.dol.gov/whd/govcontracts/eo13706](http://www.dol.gov/whd/govcontracts/eo13706).

1-866-487-9243

TTY 1-877-889-5627

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**NEVADA PAID LEAVE UNDER NRS SECTION 608 REVISED BY SB 312**

Beginning January 1, 2020, Pete King Corp employees will accrue Nevada Paid Leave hours based on hours worked in Nevada according to SB312 which amends NRS Section 608 governing private employers based on the following guidelines:

- Pete King Corp Nevada Paid Leave benefit year will be calendar year.
- Nevada Paid Leave hours will accrue at a rate of 0.01923 per hour while working in the state of Nevada.
- Maximum of 40 hours Nevada Paid Leave hours can be used by an employee during a calendar year no matter how many hours have been accrued.
- Maximum of 40 hours unused Nevada Paid Leave each year will be rolled over to the new year.
- Minimum increment of **4 hours** of Earned Nevada Paid Leave can be requested at any one time. Hours requested greater than 4 hours must be in ½ hour increments (i.e. 4.0, 4.5, 5.0, 5.5, etc.).
- Employee can request use of available accrued Nevada Paid Leave hours on the 90<sup>th</sup> calendar day of employment.
- Employee shall as soon as practicable give notice requesting use of Nevada Paid Leave hours available by contacting our payroll or human resource departments.

2575 E. Lone Mountain Road, North Las Vegas, NV 89081  
702-657-1102

Email: Accounting@petekingcorp.com

- Employee does not need to provide a reason for use of Nevada Paid Leave hours.
- Compensation of requested Nevada Paid Leave hours will be at rate of pay employee would have been compensated at the time Nevada Paid Leave hours are taken.
- Employee is not required to find a replacement worker for time they will be gone.
- There will be no retaliation against an employee for using available Nevada Paid Leave hours.
- Employee will not receive reimbursement upon termination, resignation, retirement or other separation from employment for Nevada Paid Leave hours that have not been used.
- If an employee is rehired within 90 days after separation and employee did not voluntarily leave, any available unused Nevada Paid Leave hours will be reinstated.
- Employees will again start to accrue Nevada Paid Leave hours from the date of rehire.

For additional information regarding Nevada paid time off, contact the office of the Nevada Labor Commissioner:

[www.labor.nv.gov](http://www.labor.nv.gov)  
Las Vegas Office 702-486-2650

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**LEAVE OF ABSENCE POLICY**

PETE KING CORP employees employed for one year or more and who have worked at least 1,250 hours in the preceding year may qualify for a maximum of twelve weeks of leave per calendar year (January 1 through December 31) under the Family and Medical Leave Act (FMLA) for one, or more, of the following reasons:

1. The birth of the employee's child and in order to care for the child during the first year of birth;
2. The adoption of a child by the employee, or the placement of a child with the employee for foster care; and in order to care for the child during the first year of placement;
3. To care for a spouse, child or parent who has a serious health condition; or due to the employee's own serious health condition.
4. Because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation.
5. An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the service member.

**SERIOUS HEALTH CONDITIONS**

Under FMLA a serious health condition must result in the inability of the employee to perform one or more of the "essential functions" of the job. A serious health condition is defined as follows:

1. Absences of more than three days coupled with one or more treatments by a health care provider such as office visits, or a single visit to a provider coupled with a regimen of prescribed treatment such as prescription medicine. Routine physical examinations are not considered "treatments", nor is the use of over-the-counter medication, bed rest, or other similar activity which can be initiated without a visit to a health care provider considered a "regimen of continuing treatment" for purposes of FMLA leave. Unless there are complications, colds, flu, upset stomachs, non-migraine headaches, routine dental problems, etc. do not qualify as serious health conditions.
2. Chronic or long-term health conditions are also covered even if a resulting absence for treatment or flare-ups is of short duration. Examples of such conditions include asthma, diabetes, epilepsy, cancer, severe arthritis and kidney disease. Conditions that are not

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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treatable such as Alzheimer’s disease, severe stroke, etc. also meet the definition of a serious health condition.

