PLAINTIFF'S EXHIBIT

CBT-5

E M P L O Y E E

M A N U A L

CINCINNATI BELTING & TRANSMISSION

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WELCOME

Cincinnati, Ohio

Welcome to Cincinnati Belting & Transmission. As a new employee, we wish to make you feel comfortable as you begin your new position. You will be expected to perform the duties assigned to you and work as a member of a very special team that is dedicated to caring for our customers' power transmission needs.

It is important that a set of policies and guidelines be established so that everyone knows what is expected of him or her and what benefits he or she can expect from the Company. This handbook outlines policies and benefits our Company has made available to you. Needless to say, there could be areas that you would like to discuss in more detail. Please do not hesitate to bring them to my attention or the attention of your supervisor.

Our Company's success has been built on customer satisfaction and our high quality of service, not on rigid rules and regulations. However, to make sure that all employees understand that organization is the key to success, it is important that both employees and management understand what they can expect from one another.

We wish you complete success and enjoyment as you embark on your new position and we want you to be assured your needs and questions are important to us.

Very truly,

James E. Stahl

Equal Opportunity Statement

Employment with Cincinnati Belting & Transmission ("Company") is firmly based on a policy of merit and equal opportunity for all qualified persons without regard to race, color, religion, sex, age, disability, national origin, ancestry, marital status or veteran status. This policy of nondiscrimination covers all aspects of the Company's personnel relationships including hiring, promotions, training, job assignments, hours of work, rates of pay, working conditions and all employee benefits, privileges and programs. Any employee who believes that this policy is being violated should report to their direct supervisor or other supervisor or managers, as necessary.

Probation Period (Trial)

All new employees will have a trial period of one hundred twenty (120) days. During this period, you and your team leader will have the opportunity to determine suitability and interest in the work. If, at any time during this period, it is felt that you are not suited for the process, you may be terminated immediately. Nothing in this section changes the employment-at-will nature of employment at Cincinnati Belting & Transmission Company.

Employee Performance Evaluations

Periodically, it is a good idea for both the Company and the employee to sit down and review past performance as well as make plans for future goals. Such evaluations are intended to let you know how you are doing in relation to what is expected of you and also gives you an opportunity to discuss your career goals with your supervisor. Our Company evaluation cycle is as follows:

- First review at the end of the probationary period.
- Subsequent reviews are on an annual basis thereafter.

Your performance will be evaluated by your immediate supervisor and this evaluation will be in writing. Nothing in this section changes the employment-at-will nature of employment at Cincinnati Belting & Transmission Company.

Suggestions

Employees are encouraged to make practical suggestions to their immediate supervisor for the improvement of methods, systems, sales or products.

Sometimes new employees in particular can visualize valuable savings in a procedure or operation. If the suggestion has been considered before and discarded, the reason will be explained. Nevertheless, the initiative shown by the employee in making the suggestion will stand to his credit. The employee will be acknowledged if the suggestion is adopted.

Benefits

Benefits provided to full-time employees include the following:

Health Care Insurance coverage (Employee contributes to this benefit) to include Dental Care

Life Insurance

Short Term Disability

Long Term Disability Income

401(K) Plan

Section 125 Cafeteria Plan

A meeting will be held each year at which a summary of benefits will be distributed to each employee and the entire benefit program will be explained. Any questions you have during the interim should be brought to the attention of the President or his designee. Part-time employees are not entitled to these benefits.

Educational Assistance

You may request to participate in an educational program outside the facility. If such a request is granted, the Company will reimburse the cost of tuition. Participants must maintain grades of C or above to be eligible for educational assistance. In the event such an employee leaves the employment of the Company for any reason before the expiration of two years after the educational program is completed, such a parting employee shall reimburse the Company for the cost of all tuition paid by the Company.

Holidays

The holidays we observe are:

New Year's Day	Good Friday	Memorial Day
Independence Day	Labor Day	Thanksgiving
Day After Thanksgiving	Christmas Eve	Christmas

Because the nature of our business is to satisfy our customers' wants and needs, it is important that we be able to respond to their requirements during these holiday periods. It may be necessary to maintain a crew of employees to satisfy the customers. If you are required to work on a holiday, you will receive a substitute day that will be mutually arranged between you and your supervisor.

