BEREAVEMENT LEAVE OF ABSENCE LETTER

Sarah Jean Mwangi
2218 North Lincoln Avenue, Unit 4, Chicago, IL 60614

November 18, 2025

Melissa Ortiz, Director of Human Resources
Lakeshore Retail Group, Inc.
330 North Wabash Avenue, Suite 2400, Chicago, IL 60611

Dear Ms. Ortiz,

Re: Formal Request for Leave of Absence

Please accept this letter as my formal request for a leave of absence from my position as HR Coordinator at Lakeshore Retail Group, Inc.. I respectfully ask that you acknowledge receipt of this letter in writing so that we have a shared record of the notice date.

Reason for Leave

My leave is due to a pregnancy loss. I experienced a pregnancy loss this week and need time to recover and grieve.

Dates of Leave

I am requesting leave beginning **November 20, 2025** through **December 4, 2025**, a continuous period of approximately 2nd (2) weeks.

Unforeseeable leave. Consistent with 29 C.F.R. §825.303, I am providing notice of this leave as soon as practicable under the circumstances.

Legal Framework

I understand that, based on my tenure and hours of service and the size of the Company, I may be eligible for leave under the federal Family and Medical Leave Act, 29 U.S.C. §§2601–2654. This letter is intended to provide the Company with sufficient information to determine whether FMLA applies, consistent with 29 C.F.R. §825.303(b). I understand I am not required to specifically reference FMLA for my rights to attach, and I am requesting that the Company designate the leave as FMLA-qualifying to the extent applicable.

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State-Specific Rights

Illinois Paid Leave for All Workers Act. I reserve my rights under the Illinois Paid Leave for All Workers Act, 820 ILCS 192/1 et seq. (effective January 1, 2024), which entitles most Illinois employees to accrue up to 40 hours (5 days) of paid leave per year, usable for any reason. I request that any Company-required substitution of paid leave be applied consistent with PLAWA.

Illinois Family Bereavement Leave Act. I invoke my rights under 820 ILCS 154, which provides up to 10 days of unpaid leave for covered bereavement events, including pregnancy loss and failed adoption, at employers with 50 or more employees.

Pay and Benefits

I request that my accrued paid time off and sick leave be applied to this leave concurrently, consistent with 29 C.F.R. §825.207 and Company policy.

I understand that under 29 U.S.C. §2614(c) the Company is required to maintain my group health insurance coverage during any FMLA-qualifying portion of this leave on the same terms as if I had continued to work, and I intend to continue paying my share of any applicable premiums. Please let me know the preferred method and schedule for remitting my premium share during the leave period.

Reinstatement

I understand that, under 29 U.S.C. §2614(a), I am generally entitled to be restored to my prior position or an equivalent one upon return from FMLA leave. I also understand that 29 U.S.C. §2614(b) and 29 C.F.R. §825.217 contain a limited "key employee" exception for certain salaried employees in the highest-paid 10%, and I ask that the Company notify me in writing at the earliest practicable time if it believes that exception may apply to me, so that we can discuss it.

Availability During Leave

I expect to be fully unavailable during my leave and will not be checking work email or voicemail. I will resume communications upon my return.

I understand that, under 29 C.F.R. §825.216(e), the Company may not require me to perform work during a protected FMLA leave, and nothing in the availability described above is intended to waive that protection.

Return to Work

I intend to return to my position as HR Coordinator on **December 4, 2025** (or earlier, if circumstances permit), and I look forward to resuming my responsibilities at that time. Nothing in this letter is intended

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to waive or limit any right I may have to reinstatement under 29 U.S.C. §2614, under the Americans with Disabilities Act, under USERRA, or under applicable state law.

Acknowledgment of Receipt

To confirm the Company's receipt of this notice for purposes of any applicable FMLA or state-leave timing, I request written acknowledgment of this letter (by email or countersignature) indicating the date it was received.

Thank you for your attention to this request.

Sincerely,

Employee

_____ SIGNATURE

_____ PRINTED NAME

_____ DATE

Sarah Jean Mwangi
HR Coordinator
Employee ID: CHI-0891

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