3. Any period of incapacity due to pregnancy and prenatal care are considered serious health conditions. Severe “morning sickness” is included.
4. Substance abuse treatment may qualify for FMLA leave, but an absence due to the use of intoxicating or controlled substances does not.
5. Mental illness resulting from stress may also be a serious health condition if all other regulatory requirements are met.

**LEAVE**

Leave may be taken for a time period of twelve consecutive weeks or less, or may be taken intermittently or on a reduced work schedule when medically necessary due to the employee’s or family member’s serious medical condition. If intermittent or reduced schedule leave is permitted, the employee may be required to temporarily transfer to an alternative position.

An employee’s entitlement to leave for a birth or placement for adoption or foster care expires at the end of the 12-month period beginning on the date of birth or placement. For employees who have been employed for less than one year or who worked less than 1,250 hours in the year preceding the beginning date of requested leave, the granting of a leave of absence and the conditions under which a leave of absence may be granted, including the amount of leave, will be determined on a case by case basis at the sole discretion of PETE KING CORP.

**NOTIFICATION**

An employee requiring leave must submit a written request to Angela Brown:

Angela Brown  
Office Manager  
2575 E. Lone Mountain Rd.  
North Las Vegas, NV 89081  
702-657-1102

The written request must state the reason for the leave and the expected beginning and ending date of the leave. When the need for leave is foreseeable, such as an expected birth or adoption or for planned medical treatment, the employee must request leave at least thirty (30) days before the leave period is expected to begin. However, when such advance notice is not possible, a leave request shall be submitted as soon as practical before the beginning of the leave. (In the event of a medical emergency, leave may be requested orally as soon as reasonably possible by either the employee, or a responsible family member if the employee is unable to make the request, provided that the employee

## **PETE KING CORP EMPLOYEE HANDBOOK**

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submits a written leave of absence request as soon as he or she is able.) A failure to provide adequate notice prior to a requested leave date may result in postponement of the date on which leave may begin.

When leave is anticipated for the purposes of medical treatment, the employee should consult with Supervision and make a reasonable effort to schedule the leave, including intermittent or reduced schedule leave, so as not to unduly disrupt normal business operations. When leave is requested due to a serious medical condition of the employee or a family member, PETE KING CORP reserves the right, for justifiable cause, to require the employee to attempt to reschedule medical treatment relating to the condition, subject to the ability of the health care provider to reschedule the treatment and the approval of the health care provider as to any modifications of the treatment scheduled.

### **CERTIFICATION**

For leave due to a serious medical condition of the employee or a family member, PETE KING CORP requires the submission of a medical certification signed by the health care provider (as defined by FMLA) treating the employee or affected family member. PETE KING CORP also reserves the right to require medical recertification from time to time during the leave period, and further reserves the right to obtain a second medical opinion with respect to any medical certification provided on behalf of an employee or family member. The necessary certification forms will be provided upon receipt of the employee's leave of absence request. A failure to complete and submit a medical certification form in a timely manner may result in denial or postponement of the leave or continuation of the leave.

### **BENEFITS**

PETE KING CORP will make its normal contributions for health insurance premiums for an employee on approved leave at the same rate and in the same manner paid while the employee is present at work. Any portion of insurance premiums that are the employee's responsibility must be paid by the employee during leave period on or before the date such payments would normally be deducted from the employee's pay (i.e., each weekly payday during the leave period). A failure to make required insurance premium payments while on leave may result in the loss of insurance coverage. PETE KING CORP reserves the right to recover all insurance premium payments made on behalf of an employee during leave in the event the employee fails to return to work following the expiration of his or her leave (except in those cases where the failure to return is due to a continuation, recurrence or onset of a serious health condition or other circumstances beyond the employee's control).

### **PAY STATUS**

Leaves of absence will be without pay.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**RETURN FROM LEAVE**

An employee returning to work upon the expiration date of his or her leave will be reinstated to the previous position held or to an equivalent position with the same pay and benefits. Upon return from a leave due to the employee's serious medical condition, the employee must provide a medical certification that the employee is physically able to resume work prior to being reinstated. If, at any time during a leave, an employee determines that he or she will not return to work upon the expiration of the designated leave period, Human Resources should be advised of that fact in writing as soon as possible.