Part-time employees are not eligible for holiday pay.

Vacations

Paid vacation will be extended to full-time employees each January 1st based on the following system:

- Two weeks after one year of service
- After reaching five years of service, one additional day of vacation is earned for each year of service up to a maximum paid vacation of twenty days

VACATION POLICY FOR NEW EMPLOYEES

A prorated vacation will be allowed in the year of hire as follows: Employees hired prior to August 1 earn vacation at the rate of ½ day per month up to a maximum of five (5) days in the first calendar year of employment and will be entitled to two (2) weeks vacation effective January 1. Employees hired after July 31 will earn no vacation in the year of hire but will be entitled to two (2) weeks of vacation effective January 1.

WHEN AM I ENTITLED TO MORE THAN TWO (2) WEEKS?

An employee with a hire date prior to July 1 will be credited with a full year of service for the year of hire. An employee with a hire date after June 30 will not receive credit for a year of service for the year of hire as of each January 1st measurement.

The following example is provided assuming a vacation measurement date of January 1, 1994.

A person hired May 1, 1989 would receive credit for 5 years of service and would be entitled to two weeks and one day in 1994.

A person hired August 1, 1989 would receive credit for 4 years of service and would be entitled to two weeks in 1994.

A person hired February 1, 1994 would be entitled to one week of vacation in 1994 and two weeks of vacation in 1995.

A person hired July 15, 1994 would be entitled to 2½ days vacation in 1994 and two weeks vacation in 1995.

A person hired on August 15, 1994 would be entitled to no vacation in 1994 and two weeks vacation in 1995.

Part-time employees are not eligible for paid vacation.

Unused vacation time may not be carried over or accumulated from year to year.

Vacation pay will be at the employee's normal weekly rate not including overtime. In order to be eligible for vacation pay, an employee must work at least seventy-five percent (75%) of the time scheduled to work during a calendar year.

When a holiday falls during a scheduled vacation period, an alternate day may be selected with the approval of your immediate supervisor.

All vacation time requests must be arranged by your immediate supervisor.

Sickness Pay

Full-time employees are entitled to five (5) days per calendar year off with pay due to sickness. Sick days and pay may not be accumulated from year to year. Sick days will be prorated in the year of hire as follows:

HIRE DATE			
Before		04/01	= 5 days
04/01	-	05/31	= 4 days
06/01	-	07/31	= 3 days
08/01	-	09/30	= 2 days
10/01	-	11/30	= 1 day
After		11/30	= 0 days

If an illness or emergency prevents you from reporting at your scheduled starting time, you are required to notify your supervisor and other appropriate personnel at least one-half ($\frac{1}{2}$) hour before your scheduled starting time. Notifying an employee other than your immediate supervisor will not be accepted. Continue to call in daily as long as you are unable to report to work. You will be considered a voluntary quit if you fail to notify your supervisor for two consecutive days.

Funeral Leave

A period of three (3) days with pay will be granted to a full-time employee in the event of a death in the immediate family, to include husband, wife, mother, father, son, daughter, sister, brother, grandparents, and parents-in-law.

Leave of Absence

A Leave of Absence is time away from work, without pay, for a minimum of four weeks. You may request a Leave for reasons such as the following: educational pursuits, family needs (not otherwise covered under the Company's Family and Medical Leave Policy) or illness, military duty, or other personal reasons. For leaves of serious illness, see the Family and Medical Leave Policy.

You should discuss your request for a Leave with your Manager. Approval must be granted by the Company President, and is based upon your need as well as your department's ability to function normally in your absence. You will be provided with a personal Leave of Absence Request Form to be completed and forwarded to the Company President for final approval.

If approved, your Leave is without pay. Your benefits may be affected by a Leave. The Human Resources Department may be contacted for further information about benefits during Leave.

Two typical reasons to request a Leave are for pregnancy-related reasons and military reasons. In maternity cases, please note that the period of time the physician states an employee is physically unable to work as the result of her pregnancy is considered disability. Any sick pay for which the employee is eligible under the Sick Pay Plan may be applied to her period of disability. A Leave of Absence request would only apply to the time in excess of the disability and should follow the procedure outlined above. A person requesting a Leave for military purposes should also follow the procedure outlined above. Such requests are approved in accordance with federal law.

