



FAIR LABOR STANDARDS ACT LIVE-IN EXEMPTION FORM

Employee Name

First: Last: PPL ID:

Employer Name (This must be completed):

First: Last: PPL ID:

Consumer Name:

First: Last: PPL ID:

Federal Law requires that workers are paid overtime for hours worked more than 40 in one week, unless the worker is eligible for a “live-in exemption” (LIE). The purpose of this form is for Employers and Employees to tell Public Partnerships LLC (PPL) whether the Employee is eligible for the LIE. If an Employee is eligible for the LIE, they will be paid at their normal rate of pay for all hours worked in a week, even if they work for more than 40 hours in a week.

For more information about the LIE, please visit the U.S. Department of Labor website. On that website, search for “live-in exemption”. There, you can read about how FLSA applies to live-in Domestic Service Workers.

Employers must be sure that this form is completed for every one of their Employees.

Part 1: Applying for Live-In Exemption

Select which Residency Test option applies

The Employee lives with the Individual receiving services (Consumer) seven days a week. This means the Employee does not have another home.

OR

The Employee lives, works and sleeps in the Consumer’s home at least five days per week (for example, 120 hours per week or more).

OR

The Employee lives, works and sleeps in the Consumers’ home either (1) for at least five days in a row per week, or (2) for at least five nights in a row per week. (If one of these is true, then the total amount of time spent in the Consumer’s home can be less than 120 hours per week.)

! IMPORTANT: The Employee is eligible for the LIE if any one of the above three choices is selected.

The Employee does not live with the Consumer.

Part 2: Cancelling Live-In Exemption

If at any time an Employee is no longer living with the Consumer, both the Employer and Employee must notify PPL by filling out this section of the Form and submitting it to PPL. Then PPL will begin processing overtime payments for the Employee on the Employer's behalf.

Select if applies:

The Employee no longer lives with the Consumer they provide services to.

Agree and Sign

The Employee and Employer confirm:

- We have read all of this form.
- The details provided are accurate and complete.
- We must inform Public Partnerships LLC when the Employee no longer lives with the Consumer.
- We know that all hours including overtime (over 40 hours per work week) will be paid at regular hourly rates for Employees who qualify for the LIE.
- We understand that failure to be honest when filling out this form , and failing to notify PPL that the LIE no longer applies, may lead to civil and criminal penalties, tax penalties.

Employee Signature:**Date:****Employee Name (Please print):****Employer Signature:****Date:****Employer Name (Please print):**