PARENTAL LEAVE OF ABSENCE LETTER

Rebecca Marchetti
742 Carroll Street, Brooklyn, NY 11215

October 1, 2025

Daniel Brenner, Managing Partner
Brenner & Park CPAs PLLC
101 Court Street, Suite 4, Brooklyn, NY 11201

Dear Mr. Brenner,

Re: Formal Request for Leave of Absence

Please accept this letter as my formal request for a leave of absence from my position as Office Manager at Brenner & Park CPAs PLLC. 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 in connection with the birth of my child, expected on or about January 5, 2026. I am expecting my first child in early January 2026 and am requesting parental bonding leave following the birth.

Dates of Leave

I am requesting leave beginning **January 5, 2026** through **March 30, 2026**, a continuous period of approximately 12th (12) weeks.

I understand that FMLA bonding leave must conclude within 12 months of the birth or placement under 29 U.S.C. §2612(a)(2), and the dates above are set accordingly.

Legal Framework

I understand that federal FMLA may not apply to this leave, either because the Company employs fewer than 50 employees within 75 miles of my worksite, because I have not yet completed 12 months of service or 1,250 hours in the prior 12 months, or for other eligibility reasons. I am nonetheless submitting this formal written request and asking the Company to consider it under any applicable state leave law, the Americans with Disabilities Act (where applicable), and Company policy.

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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.

Pay and Benefits

I would welcome the opportunity to discuss with HR whether accrued paid time off should be substituted for any unpaid portion of this leave, 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.

Transition Plan

I will train Mark Ellis on day-to-day office operations before my leave and provide written SOPs for billing, client intake, and payroll. I will also arrange temporary coverage with a part-time bookkeeper during tax season.

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

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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.

Return to Work

I intend to return to my position as Office Manager on **March 30, 2026** (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

Rebecca Marchetti
Office Manager

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