Family and Medical Leave Policy

PURPOSE: To outline the conditions under which an employee may request time off without pay for a limited period with job protection and no loss of accumulated service provided the employee returns to work.

I. DEFINITIONS

A family and/or medical leave of absence shall be defined as an approved absence available to eligible employees for up to twelve weeks of unpaid leave during a 12-month period for certain reasons that are critical to the life of a family. Specifically, leave may be taken: upon the birth of the employee's child and to care for the newborn child; upon the placement of a child with the employee for adoption or foster care; when the employee is needed to care for a child, spouse, or parent who has a serious health condition; or when the employee is unable to perform the functions of his or her position because of a serious health condition.

For purposes of determining an employee's eligibility for leave, the 12-month period begins when the employee first takes a leave pursuant to this policy. The right to take a leave for the birth or placement of a child expires 12 months after the birth of placement of the child.

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves: inpatient care at either a hospital or other medical care provider; a period of incapacity for three or more days that also involves the continuing care of a health care provider; pre-natal care; or continuing treatment by a health care provider for an incurable or serious chronic or long term health condition.

II. ELIGIBILITY

To be eligible for leave under this policy, an employee must have been employed for at least twelve months in total; must have worked at least 1250 hours during the twelve month period preceding the commencement of the leave; and must be employed at a worksite where 50 or more employees are employed within 75 miles of that worksite.

Exception: If the employee on leave is a salaried employee and is among the ten highest paid employees within a 75 mile radius, and returning the employee to work following the leave would result in substantial and grievous economic injury to the Company, reinstatement can be denied. However, such an employee will be given

an opportunity to discuss his or her return to work and under what terms and conditions.

III. NOTIFICATION AND REPORTING REQUIREMENTS

When the need for leave is foreseeable, such as the birth or adoption of a child, or planned medical treatment, the employee must provide reasonable prior notice (normally 30 days advance notice) and, for medical treatment, must make efforts to schedule leave so as not to disrupt Company operations. If appropriate notice has not been given, leave may be denied until such notice is provided.

In case of illness, the employee will also be required to report periodically on his or her leave status and intention to return to work. Such notification must be provided every 30 days. Employees returning to work will be required to provide a doctor's certification releasing them to work.

IV. BASIC REGULATIONS AND CONDITIONS OF LEAVE

1. The Company will require medical certification to support a claim for leave for an employee's own serious health condition or to care for a seriously ill child, spouse or parent. For the employee's own medical leave, the certification must include a statement that the employee is unable to perform the functions of his or her position. For leave to care for a seriously ill child, spouse or parent, the certification must include an estimate of the amount of time the employee is needed to provide care. In its discretion, the Company may require a second medical opinion and periodic recertification at its own expense. If the first and second opinions differ, the Company, at its own expense, may require the binding opinion of a third health care provider, approved jointly by the Company and the employee.

2. If medically necessary for a serious health condition of the employee or the employee's spouse, child or parent, leave may be taken on an intermittent or reduced leave schedule. If leave is requested on this basis, however, the Company may require the employee to transfer temporarily to an alternative position which better accommodates recurring periods of absence or a part-time schedule, provided that the position has equivalent pay and benefits.

3. If an employee fails to provide the required medical certification, leave may be denied until such certification is provided.

4. Spouses who are both employed by the Company are entitled to a total of twelve weeks of leave (rather than twelve weeks each) for the birth or adoption of a child.

5. Employees requesting a leave pursuant to this policy will be required to use any paid vacation, sick leave or other paid leave for which they are eligible.

V. STATUS OF EMPLOYEE BENEFITS DURING LEAVE OF ABSENCE

1. Medical benefit coverage will be maintained for an employee who is granted an approved leave of absence under this policy. Employees who wish to maintain dependent coverage during the leave must make the contributions for such coverage during the leave. Employees are encouraged to pre-pay such amounts but payments are otherwise due on a monthly basis. Failure to make the required payment may result in the termination of coverage.

2. In the event that an employee elects not to return to work upon completion of an approved unpaid leave of absence, the Company may recover from the employee the cost of any payments made to maintain the employee's medical benefit coverage, unless the failure to return to work was due to the continuation, recurrence, or onset of a serious health condition or for other reasons beyond the employee's control. Benefit entitlements based upon length of service will be calculated as of the last paid work day prior to the start of the unpaid leave of absence.

