

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

## PROOF OF CLAIM

In re:  
American of Martinsville, Inc.Case Number:  
10-11638

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property



24838954001128

TAMEKA HAILEY  
613 CHURCH ST  
RIDGEWAY, VA 24148

Creditor Telephone Number (276) 224-2591

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Name and address where payment should be sent (if different from above):

RECEIVED

AUG 04 2010

☐ Check this box to indicate that this claim amends a previously filed claim.

Claim Number (if known):

Filed on:

Payment Telephone Number ( )

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 11,415.49

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: vacation pay, sick time, severance pay, 60 days WARN Act pay

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 6954

3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Property: \$ Annual Interest Rate: % if any: \$ Amount of arrearage and other charges as of time case file included in secured claim, Basis for Perfection:

Secured Claim Amount: \$

**DO NOT** include the priority portion of your claim here.

Unsecured Claim Amount: \$

5. PRIORITY CLAIM

Unsecured Priority Claim Amount: \$ 11,415.49

Include **ONLY** the priority portion of your unsecured claim here.

☐ Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

**You MUST specify the priority of the claim:**

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☒ Wages, salaries, or commissions (up to \$11,725\*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,600\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ).

\* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

SECTION 503(b)(9) CLAIM \$

☐ Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Amount entitled to priority" above.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on August 6, 2010 for Non-Governmental Claimants OR on or before November 15, 2010 for Governmental Units.

**THIS SPACE FOR COURT USE ONLY**

BY MAIL TO:  
BMC Group, Inc  
Attn: Barcalounger Corporation Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group, Inc  
Attn: Barcalounger Corporation Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317

Barcalounger  
00271

DATE

8-2-10

**SIGNATURE:** The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Tameka G. Hailey

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

#### Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

##### Debtor Name

##### Case No

American of Martinsville, Inc.

10-11638

Barcalounger Corporation

10-11637

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

##### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.

##### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

##### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

##### 3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

##### 4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

##### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) should be asserted by filling in the appropriate information on this Proof of Claim form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this Proof of Claim form.

##### 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

##### 7. Supporting Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d).

Do not send original documents, as attachments may be destroyed after scanning.

##### Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

##### Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.

*Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.*

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

### DEFINITIONS

#### DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

#### CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

#### CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

#### PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

#### SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

#### UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

#### UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

#### Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

document showing that the lien has been filed or recorded.

#### Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

#### Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

### INFORMATION

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com](http://www.bmcgroup.com)

Dear Sir or Madam,

As a former employee of American of Martinsville, Inc., I am submitting my claim form to request a total of \$11,415.49. A breakdown of how I reached this amount is listed below. I am also including a copy of the policies on sick time and vacation time from the employee handbook, along with pay stubs to support my requests.

Thank you for your time and consideration.

Sincerely,  
Tameka G. Hailey

#### Vacation Pay

15 days were allotted to me in the year 2010 (120 hours)  
Minus 25 hours that I used prior to the lay off  
95 hours remain due to me at a rate of \$11.88 per hour for a total of \$1,128.60

#### Severance Pay for 3 weeks

All former employees received 3 weeks severance pay, except the group in the final layoff (myself included.) I request 15 days(120 hours) worth of pay at a rate of \$11.88 per hour for a total of \$1,425.60

#### WARN Act (60 days pay)

American of Martinsville, Inc. was under the parent company Hancock Park (HPC). HPC purchased new establishments at a cost of millions of dollars within two weeks of our company closure. Therefore, I do not feel that they meet the financial hardship exclusion that applies under the WARN Act. We were also not provided with 60 days notice or payment under the provisions of this policy. So, I request 60 days (480 hours) worth of pay at a rate of \$11.88 per hour for a total of \$5,702.40

#### Remaining Balance of Sick Time

I request payment for my remaining balance of unused sick time totaling 33 days & 1.9 hours (265.9 hours) at my hourly rate of \$11.88 per hour for a total of \$3,158.89. Ten additional sick days were accrued each year. I have included my last paystub from Dec. capturing sick time usage for each year that I was employed in order to support my request (exception-voucher date is September for the year 2006- I wasn't able to locate later 2006 statements).