Reinstatement following a leave may be denied for the following reasons:

1. If the employee's position is eliminated during the leave period;
2. If leave is fraudulently obtained;
3. If the employee fails to return to work after using his or her twelve weeks of leave entitlement during the calendar year; or
4. For any other reason permitted by law.

**This policy is intended to summarize your rights and obligations under the law. Congress often changes the law, therefore, this policy is subject to change without notice as interpretations or changes of the law occur.**



**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**PAYROLL CHECK REPLACEMENT POLICY**

The following procedures will be followed when an employee loses a payroll check and requests the Company issue a replacement check:

1. The employee requesting a replacement check must complete and sign a “Stop Payment Request by Employee” form. If the bank advises us the original check has already been cashed, the employee must sign a “Fraud Statement” indicating they did not cash the check.
2. The replacement check will not be issued by the Company for a period of up to three weeks.
3. The employee must pay the Company an administrative fee of \$20.00 **prior** to the replacement check being issued.
4. If after receiving a replacement check, the employee cashes both the replacement check and the original check and is still employed by the Company, the net amount of the replacement check plus an additional \$20.00 will be deducted from the employee’s next payroll check. The employee will be subject to disciplinary action up to and including termination. If the full amount of the replacement check plus an additional \$20.00 is not recovered, the Company will prosecute the employee to the fullest extent of the law to recover funds still due.
5. If after receiving a replacement check, the employee cashes both the replacement check and the original check and is no longer employed by the Company, the Company will prosecute to the fullest extent of the law to recover the amount of the check plus an additional \$20.00 fee.

Employees should take steps to safeguard their payroll checks. Payroll checks should not be left lying around in vehicles or anywhere else.

**PETE KING CORP  
EMPLOYEE HANDBOOK**

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**TIME KEEPING AND OVERTIME POLICY**

**ELECTRONIC TIME RECORDS**

Pete King Corp utilizes devices to record time worked rather than paper time sheets. Time records are sent electronically to the office for processing. You will be trained by your foreman, however, please note the following basic information regarding this process.

It is your responsibility as an employee of Pete King Corp to make sure you are clocking in and clocking out each day on the device where you are working.

**CLOCK IN**

Enter your 6-digit PIN.  
Position Device so your face shows in box.  
Click green IN button.  
\*\* *Question* - Change Location: Yes or No.  
\*\* If Location shown is correct, click NO.  
Select and Click on Task.

**\*\* To change Location, Click YES.  
Select and Click on correct Location.  
Select and Click on Task.  
Click on green ACCEPT button.**

*Verify Name, Location and Task displayed on Device is correct.*

***If information displayed is not correct, Click on red CANCEL button and start over at “Click green IN button”.***

Click on green ACCEPT button.

**CLOCK OUT**

Enter your 6-digit PIN.  
Position Device so your face shows in box.  
Click red OUT button.  
Clock In times will display in green.  
Clock Out times will display in red.  
Use Clipboard icon next to green Clock In time if you want to send a message to office.  
Click green ACCEPT button.

**CHANGING LOCATIONS DURING THE DAY**

If you change Location during the day, do not Clock Out. Simply **Clock In** again selecting the new Location and Task.

## **PETE KING CORP EMPLOYEE HANDBOOK**

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Click green IN button.

*Question* Change Location: Yes or No

Click YES.

Select and click on correct Location.

Select and Click on Task.

Click on green ACCEPT button.

### **MANDATORY LUNCH**

All employees who work six hours or more during a day must take a 1/2-hour lunch break per company policy. Do not Clock Out for lunch. This 1/2 hour will be deducted from the total time transmitted to the office when payroll is processed.

Any approved exceptions to this policy must be reported when you Clock Out using the Clipboard icon next to the green Clock In record. For example, report if no lunch was taken or if a longer lunch was taken.

When you Clock Out and are viewing your time records on the Device, the total time shown at the bottom of the screen includes your 1/2-hour lunch.

### **OVERTIME POLICY**

It is the policy of Pete King Corp that no employee is to work overtime without the knowledge and prior approval of his/her foreman, superintendent or management. Overtime is defined as all hours worked over 40 hours during a pay period, Friday through Thursday. Any employee violating this policy will be subject to disciplinary action up to and including termination.