VI. PROCEDURES

1. Completion of Request for Family and Medical Leave of Absence Form:

A Request for Family and Medical Leave of Absence Form must be originated in duplicate by the employee. This form should be completed in detail, signed by the employee, submitted to the immediate supervisor for proper approvals, and forwarded to the President or his designee. (See attached copy of Request for Family and Medical Leave of Absence Form.) When possible, the form should be submitted thirty (30) days in advance of the effective date of the leave.

2. All requests for family and medical leaves of absence due to illness will include the following information attached to a completed Request for Family and Medical Leave of Absence: Sufficient medical certification stating (1) the date on which the serious health condition commenced; (2) the probable duration of the condition; and (3) the appropriate medical facts within the knowledge of the health care provider regarding the condition. The medical certification form can be obtained from the President or his designee. In addition, for purposes of leave to care for a child, spouse, or parent, the certificate should give an estimate of the amount of time that the employee is unable to perform the functions of his or her position. In the case of certification for intermittent leave or leave on a reduced leave schedule for planned

medical treatment, the reason why such leave is required, the dates on which such treatment is expected to be given and the duration of such treatment must be stated.

Jury Duty

Employees called for jury duty will continue to be paid their normal wage/salary. If an employee is released from jury duty or their court testimony before noon, he or she should return to work.

Security and Safety

The responsibility for maintaining safe conditions within the Company must be shared by everyone concerned. Employees are requested to cooperate in the prevention of injuries.

You can help by:

1. Reporting potential hazards to your supervisor.
2. Reporting injuries and accidents promptly to your supervisor
3. Caring properly for your equipment
4. Helping to keep your work area tidy
5. Being generally alert and careful on the job

Personal Property

Personal items and property of real value should be carefully safeguarded. Purses, billfolds and valuable jewelry should not be left unattended. The Company cannot assume responsibility for personal property of employees.

Emergencies

In the course of a year, many emergencies arise that demand immediate action. Common sense usually dictates the course of action to be taken. Be cautious not to make statements about the cause of any accident or emergency until all facts are known. In an emergency, it is your duty to stick with the problem until it is solved or until you are relieved. In ALL cases, alert management at once.

FIRE:

IMMEDIATELY HAVE SUPERVISOR WARN CUSTOMERS AND OTHER EMPLOYEES. ASSIST IN ANY WAY YOU CAN WITH THE CALM, ORDERLY EVACUATION OF THE BUILDING. IMMEDIATELY NOTIFY THE FIRE DEPARTMENT. DON'T PANIC -- KEEP OTHERS CALM.

MEDICAL EMERGENCY:

IMMEDIATELY HAVE SUPERVISOR SUMMON NECESSARY MEDICAL ASSISTANCE REQUIRED BY THE SITUATION.

QUICKLY LOCATE SOMEONE QUALIFIED TO ADMINISTER FIRST AID IF IT IS REQUIRED.

WAIT FOR HELP TO ARRIVE

REPORT INJURIES TO THE OFFICE EVEN THOUGH MEDICAL ATTENTION MAY NOT HAVE BEEN REQUIRED.

Accidents

An accident occurring during normal working hours is to be reported to your immediate supervisor at once. Upon notification of an accident, the President or his designee will complete an accident form which must be forwarded no later than forty-eight (48) hours after the accident in order that an employee may be covered under Workers' Compensation insurance.

Safety is the responsibility of all employees who should make sure that all safety equipment is being used and that only authorized personnel are using equipment which is under their responsibility.

Work-Related Accidents

All employees are covered by the Workers Compensation Insurance Law of Ohio, paid by the Company. If you are injured on the job in a work-related injury, the workers compensation insurance will provide you with a percentage of your average earnings after three days of time off unless you are hospitalized earlier, in which case it will pay from the first day you become hospitalized. In addition, this insurance pays for the cost of reasonable and customary medical treatment which will be necessary due to your injury or job-related illness.

To receive these benefits, any injury you sustain while on duty must be immediately reported to your supervisor; and you must complete the on-the-job injury form. This form must be completed the day the injury occurs.