Year	Balance on 1st of year	Used	Available
2005	10 days(80 hours)	0 hours	10 days(80 hours)
2006	20 days(160 hours)	0 hours	20 days(160 hours)
2007	30 days (240 hours)	96.3 hours	17 days & 7.7 hrs. (143.7 hours)
2008	27 days & 7.7 hrs. (223.7 hours)	33.9 hours	23 days & 5.8 hrs. (189.8 hours)
2009	33 days & 5.8 hrs. (269.8 hours)	80.8 hours	23 days & 5 hrs. (189 hours)
2010	33 days & 5 hrs. (269 hours)	3.1 hours	33 days & 1.9 hrs.(265.9 hours)

<b>Balance Remaining</b>	<b>33 days &amp; 1.9 hrs.(265.9 hours)</b>
--------------------------	--

Greensboro, Inc.  
4620 Grandover Parkway  
Box 26777  
Greensboro, NC 27417-6777

TAMEKA G HAILEY  
613 CHURCH ST  
RIDGEWAY, VA 24148

Voucher Number 439414  
Pay Period Ending 12/03/2005  
Voucher Date 12/09/2005  
Employee ID \*\*\*\*\*6954

Filing Status/Exemptions  
Marital Tax Status M  
Federal 0 State 0

Special Company Information

Income Codes  
210 78.25

Messages

Statement of Earnings and Deductions

Descriptions	Earnings	
	Current	Y-T-D
REGULAR PA	935.87	12,844.26
VACATION		34.94
OVERTIME		76.60
GROSS PAY	935.87	12,955.80

Descriptions	Deductions	
	Current	Y-T-D
FICA SOCIAL SEC.	50.80	711.53
FICA MEDICARE	11.88	166.39
FEDERAL W/H	51.17	686.07
VIRGINIA W/H	30.57	413.92
ECDC MED FAMILY	100.49	1352.43
DENTAL FAM BUND9	10.03	127.36
DIRECT DEPOSITS	674.93	8824.97
DED. TOTALS:	935.87	

Taxable Wage Information

	SS FICA	SS - Medicare	Federal	State
YTD Withholding	711.53	166.39	686.07	413.92
YTD Taxable Wages	11476.01	11476.01	11476.01	11476.01

THIS DOCUMENT HAS A COLORED BACKGROUND, MICRO-PRINTING, AND A PANTOGRAPH.

L A - Z - B O Y  
Greensboro, Inc.  
4620 Grandover Parkway - Box 26777  
Greensboro, NC 27417-6777

DEPOSITED  
M'VILLE DUPONT CR UN

TRANSIT #  
2514-81180

ACCOUNT NUMBER  
CHECKING

AMOUNT DEP  
674.93

VOUCHER NO. 439414  
VOUCHER DATE 12/09/2005

IN THE TAMEKA G HAILEY  
ACCT. 613 CHURCH ST  
OF RIDGEWAY, VA 24148

NON-NEGOTIABLE

DIRECT DEPOSIT ADVICE

AMERICAN OF  
MARTINSVILLE, INC  
128 E Church Street  
PO Box 5071  
Martinsville, VA 24112

TAMEKA G HAILEY  
613 CHURCH ST  
RIDGEWAY, VA 24148

Voucher Number 2472  
Pay Period Ending 8/26/2006  
Voucher Date 9/01/2006  
Employee ID \*\*\*\*\*6954

Filing Status/Exemptions

Marital Tax Status M  
Federal 0 State 0

Special Company Information

Income Codes

210 72.00 220 4.50

Messages

Statement of Earnings and Deductions

Descriptions	Earnings		Descriptions	Deductions	
	Current	Y-T-D		Current	Y-T-D
REGULAR PA	861.12	1,817.92	FICA SOCIAL SEC	50.21	115.86
OVERTIME	80.73	279.86	FICA MEDICARE	11.74	27.09
GROSS PAY	941.85	2,097.78	FEDERAL W/H	50.22	134.25
			VIRGINIA W/H	30.03	74.38
			HLTH STAT E/C 30		97.02
			HLTH STAT FAM 30	132.00	132.00
			UNITED WAY 2006	5.38	10.76
			DIRECT DEPOSITS	662.27	1506.42
			DED. TOTALS:	941.85	

Taxable Wage Information

	SS FICA	SS - Medicare	Federal	State
YTD Withholding	115.86	27.09	134.25	74.38
YTD Taxable Wages	1868.76	1868.76	1868.76	1868.76

THIS DOCUMENT HAS A COLORED BACKGROUND, MICRO-PRINTING, AND A PANTOGRAPH.

