

FLSA EXEMPT FORM

Employee Name _____

Social Security Number _____

Class Code _____

Date of Test _____

EXECUTIVE ANSWERS (CIRCLE)

1. Yes No
Management Activities Factors: a b c d e f g h i other_____
2. Yes No
3. Yes No
4. Yes No

ADMINISTRATIVE ANSWERS (CIRCLE)

1. Yes No
2. Yes No
Factors: a b c d e f g h i j k other_____

PROFESSIONAL ANSWERS (CIRCLE)

1. Yes No
2. Yes No

ALL ANSWERS IN ANY ONE CATEGORY MUST BE "YES" TO BE EXEMPT.

FINAL FLSA STATUS

EXEMPT

NON-EXEMPT

I certify that, pursuant to the Fair Labor Standards Act, the answers above correctly reflect the duties performed by the above named employee.

NAME OF SUPERVISOR _____

Signature

Date

c: Personnel File