<<CITY LOGO>>

Fair Labor Standards Act (FLSA) Exemption Checklist

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| **EXECUTIVE EXEMPTION** | |
| Exempt executive employees generally are responsible for the success or failure of departmental city operations under their management. Other critical elements are (1) whether management is the employee’s primary duty(principal, main, major, most important) , (2) whether the employee directs the work of **two or more full-time equivalent employees**, and (3) whether the employee has the authority to hire/fire other employees or, alternatively, whether the employee’s suggestions and recommendations as to the hiring, firing, advancement, promotion, or other change of status of other employees are given particular weight. Joint or shared supervision with another exempt employee insufficient. Additionally, supervision in the regular manager’s absence is insufficient. | |
| **POSITION INFORMATION** | |
| Position Title: |  |
| Department: |  |
| Incumbent: |  |
| Immediate Supervisor: |  |
| Preparer: |  |

**Directions:** Click on each box that applies to this position to mark it with an “x”. Only select the boxes that are applicable to this position. Give **specific** and **detailed** answers where an explanation or description is requested.

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| **CHECKLIST** | |  |
| Is the employee compensated on a salary basis at a rate not less than $684 per week? | YES ☐  If Yes, please provide specifics below. | NO ☐  If not, stop. The employee is not exempt. |
| Does the employee’s primary duty consist of managing the enterprise or a customarily recognized department or division thereof? If yes, please describe. | YES ☐  If Yes, please provide specifics below. | NO ☐  If not, stop. This may qualify under another exemption test. |
| Please describe the employee’s primary duty |  | |
| Does the employee regularly and customarily supervise **two or more** full time positions (2 FTE(or the equivalent) who are employed in the department or subdivision that the employee manages? | YES ☐  If Yes, please provide specifics below. | NO ☐  If not, stop. The employee is not exempt. |

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| Does the employee interview, select, and train employees? Coach employees in proper job performance techniques and procedures? | YES ☐ | NO ☐ |
| Does the employee direct the work of employees and set/adjust their hours of work? | YES ☐ | NO ☐ |
| Does the employee maintain records on employee performance for use in supervision or control? | YES ☐ | NO ☐ |
| Does the employee appraise employee performance to recommend promotions or other changes in status? | YES ☐ | NO ☐ |
| Does the employee handle employee complaints and grievances and discipline employees when necessary? | YES ☐ | NO ☐ |
| Does the employee plan other employees’ work and determine the techniques used in their work? | YES ☐ | NO ☐ |
| Does the employee apportion work among different employees? | YES ☐ | NO ☐ |
| Does the employee determine the types of materials, supplies, or tools to be used by other employees? Control the flow and distribution of materials and supplies? | YES ☐ | NO ☐ |
| Does the employee provide for the safety of employees and the property of the city? | YES ☐ | NO ☐ |
| Does the employee control the budget? | YES ☐  If Yes, please provide specifics below. | NO ☐ |
| If yes, give specific details (size, scope, authority) |  | |
| Does the employee monitor or implement legal compliance measures? | YES ☐ | NO ☐ |
| Does the employee have shared supervision responsibilities with another supervisor? | YES ☐  If Yes, please provide specifics below. | NO ☐ |
| If yes, provide details (number, departments, authority level). |  | |
| Does the employee have the authority to hire or fire other employees? | YES ☐ | NO ☐  If No, please provide specifics below. |
| If not, is it part of the employee’s job to make recommendations on hiring, firing, advancement, promotion, or other changes of status? | YES ☐ | NO ☐ |
| What percentage of working time does the employee spend providing the leadership duties and responsibilities described above? | | |
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| List the employees whose work is customarily and regularly directed by the employee. Provide the first and last name, position title, hours worked per week, and employment status for each employee listed. | | |
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**CERTIFICATION**

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| ☐ | By checking this box, I certify that all information provided on this form is to the best of my knowledge is true, accurate, and complete. I understand that this information will be used to determine overtime eligibility or ineligibility for any incumbent assigned to this position |

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Printed Name of Preparer Date

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Signature of Preparer