Employees are not permitted to refuse treatment for an on-the-job injury and must submit to examination by a physician chosen by the Company.

Time Worked

All hourly employees must keep a time record of hours worked. Do not record any hours which did not involve Company work duties (i.e., lunch, personal errands and time off). Offenders will be subject to dismissal. Time records must be signed by the employee's immediate supervisor.

Overtime

Overtime situations may arise, although we try to avoid them. Your supervisor will attempt to give you reasonable advance notice, but you will be expected to do your share by putting in overtime when necessary. Overtime will be paid to non-exempt hourly employees at time and one-half of the employees regular hourly rate.

Absence and Tardiness

Normal work hours for hourly personnel are from 8:00 a.m. to 5:00 p.m. with a one (1) hour break for lunch. Normal work hours for salary personnel are from 8:00 a.m. to 5:00 p.m. and may vary. You are expected to be punctual in reporting to work. If, at any time, your schedule is not clear, ask your supervisor for an explanation. If an illness or emergency prevents you from reporting at your scheduled starting time, you are required to notify your supervisor at least one-half ($\frac{1}{2}$) hour before your scheduled start time. Notifying an employee other than your immediate supervisor will not be accepted. Continue to call daily as long as you are unable to report to work. You can be released if you fail to notify your supervisor for two consecutive days. In such cases, this will be considered a voluntary quit.

Anti-Harassment Policy

The Company will not tolerate any type of harassment in the workplace. Specifically forbidden is harassment based on race, color, religion, gender, national origin, age or disability and sexual harassment.

Harassment, which is prohibited by this policy, is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color,

religion, gender, national origin, age or disability, or that of his/her relatives, friends or associates and that has the purpose or effect of creating an intimidating, hostile, or offensive work environment; has the purpose or effect of unreasonably interfering with an individual's work performance; or otherwise adversely affects an individual's employment opportunities.

Sexual harassment, which is also prohibited by this policy, is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where submission to such conduct is an explicit or implicit condition of employment, where submission to or rejection of such conduct is used as the basis for making employment decisions, or which has the purpose or effect of unreasonably interfering with an employee's job performance or creating an intimidating, hostile or offensive working environment.

If you believe that you have been subjected to any such harassment or believe that another employee is being subjected to such harassment, you should contact your direct supervisor or, if you prefer, another supervisor or manager with whom you feel comfortable or the President or his designee. Any reported incidents will be promptly reviewed and investigated and proper action will be taken. Any reports will be treated as confidentially as possible, consistent with the Company's objective of dealing effectively with any such report. Any employee found to be engaging in conduct which constitutes harassment will be subject to appropriate disciplinary action, up to and including discharge.

Given the nature of this type of misconduct, all employees must recognize that false accusations of harassment can have serious effects on innocent employees. The Company trusts that all employees will continue to act responsibly to establish a pleasant working environment free of the conduct prohibited by this policy.

Rules of Conduct

It is important for all of us to know the rules of conduct by which we are expected to live here at the Company. All of us benefit by having an orderly, safe workplace. Nothing in this section changes the employment-at-will nature of employment at Cincinnati Belting & Transmission Company.

Offenses subject to immediate dismissal:

1. Insubordination -- refusal to comply with the instruction of supervisor or management.
2. Refusal to accept a job assignment.
3. Refusal to work overtime.

4. Falsifying application for employment.
5. Falsifying time cards, work records or any Company document or information.
6. Illegal, dishonest, or immoral conduct of any kind.
7. Fighting.
8. Malicious damage to Company property.
9. Unauthorized removal or theft of a fellow worker's or the employer's property.
10. Unauthorized long distance telephone calls.
11. The sale, distribution, use or manufacture of narcotics, drugs or controlled substances.
12. The failure to submit to a drug or alcohol screening test.
13. Engagement in criminal activities either on or off the Company premises.
14. Unlawful possession of firearms or concealed weapons.