AMERICAN OF MARTINSVILLE, INC  
128 E Church Street - PO Box 5071  
Martinsville, VA 24112

VOUCHER NO. 2472  
VOUCHER DATE 9/01/2006

DEPOSITED  
M'VILLE DUPONT CR UN

TRANSIT #  
2514-81180

ACCOUNT NUMBER  
CHECKING AMOUNT DEP 662.27

IN THE  
ACCT.  
OF

TAMEKA G HAILEY  
613 CHURCH ST  
RIDGEWAY, VA 24148

NON-NEGOTIABLE

CO FILE DEPT CLOCK VCH# NO 052  
9MF 000090 810175 0000490016 1

## Earnings Statement



AMERICAN OF MARTINSVILLE INC  
128 E CHURCH STREET  
PO BOX 5071  
MARTINSVILLE, VA 24112

Period Ending: 11/24/2007

Pay Date: 12/07/2007

Taxable Marital Status: Married  
Exemptions/Allowances:  
Federal: 0  
VA: 0

TAMEKA G HAILEY  
613 CHURCH ST  
RIDGEWAY, VA 24148

Social Security Number: XXX-XX-6954

Earnings	rate	hours	this period	year to date
Regular	12.5000	64.00	800.00	21,938.75
Overtime	18.7500	3.70	69.38	738.81
Holiday	12.5000	16.00	200.00	800.00
Sick				1,203.75
Vacation				1,130.00
				25,811.31
<b>Gross Pay</b>			<b>\$1,069.38</b>	

### Other Benefits and Information

	this period	total to date
Sick Balance		80.70
Vac Balance		34.30

### Deductions

#### Statutory

Federal Income Tax	-62.57	1,450.98
Social Security Tax	-58.47	1,401.25
Medicare Tax	-13.67	327.71
VA State Income Tax	-36.46	856.60

#### Other

Checking1	-750.41	17,982.55
Dental	-5.96*	95.36
Hstat Family	-110.77*	2,960.32
Vision	-9.68*	154.88
401K	-21.39*	516.28
United Way		65.38

**Net Pay \$0.00**

\* Excluded from federal taxable wages  
Your federal taxable wages this period are \$921.58

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VERIFY DOCUMENT AUTHENTICITY - COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

AMERICAN OF MARTINSVILLE INC  
128 E CHURCH STREET  
PO BOX 5071  
MARTINSVILLE, VA 24112

Advice number: 00000490016  
Pay date: 12/07/2007

Deposited to the account of  
TAMEKA G HAILEY

account number transit ABA amount  
31310303 2514 8118 \$750.41

NON-NEGOTIABLE

Tameka G. Hailey		000090		***_**_6954		12/19/2008		
Earnings	Department	Hours	Reg Rate	Current	YTD	Deductions	Current	YTD
Regular	610189	80.00	12.50000	1,000.00	23,886.25	FEDERAL INCOME	66.04	1,750.72
Overtime-Weekly					1,119.38	FEDERAL MEDICARE	14.05	368.16
Holiday					812.50	FEDERAL SOCIAL	60.09	1,574.28
Vacation					1,189.38	VIRGINIA	37.83	997.10
Sick					423.75	Medical HStat	110.77	2,880.02
Overtime-Biweek	610189	5.10	18.75098	95.63	1,246.93	Vision	9.68	251.68
						Dental	5.96	154.96
						United Way	1.00	25.00
						401K (%)	21.91	573.58
						Garnishment	0.00	1,191.24
						GRN:PHC/HCGDC	0.00	498.42
Current Earnings	Current Deductions	Net Pay		YTD Earnings	YTD Deductions	YTD Net Pay		
1095.63	327.43	768.20		28678.19	10265.16	18413.03		

Period 11/30/2008 - 12/13/2008.

American of Martinsville 128 East Church Street P.O. Box 5071 Martinsville, VA 24115		<u>Bank Name</u> <u>Account Type</u> <u>Account</u> <u>Deposited</u> M'Ville Dupont Emp    Chk      * 303      768.20	Tax Status:    Federal      State VA Marital      Married      Married Exempt      0      0 Extra \$      0.00      0.00
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American of Martinsville 128 East Church Street P.O. Box 5071 Martinsville, VA 24115		56-382 412 Wells Fargo Bank	Advice      D000521 Advice      12/19/2008 9600097397
Pay the amount of Seven Hundred Sixty Eight and 20/100 Dollars		Amount      \$768.20	
To the account of Tameka G. Hailey 613 Church St Ridgeway, VA 24148		DIRECT DEPOSIT NOT NEGOTIABLE	



