

FAIR LABOR STANDARDS ACT LIVE-IN EXEMPTION

Attendant Name		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Member Name		
First:	<input type="text"/>	Last: <input type="text"/> PPL ID: <input type="text"/>
Employer Name (this must be completed)		
First:	<input type="text"/>	

The United States Department of Labor (US DOL) and Fair Labor Standards Act (FLSA) requires that Attendants are paid overtime for hours worked unless the Attendant is eligible for a “live-in exemption”. Employers use this form to determine if their Attendant is eligible.

For more information regarding the Fair Labor Standards Act Live-In Exemption visit: <http://www.publicpartnerships.com>

This form needs to be filled out for every Attendant you have in Self-Directed Services.

Part 1: Applying for Live-In Exemption
<p>Select which Residency Test option applies:</p> <p><input type="checkbox"/> Attendant lives with the Member seven days a week. This means they do not have another home.</p> <p><input type="checkbox"/> Attendant lives with the Member for an extended period of time. This means they work and sleep five days a week.</p> <ul style="list-style-type: none"> ▪ Any five days in a week (120 hours or more) ▪ Five days in a row <p>! IMPORTANT: Attendant is eligible if either of the above choices are selected.</p> <p><input type="checkbox"/> Attendant does not live with the Member.</p>

Part 2: Cancelling Live-In Exemption
<p>Select if applies:</p> <p><input type="checkbox"/> Attendant no longer lives with the Member they provide services to.</p>

Agree and Sign	
<p>The Attendant and Employer confirm:</p> <ul style="list-style-type: none"> ▪ We have read all of this form ▪ The details provided are accurate and complete ▪ We must inform Public Partnerships when the Attendant no longer lives with the Member ▪ We agree to accept the risks if we fail to inform Public Partnerships ▪ We know that all hours including overtime (over 40 hours per workweek) will be paid at regular hourly rates 	
<p>Attendant Signature: <input type="text"/></p> <p>Member or Employer or Representative Signature: <input type="text"/></p>	<p>Date: <input type="text"/></p> <p>Date: <input type="text"/></p>