Offenses subject to disciplinary actions and, if repeated after warnings, dismissal:

1. Excessive absenteeism or tardiness.
2. Failure to report unexcused absence properly.
3. Leaving the premises without permission during work hours.
4. Use of obscene, abusive or threatening language.
5. Unauthorized use of telephone for personal use.
6. Use or possession of narcotics, drugs or controlled substances unless pursuant to prescription and under a doctor's care.
7. Reporting to work under the influence of intoxicants or illegal drugs.
8. Creating unsafe or unsanitary conditions.
9. Unauthorized use or disclosure of information or records of the Company.
10. Engaging in actions defamatory or detrimental to the Company, its products, or its customers.
11. Violations of this Company policy except when immediate dismissal is warranted.

Solicitations and Distributions

In order to respect the rights of all of our employees, there may be no solicitation of employees for memberships, selling merchandise, gifts or other business during the working time of the employee being solicited or the working time of the employee doing the soliciting.

There may be no distribution of literature by employees in working areas of the Company during both working and non-working time. "Working areas of the Company" do not include employee break areas.

Bulletin boards are to be used only for Company business. Employees may post items of a strictly personal nature only (not including defamatory, political or related material) on the bulletin board located outside the lunchroom upon prior approval of the Company.

Individuals not employed by this Company are not permitted to solicit employees on the Company's premises, nor are they permitted to distribute literature to employees on the Company's premises.

Workers' Compensation

As required by law, the Company pays the premiums for Workers' Compensation insurance. This insurance reimburses employees for medical expenses which are the result of an injury incurred at their regular places of work, or when on Company business away from their regular places of work. It also provides for partial reimbursement of salary lost as a result of a work-incurred disability. This is determined by Worker's Compensation requirements.

It is each employee's responsibility to help the Company maintain a safe workplace, and safe workplace practices. If an employee becomes aware of an unsafe condition, he/she should report it immediately to the supervisor and a member of the Safety Committee. The employee should consciously use all safety equipment provided by the Company. In the event of a workplace accident or injury, the employee must fill out an accident report. If a workplace injury is caused by the employee being under the influence of drugs or alcohol, Workers' Compensation may be denied.

Reference Checks

The Company is frequently asked to disclose information about employees during and after their employment at Cincinnati Belting & Transmission Company. We want to serve your interests as well as those of the Company and the requester without jeopardizing your privacy.

The President or his designee, as a standard practice, verifies your dates of employment, position or title, and employment classification for many requests. Also, with your written permission, the Company will respond to requests for additional information such as wages or performance data. There are

occasional instances when additional information must be released in compliance with federal, state, or local laws. In such cases, your authorization may not be required.

Confidential Information

Employees are exposed daily to a great deal of confidential information. Confidential information means information about the Company, its products, sales, prices, distribution, trademarks, service marks, customers, financial data, marketing plans and employees. None of this information, including any method or procedure, may be discussed with any person, relatives or friends outside the Company. Confidential information must not be discussed with other employees except where necessary to process daily business. Discussing confidential information displays poor judgment and undermines the confidence the Company has placed in an employee. You agree that all information of the Company is strictly confidential and that you will always maintain strict confidentiality under all circumstances, both while you are employed with the Company and thereafter. The ability to keep information confidential is one of the criteria by which an employee is measured when opportunities for advancement are considered.

Change of Personnel Data

Each employee will have a personnel record on file in the personnel office. The information placed in this file will always remain confidential.

It is important that personnel records contain accurate and up-to-date information about every employee. Any change in marital status, number of children or other dependents in the immediate family must be reported promptly. This information has a direct bearing on the amount of an employee's payroll deduction for federal withholding tax and the amount of insurance premiums and benefits. Any change in telephone number or address must be reported promptly. It is the employee's responsibility to do this. The Company will not be held responsible.

Progressive Disciplinary Policy

When an employee fails to meet our established standards of work or conduct, it is in the best interest of both the employee and the Company that such unsatisfactory behavior not be ignored. Though

your supervisor will refrain from taking hasty action, he or she will address disciplinary matters promptly and consistently, with proper documentation and in view of all attainable facts. Nothing in this section changes the employment-at-will nature of employment at Cincinnati Belting & Transmission Company.

Except in the case of serious disciplinary problems, the following steps will normally be followed:

First Offense:	Verbal Warning
Second Offense:	Written Warning
Third Offense:	Suspension or termination

Resignation of Employment

Resignation Procedure

Each employee brings a unique blend of skills and talents to our Company and is often difficult to replace. To allow the Company sufficient time to hire and train a replacement, we request that all employees give if possible two weeks but not less than two working days' written notice of resignation. If a full two weeks written notice is not given, it may affect any exit benefits.