\*\*\* 6954

**Tameka C. Hailey** 000090

Earnings	Department	Hours	Reg Rate	Current	YTD	Deductions	Current	YTD
Regular	610189	60.20	11.87508	714.88	21,031.04	FEDERAL INCOME	204.77	7441.14
Holiday	610189	17.00	11.87523	201.88	861.28	FEDERAL MEDICARE	12.03	306.96
Vacation					1,040.94	FEDERAL SOCIAL	51.43	312.52
Sick	610189	3.00	11.87667	35.63	1,009.38	VIRGINIA	30.06	767.59
Overtime-Biweek	610189	0.20	17.80000	3.56	387.18	Medical-H Stat	119.77	2,769.25
						Vision	9.68	242.00
						Dental	5.96	149.00
						Unified Way	10.00	1.00
						401K (%)	19.12	482.81
				Net Pay	696.43			
				YTD Earnings	24329.82			
				YTD Deductions	6775.27			
				YTD Net Pay	17554.55			
Current Earnings		Current Deductions		Net Pay				
955.95		259.52		696.43				

Period 11/15/2009 - 11/28/2009

American of Martinsville  
128 East Church Street  
P.O. Box 5071  
Martinsville, VA 24115

Bank Name	Account Type	Account	Deposited
M'Ville Dupont Emp	Chk	* 303	696.43

Tax Status: Federal Married State VA  
Marital Married  
Exempt 0  
Extra \$ 0.00 0.00

Advice: D000975  
Date: 12/04/2009  
Reference: 9600097397

Amount: \$696.43

Pay the amount of Six Hundred Ninety Six and 43/100 Dollars

To the account of Tameka C. Hailey  
613 Church St  
Ridgeway, VA 24148

DIRECT DEPOSIT  
NOT NEGOTIABLE

MP



Employee Name		Employee Number		Social Security No.		Advice Date		Advice Number	
Tameka G. Hailey		000090		***-**-6954		04/23/2010		D0001153	
Earnings	Department	Hours	Reg Rate	Current	YTD	Deductions	Current	YTD	
Regular	610189	69.30	11.87504	822.94	7,000.32	FEDERAL INCOME	21.80	213.95	
Holiday	610189	8.00	11.87500	95.00	201.88	FEDERAL MEDICARE	11.10	96.88	
Vacation					296.88	FEDERAL SOCIAL	47.44	414.25	
Sick					38.59	VIRGINIA	28.57	243.29	
Overtime-Biweek					339.69	Medical HStat	133.85	1,047.72	
						Vision	9.68	77.24	
						Dental	9.23	70.57	
						Vol Life EE	2.42	16.62	
						Vol Life Spouse	2.95	20.65	
						401K (%)	18.36	157.55	
Current Earnings		Current Deductions		Net Pay		YTD Earnings		YTD Deductions	
917.94		283.40		634.54		7877.36		2359.18	
YTD Net Pay									

Period 04/04/2010 - 04/17/2010

American of Martinsville  
128 East Church Street  
P.O. Box 5071  
Martinsville, VA 24115

Bank Name	Account Type	Account	Deposited
M/Ville Dupont Emp	Chk	303	634.54

Tax Status:	Federal	State VA
Marital	Married	Married
Exempt	0	0
Extra \$	0.00	0.00

American of Martinsville 128 East Church Street P.O. Box 5071 Martinsville, VA 24115		56-382 412 Wells Fargo Bank	Advice Advice Amount	D0001153 04/23/2010 9600097397 634.54
Pay the amount: Six Hundred Thirty Four and 54/100 Dollars				
To the account of: Tameka G. Hailey 613 Church St Ridgeway, VA 24148		DIRECT DEPOSIT NOT NEGOTIABLE		

Form CKAMIMVA Version 6.61.126300

\*See Reverse Side For Easy Opening Instructions\*

American of Martinsville  
128 East Church Street  
P.O. Box 5071  
Martinsville, VA 24115

Associates will be reconsidered for employment after a six month waiting period.

Should the time ever come when you are thinking of leaving American of Martinsville, please talk it over with your supervisor. This is a very important decision, and you may have failed to consider some important factors.

If you decide to resign, please give at least two weeks notice. This will help us to find a replacement. You will receive your final paycheck (including any payment you are owed for accrued vacation) on the next regular pay day.

## **BENEFITS**

### **Eligibility for Benefits**

If you are a full-time associate, you will enjoy all of the benefits described in this manual as soon as you meet the eligibility requirements of each particular benefit.

Part-time associates are not eligible for benefits.

### **Holidays**

All full-time associates are eligible for holiday pay after the 90-day introductory period is completed. In order to be paid holiday pay, you must work the regularly scheduled work day shift prior to and immediately after the holiday.

If you are out on a leave of absence, you will not receive holiday pay.

### **Recognized Holidays**

Notices giving definite dates will be posted on the bulletin boards as far in advance as possible. If you are required to work on a holiday, you will be paid time and one-half (1-1/2) for the hours worked that day.

### **Vacations**

Vacation is a time for you to rest, relax, and pursue special interests. Regular full-time associates are eligible for paid vacation.

