

FLSA Employee Overtime EXEMPTION

Employer Name _____ Date _____

My employee _____ meets the exemption qualifications as explained by the Department of Labor. I have taken the self-assessment available on the Department of Labor website <http://www.dol.gov/whd/homecare/checklist.htm> and believe my employee qualifies for:

- Companionship exemption** - If a worker providing services in a private home spends more than 20% of his or her workweek providing assistance to the person with ADLs and IADLs, then he or she is not performing companionship services

- Live-in exemption** – the employee lives with the service recipient in a private home

I understand that I am fully responsible for the overtime pay of the employee should the Department of Labor challenge this exemption filing.

Employer Signature _____ Date _____