While our policy is established to stop unauthorized overtime, it does not mean that the company will not pay employees for all overtime worked. Any employee who works overtime will be paid for all overtime worked during a pay period.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**ACCURATE TIME RECORDS ARE REQUIRED BY FEDERAL LAW**

Any employee who is asked or required to record hours which do not reflect actual hours worked should immediately call:

Ryan Wagner, President      702-657-1102

A prompt investigation into any such complaint will be conducted and persons responsible for violation of this policy will be subject to disciplinary action up to and including termination. Retaliation against any person making a complaint is strictly prohibited. Overtime over 40 hours must be paid. It is the duty of the employee and his/her supervisor to ensure that all daily hours of work are accurately reported by utilizing the Devices provided to Clock In when starting work at the beginning of each day and Clock Out when stopping work at the end of the day.

**PETE KING CORP**  
**EMPLOYEE HANDBOOK**

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**PETE KING CORP (“PLAN SPONSOR”)**  
**HIPPA NOTICE OF PRIVACY PRACTICES**  
**DATE DISTRIBUTED 6/10/2019**

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW YOUR PLAN SPONSOR (YOUR EMPLOYER WHO SPONSORS YOUR GROUP HEALTH PLAN) CAN USE OR DISCLOSE YOUR MEDICAL INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) place important restrictions on sharing your medical information and provide you with important privacy rights. This Notice of Privacy Practices (the “Notice”) replaces all prior notices provided by the Plan Sponsor and is effective on the Date Distributed noted above. This Notice describes the legal obligations of the Plan Sponsor and your legal rights regarding your “protected health information” (“PHI”) held by your Plan Sponsor and Group Health Plan. This Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or other purposes permitted by law.

Generally, PHI includes your personal information collected from you or created by your Group Health Plan, or the Plan Sponsor on behalf of a Group Health Plan, that relates to your past, present, or future physical or mental health or condition, the provision of health care, or the past, present, or future payment for the provision of health care, and includes your elections to enroll in the Plan. If you have any questions about this Notice or about our privacy practices, please contact our Privacy Officer identified below.

The Plan Sponsor may retain agents, service providers and third-party administrators to administer all or part of your Group Health Plan such as claims payment and enrollment management. The term Plan Sponsor as used in this Notice includes all entities that provide services related to your Group Health Plan that have access to your PHI. The Plan Sponsor and contracted service providers are required by law to follow the terms of this Notice.

The Plan Sponsor is required by law to maintain the privacy of your PHI, provide you with certain rights with respect to your PHI, provide you with a copy of this Notice and follow the terms of this Notice. The Plan Sponsor reserves the right to change the terms of this Notice and its practices regarding your PHI. If there is any material change to this Notice, the Plan Sponsor will provide you with a copy of the revised Notice of Privacy Practices.

## **PETE KING CORP EMPLOYEE HANDBOOK**

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### **Use and Disclosure**

The Plan Sponsor may use or disclose your PHI under certain circumstances without your permission. All of these certain circumstances will fall within one of the categories listed below:

- **For Treatment**, to facilitate medical treatment or services by providers including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
- **For Payment**, to determine your eligibility for Plan benefits, to facilitate payment for the treatment or services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.
- **For Health Care Operations**, uses and disclosures necessary to run the Plan.
- **Treatment Alternatives or Health-Related Benefits and Services** that might be of interest to you.
- **To Business Associates** to perform various functions on our behalf or to provide certain types of services. A Business Associate will receive, create, maintain, transmit, use, and/or disclose our PHI, but only after they agree in writing with the Plan Sponsor to implement appropriate safeguards regarding your PHI.
- **As Required by Law** when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** to you, or the health and safety of the public, or another person, limited to someone able to help prevent the threat.

In addition, the following categories describe other ways that the Plan Sponsor may use and disclose your PHI without your specific authorization. All of the ways the Plan Sponsor is permitted to use and disclose information will fall within one of these categories:

- **Organ and Tissue Donation**, after your death to an organization that handles organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military**, if you are a member of the armed forces, as required by military command authorities. The Plan Sponsor may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation** or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks** for public health activities. These activities generally include the following:
  - to prevent or control disease, injury, or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if the Plan Sponsor believes that a patient has been the victim of abuse, neglect, or domestic violence. The Plan Sponsor will only

## **PETE KING CORP EMPLOYEE HANDBOOK**

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make this disclosure if you agree, or when required or authorized by law.

