MENTAL HEALTH LEAVE OF ABSENCE LETTER

Jordan Ashworth
375 West 22nd Street, Apt 7C, New York, NY 10011

September 22, 2025

Elena Vasquez-Rhodes, SVP of People
Harborview Media Group, Inc.
1140 Avenue of the Americas, 18th Floor, New York, NY 10036

Dear Mx. Vasquez-Rhodes,

Re: Formal Request for Leave of Absence

Please accept this letter as my formal request for a leave of absence from my position as Director of Marketing at Harborview Media 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 serious health condition requiring treatment and recovery. I need time away for treatment of a serious health condition requiring an initial period of inpatient care followed by intensive outpatient therapy.

I am providing this general description consistent with the level of detail required to place the Company on notice under applicable federal and state leave laws. I am not required to disclose a specific diagnosis in this letter, and I respectfully reserve the right to provide additional medical detail only through appropriate certification channels and only to the extent required by law.

My condition is episodic in nature and the timeline below reflects my clinician's current treatment plan. I am providing this information at a functional level — describing time away from work required — rather than clinical detail.

Dates of Leave

I am requesting leave beginning **October 6, 2025** through **December 29, 2025**, a continuous period of approximately 12th (12) weeks.

The anticipated return-to-work date is an estimate based on my current treatment plan and is subject to clinical progress.

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Short-notice explanation. I recognize that the Family and Medical Leave Act (29 C.F.R. §825.302) generally calls for 30 days' advance notice of foreseeable leave. I was unable to provide the full 30-day notice because the specific timing of this leave became known to me only recently, and I am providing this notice as soon as practicable after learning of it.

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.

ADA — Interactive process. To the extent my underlying condition constitutes a disability under the Americans with Disabilities Act, 42 U.S.C. §§12101 et seq., I am also requesting that this leave be considered a reasonable accommodation under 42 U.S.C. §12112(b)(5)(A), and I am willing to engage with the Company in the interactive process required by applicable EEOC guidance. I understand that ADA leave-as-accommodation is not capped at 12 weeks and is instead evaluated under an undue-hardship analysis. Nothing in this letter waives any right I may have to a reasonable accommodation or to reinstatement.

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.

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.

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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.

Transition Plan

Deputy Director Carla Henning will serve as acting head of marketing during my absence. I will deliver a full handoff memo covering the Q4 campaign portfolio, budget status, and agency relationships before my leave begins. Kiran Patel will cover external PR.

Medical Documentation

I am prepared to provide a certification from my healthcare provider to support this leave request. For FMLA-qualifying leave, I understand the Company may require certification on U.S. Department of Labor Form WH-380-E (for my own serious health condition) or WH-380-F (for a family member's serious health condition), and that I have fifteen (15) calendar days to respond to any certification request, consistent with 29 C.F.R. §825.305(b). Please let me know what documentation you need and when.

Confidentiality

I respectfully request that any medical information I provide in support of this leave — including any diagnosis, treatment plan, or prognosis — be maintained as confidential, kept on separate forms and in separate files from my personnel file, and disclosed only as permitted under 42 U.S.C. §12112(d)(4) and applicable state law. To the extent any information I provide may constitute "genetic information" under the Genetic Information Nondiscrimination Act, 42 U.S.C. §2000ff-1, I ask that it be handled consistent with GINA's confidentiality requirements.

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Return to Work

I intend to return to my position as Director of Marketing on **December 29, 2025** (or earlier, if circumstances permit), and I look forward to resuming my responsibilities at that time. Nothing in this letter is intended 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.

Request to Discuss

Please let me know if you have any questions, if you need additional information, or if there is an appropriate time for us to discuss the terms of my leave of absence. I am committed to working with you to make the transition as smooth as possible for the team and for the Company.

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

Jordan Ashworth
Director of Marketing
Employee ID: NYC-3180

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