Pay Policies

Your final paycheck will normally be mailed to you on the next scheduled payday following the pay period in which you last worked. After all Company property has been returned and any money due the Company has been deducted (which you hereby authorize), a paycheck will be issued. Typically, vacation time or pay will be paid for severance of employment with the Company.

Benefits

Most of your benefits will end at the time of employment termination. Information concerning your benefits is available from the Personnel Department.

Return of Company Property

Before your departure, you will be required to return all Company property including: uniforms, keys, badges, and Employee Manual to your Supervisor. You will also be responsible for clearing any expense accounts, credit cards and personal Cincinnati Belting & Transmission Company charge account through the Accounting Department. A final paycheck will not be issued until these are completed, and the cost of items not returned and all money owed to the Company deducted for the employee's last paycheck.

Exit Interviews

When you leave Cincinnati Belting & Transmission Company, you may be asked to complete a questionnaire or participate in an exit interview. This is an opportunity for you to advise the Company on ways to improve its policies and services. Your participation will be appreciated.

Problem Solving Procedure

On important matters affecting you as an employee, we want to be sure that you are heard. Therefore, if you feel that you have a serious complaint or problem, discuss the matter in detail with your supervisor. If the decision which you have received from your immediate supervisor is not satisfactory to you, you may then meet and discuss the matter with the President.

No Contract of Employment

Nothing contained in this manual or booklet is intended to create a contract of employment or for the provision of any benefit. Employment, compensation and benefits can be terminated, with or without cause, and with or without notice, at any time, at the option of either the employee or the Company. That also means that you are free to leave at any time. No representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Modifications

The Company reserves the right to modify, revoke, suspend, terminate or change the plans, policies or procedures, in whole or in part, at any time and nothing in this Handbook creates any contractual rights.

* * *

I acknowledge that I have received a copy of the Cincinnati Belting & Transmission Company Handbook and that I have read, understand and agree to its provisions.

Date:_____ _____

Employee

or Practitioner
(Family and Medical Leave Act of 1993)

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

1. Employee's Name	2. Patient's Name (If other than employee)

3. Diagnosis

4. Date condition commenced	5. Probable duration of condition

6. Regimen of treatment to be prescribed (indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment, if it is medically necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week.)

a. By Physician or Practitioner

b. By another provider of health services, if referred by Physician or Practitioner

If this certification relates to care for the employee's seriously-ill family member, skip items 7, 8 and 9 and proceed to items 13 thru 20 on reverse side. Otherwise, continue below.

Check **Yes** or **No** in the boxes below, as appropriate

7. Is inpatient hospitalization of the employee required? ☐ Yes ☐ No No

8. Is employee able to perform work of any kind? (If **"No"**, skip item 9) ☐ Yes ☐

9. Is employee able to perform the functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee) ☐ Yes ☐ No

10. Signature of Physician or Practitioner	11. Date	12. Type of Practice (Field of Specialization, if any)

Form WH-380

REQUEST FOR FAMILY AND MEDICAL LEAVE OF ABSENCE

PART 1 (to be completed by Employee)

NAME _____ DATE _____

DEPARTMENT _____ TITLE _____

TYPE OF LEAVE REQUESTED

( ) **FAMILY** (indicate the type of Family Leave)

( ) BIRTH
( ) ADOPTION/FOSTER CARE
( ) PERSONAL ILLNESS
( ) FAMILY MEMBER ILLNESS
(parent, spouse, child)

( ) MILITARY
( ) EDUCATIONAL
( ) PERSONAL

Reason for leave. Complete physician certification for pending leave other than for adoption/foster care.

_____
_____
_____

Effective date of leave _____ Date of Return _____

Employee's
Signature _____ Date _____

PART 2 (to be completed by Department Head)

Check appropriate box

( ) APPROVED ( ) DISAPPROVED

If disapproved, state reason:

_____
_____
_____

Department
Head's Signature _____ Date _____

PART 3 (to be completed by Human Resources)

Reviewed by: _____ Date _____