- **Health Oversight Activities** for activities authorized by law. For example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes** in response to a court or administrative order, including a response to a lawful subpoena, discovery request, or other process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.
- **Law Enforcement** if asked to do so by a law-enforcement official—
  - in response to a court order, subpoena, warrant, summons, or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, the Plan Sponsor is unable to obtain the victim's agreement;
  - about a death that the Plan Sponsor believes may be the result of criminal conduct; and
  - about criminal conduct.
- **Coroners, Medical Examiners, and Funeral Directors**, for example, to identify a deceased person or determine the cause of death. The Plan Sponsor may also release medical information about patient to funeral directors, as necessary to carry out their duties.
- **National Security and Intelligence Activities** to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates** of a correctional institution or in the custody of a law-enforcement official, to the correctional institution or law-enforcement official, if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or of the safety and security of the correctional institution.
- **Research**, to researchers when the individual identifiers have been removed; or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

### **Required Disclosures**

The Plan Sponsor is required to disclose our PHI to:

- **Government Audits** to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **Disclosures to You** on your request, the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding our health care benefits.

### **Other Disclosures**

The Plan Spon may disclose your PHI to:

- **Personal Representatives** authorized by you, or to an individual designated as your personal representative, or attorney-in-fact. You must provide a written notice/authorization and supporting documents such as a power of attorney. The Plan Sponsor does not have to disclose information to a personal representative if the Plan Sponsor has a reasonable belief that you have

## **PETE KING CORP EMPLOYEE HANDBOOK**

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been, or may be, subjected to domestic violence, abuse, or neglect by such person; or treating such person as your personal representative could endanger you; or in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- **Comply with Your Authorization.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. The Plan Sponsor may deny a request to disclose your psychiatric notes. The Plan Sponsor will not use or disclose your PHI for marketing; or sell your PHI, unless you provide written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once the Plan Sponsor receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

### **Privacy Rights**

- **Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, the Plan Sponsor will provide a copy in the electronic form and format you request; if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan Sponsor will work with you to come to an agreement on form and format or provide you with a paper copy. To inspect and copy your PHI, you must submit your request in writing to the Privacy Officer identified below. The Plan Sponsor may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. The Plan Sponsor may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer identified below.
- **Right to Amend.** If you feel that your PHI is incorrect or incomplete, you may ask the Plan Sponsor to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer identified below. In addition, you must provide a reason that supports your request. The Plan Sponsor may deny our request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan Sponsor may deny your request if it:
  - is not part of the medical information kept by or for the Plan;
  - was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the information that you would be permitted to inspect and copy; or
  - is already accurate and complete.

If your request is denied you have the right to file a statement of disagreement with the Plan Sponsor and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of



## **PETE KING CORP EMPLOYEE HANDBOOK**

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treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer identified below. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan Sponsor may charge you for the costs of providing the list. The Plan Sponsor will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions or Limitation** on Your PHI that the Plan Sponsor uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. Except as provided in the next paragraph, the Plan Sponsor is not required to agree to your request. However, the Plan Sponsor will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for the purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must make your request in writing to the Privacy Officer identified below. In your request, it must state (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse. If the Plan Sponsor honors the request, it will stay in place until you revoke it or the Plan Sponsor notifies you.
- **Right to Request Confidential Communications** about medical matters in a certain way or at a certain location. For example, you can ask that the Plan Sponsor only contact you at work or by mail. Your request must be made in writing to the Privacy Officer identified below and specify how or where you wish to be contacted. The Plan Sponsor will accommodate all reasonable requests.
- **Right to Be Notified of a Breach** in the event that the Plan Sponsor (or a Business Associate) discover a breach of unsecured PHI.
- **Right to a Paper Copy of this Notice.** You may request a paper copy of this notice at any time from the Privacy Officer identified below, even if you have agreed to receive this notice electronically.

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact:

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Angela Brown, Privacy Officer  
2575 East Lone Mountain Road  
North Las Vegas, NV 89081  
702-657-1102

All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.