### **Amount of Vacation**

The vacation year starts January 1 and ends on December 31 of each year. All earned vacation is credited on January 1 of each year and must be taken by December 31 of the same year. Associates will be eligible for a paid vacation, dependent upon the length of service, as follows:

<u>Length of Service January 1</u>	<u>Earned Vacation Days</u>
Less than one year	Hired no later than June 30th, will be eligible for five (5) days
1 - 4 Years	10 Days
5 - 11 Years	15 Days
12 or more Years	20 Days

If hired no later than June 30th, associates will be eligible for (5) five days of vacation. Although vacation accrual begins on the date of hire, associates are not eligible to take vacation until after six months and it is not considered an earned benefit until completion of six months continuous service. During their first six months, new associates will be required to work during vacation shutdown periods. New hires with less than six months continuous service on January 1, will be allowed to transfer earned but unused

vacation to the next year, but both transferred vacation and credited vacation must be taken during the next fiscal year.

Vacation is earned at (1) one day per month to a maximum of 10 days. 15 days is earned at 1.5 days per month. 20 days is earned at 2 days per month. Vacation time may not be carried over and accumulated in subsequent calendar years. Unused vacation will be pro-rated at time of separation.

### **Scheduling Vacation**

Every effort will be made to grant you your vacation at the time you desire. However, vacations cannot interfere with your department's operation and therefore must be approved by your manager. Vacation time may be taken in hourly, half-day, or full day increments. If conflicts arise in requests for vacation time, the supervisor will resolve them. Vacation time must be scheduled at least 24 hours in advance with your supervisor's approval.

### **Accumulation Rights**

Vacation earned at (1) one day per month, a maximum of 10 days. 15 days is earned at 1.5 days per month. 20 days is earned at 2 days per month. Vacation time may not be carried over and accumulated in subsequent calendar years.

### **Sick Leave**

Non-exempt associates are eligible for paid sick leave. To qualify for paid sick leave, you must be a full-time associate in a non-exempt position, and have completed your initial 90-day period. Time taken off during the initial 90-day period will be without pay. If you must be absent from work because of a personal illness, you will be eligible to receive your regular straight time pay for up to ten (10) days per calendar year. Please advise your manager as soon as possible when you need to be absent from work due to illness.

You will be eligible for paid sick days after you have completed your introductory period as follows: one (1) day when you have completed your introductory period plus one (1) day for each month from the end of your initial 90-day period. Time taken off during the initial 90-day period. Time taken off during the period through the end of the calendar year (not to exceed five (5) days during your first year of employment). Hereafter, you will be eligible for the normal ten (10) paid sick days per calendar year. Please check the Attendance section of this Manual.

Sick leave may be used for the purpose of visiting doctors, dentists or other practitioners in their offices, or for illnesses in your immediate family.

American of Martinsville may request "proof-of-illness" and may also use a company-appointed physician to examine the associate.

If you are required to take a disability leave of absence, any accrued sick leave will be used at the time the leave commences.

In the event of an illness or injury covered by workers' compensation, this sick leave policy will not apply but will defer to state statutes.

Sick leave may be carried over to a maximum of forty (40) days. If you have accumulated at least twenty-five (25) days of sick leave at the beginning of the calendar year you may use a maximum of two (2) sick days during that calendar year as personal days. These personal days will not be counted as occurrences when taken and are not subject to payment if the associate terminates employment prior to using them.

Regular full-time eligible for vacation pay and vacation time off.

### **Other Paid Leaves**

If any of these paid leaves apply to you, please see the Human Resources Department.

Revised 12/05



P.O. Box 5071  
128 East Church Street  
Martinsville, VA 24115-5071  
PHONE (276) 632-2061

April 23, 2010

**Employee Name**  
**Employee Address**

**RE: WARN Notification - American of Martinsville**

Dear Employee First Name:

American of Martinsville is announcing its intent to shutdown its Redd Level manufacturing facility located at:

11 Redd Level Plant Road  
Martinsville, VA 24112

As a result of this action, your employment will end. Your termination may be covered by the Worker Adjustment and Retraining Notification Act (WARN). Therefore, we are providing you the following information:

1. **Separation:** American of Martinsville has begun terminating employees affected by the permanent shutdown of its Redd Level operations. Your termination is effective immediately.
2. **Bumping Rights:** No bumping rights exist.
3. **Statement Regarding Status of Planned Action:** The employment losses that will occur are expected to be permanent.
4. **Company Contact Information:** For information regarding your upcoming termination or the facility shutdown, please contact Bobby Mims, VP HR, (276) 634-2942.

Very truly yours,

American of Martinsville