

WV TBI Personal Options
601-3 E Brockway Ave, Suite E
Morgantown, WV 26501
Phone: 304-381-3100
Fax: 304-296-1932



**WEST VIRGINIA TRAUMATIC BRAIN INJURY WAIVER PROGRAM
FLSA Live-in Exemption Form**

The United States Department of Labor (US DOL), Fair Labor Standards Act (FLSA), requires household employers to pay employees overtime pay for hours worked over 40 per workweek unless the employee qualifies for an exemption. Please use this form to notify PCG Public Partnerships if the employee qualifies for the live-in exemption from overtime pay. You may also use this form to revoke the exemption when the employee no longer qualifies for the exemption.

PARTICIPANT NAME: _____ PARTICIPANT ID: _____

EMPLOYEE NAME: _____ EMPLOYEE ID: _____

STEP 1: DETERMINE IF THE EMPLOYEE QUALIFIES FOR THE LIVE-IN EXEMPTION FROM OVERTIME PAY

The live-in exemption:

- Applies only to the participant/employee pair based on the **“Residency Test”** (below); and
- Applies to all services provided by the employee for that participant.

Residency Test:

- A live-in employee is exempt from overtime pay if the employee **“...resides on the employer's premises either permanently or for extended periods of time”**. **“Employer's premises”** means the household where employed. **“Permanently”, or “...extended periods of time”** means the employee lives, works, and sleeps in the household where employed for at least five (5) days a week (120 hours) or more.

STEP 2: CERTIFY THE EMPLOYEE'S ELIGIBILITY FOR THE LIVE-IN EXEMPTION FROM OVERTIME PAY

Please check the box below if the employee qualifies for the live-in exemption.

YES, the employee qualifies for the live-in exemption for overtime pay. All hours, including overtime (over 40 hours per workweek), will be paid at regular hourly rates for all services.

Please sign and submit this form to:

Fax: 1-866-616-5497 or Mail to Public Partnerships, 601-3 E Brockway Ave, Suite E, Morgantown WV 26501

Do NOT submit this form if the employee does NOT qualify for live-in exemption from overtime pay.

STEP 3: SIGN AND AUTHORIZE

By signing, we understand that it is our responsibility to inform PCG Public Partnerships when the employee no longer lives with the participant. Both parties must sign to claim the exemption. Only the participant/representative must sign to revoke the exemption.

PARTICIPANT/REPRESENTATIVE SIGNATURE _____ DATE _____

EMPLOYEE SIGNATURE _____ DATE _____

<Complete the below section ONLY if you are TERMINATING the employee's live-in exemption.>
I declare that the employee no longer qualifies for the live-in exemption from overtime pay.

PARTICIPANT/REPRESENTATIVE SIGNATURE _____ DATE _____

Please sign and submit this form to:

Fax: 1-866-616-5497 or Mail to Public Partnerships, 601-3 E Brockway Ave, Suite E, Morgantown WV 26501