



## The Dupli Pledge

### **Our Goal**

To stay healthy and to keep our families healthy. To watch out for each other. Help each other. To ensure we are doing the right things for the protection of all of us and our families. And to continue to minimize our density while building on the many safe practices and procedures we have already put in place.

### **Employee Pledge**

By signing this document, I PLEDGE, in the era of COVID-19 and for the duration of this National emergency, to follow the promises listed below without exception. I also will promote community safety practices (like social distancing) at home and amongst anyone I interact with.

### **Understanding**

If you are not able to sign this PLEDGE for any reason, Dupli will work with you to help you get the maximum benefits from CT, PA or NYS and the FEDERAL COVID ACT based on your situation. We will ask no questions. We will continue to pay the Company's portion of your Healthcare premium and you will keep all of your tenure with the Company, including vacation, sick time and any other benefit. And, of course, you can use any and all accrued paid time off as you wish. To the extent that we are able, we will also work to find ways for you to work from home.

### **I Promise**

1. If I feel sick, I will stay home.
2. I want to be safe and I feel comfortable coming to work at Dupli.
3. I will follow any Dupli Guidance/rules relative to safety and will hold my fellow Dupli associates equally accountable.
4. I do not consider myself to be in a higher risk population.
5. I will stay out of contact with anyone that would be considered high risk.
6. I will not travel. I will restrict my movement to Dupli, Home and NYS qualified essential destinations (food, gas).
7. If Dupli is ordered to Close, I will not come to work for any reason.
8. No one I am living with has any symptoms. Fever, Dry Cough, Sore throat
9. If someone I am in regular contact tests positive, I will self-quarantine.
10. If I develop the COVID symptoms or feel I may have COVID, I will make every attempt to get tested.
11. I feel healthy
12. If able, I have taken my temperature this morning and it was normal.

**Print Name**

**Signature/Date**

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