

Fair Labor Standards Act Live-In Form

Fair Labor Standards Act (FLSA) is a federal law that requires workers to be paid overtime for working more than 40 hours in a week unless they qualify for a “live-in exemption” (LIE). This form tells Public Partnerships LLC (PPL) whether an attendant qualifies for an LIE. If they do, they will be paid their normal pay rate for all hours worked even if they work more than 40 hours in a week.

Employer Name (first and last):

Member Name (first and last):

PPL ID: _____

Instructions: Attendant and employer, complete Parts 1, 2, and 3. Employers must ensure this form is completed for every one of their attendants. If information on this form changes after it is submitted, **both the employer and attendant must** report those changes to PPL by calling 888-752-8250.

Part 1 - Applying for Live-In Exemption

Of the four statements below, check the box for **the one that is true for the attendant and member** (person receiving services).

1. ☐ The attendant lives with the member seven days a week.

The attendant has no other home.

2. ☐ The attendant lives, works, and sleeps in the member's home at least five days per week (for example, 120 hours per week or more).
3. ☐ The attendant lives, works, and sleeps in the member's 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 member's home can be less than 120 hours per week.)

The attendant qualifies for the LIE if statements 1, 2, or 3 above are true.

Part 2 - Cancelling Live-In Exemption

Check the box for the statement below **if it is true for the attendant and the member.**

- ☐ The attendant either (1) now lives with the member for less than the amount of time described in statements 1, 2 or 3 in Part 1, or (2) no longer lives with the member at all.

By checking one of the boxes above, PPL will begin processing overtime payments for the attendant.

Part 3 - Agree and Sign

By signing below, I confirm that I have read this form and that:

- We know all hours, including overtime, will be paid at regular hourly rates for LIE attendants,
- We understand that if we put false information on this form and/or do not tell PPL that the attendant's LIE no longer applies, this may lead to civil, criminal, and/or tax penalties, and

- All information on this form is correct and we will report to PPL if the LIE no longer applies.

Attendant Signature:

Date: _____

Attendant Printed Name (first and last):

_____ **PPL ID:** _____

Employer Signature:

Date: _____