

## Initial Request for Business Data

*the following concerning your practices during the past 24 months*

Legal Name of Business: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Employer Federal Tax ID # \_\_\_\_\_

**This business is a** (please check):

- Corporation (List officer information in the “names” box below)  
     State and Date of Incorporation: \_\_\_\_\_
- Partnership (List the Partners in the “names” box below)
- Sole Proprietorship (Enter sole proprietor information in the “names” box below)

**Main Office Location:**

(Include Telephone Number & fax #'s) \_\_\_\_\_

**Branch Locations:** (please attach a list of all U.S. locations)

(Attach list if necessary)

**Other Businesses Owned:**

(Include Name and Address) \_\_\_\_\_

Firm's Representative(s) for Investigation: \_\_\_\_\_

**Names of Owners, Partners, Board Members and/or Corporate Officers:**

Name Social Sec. #	Title	Home Address	Telephone	% of Ownership

Nature of your business (please be specific): \_\_\_\_\_

Person responsible for your pay practices: \_\_\_\_\_

Person responsible for FMLA procedures/practices: \_\_\_\_\_

Are your pay practices dictated on a corporate or local level? \_\_\_\_\_

Do you operate on a calendar or fiscal year basis? \_\_\_\_\_ If fiscal, from/to: \_\_\_\_\_

How are newly hired employees informed of FMLA policies/procedures? \_\_\_\_\_

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Total number of current employees at your location: \_\_\_\_\_

Total number of current employees at all locations within 75 miles of (if not known please estimate)

Where are your records (time cards, payrolls, attendance records etc) kept? \_\_\_\_\_

How are hours recorded (i.e., written time records, time cards, etc.)? \_\_\_\_\_

Where is your payroll processed (i.e., in-house, main office, etc.)?

Are employees represented by a union(s). If so, please identify the unions and provide the name and telephone number of the business agent(s)

Employees are paid:     Monthly     Weekly     Bi-weekly     Semi-monthly

What **7 day period** constitutes your workweek (e.g. Wed - Tue)? \_\_\_\_\_

Do you administer FMLA "in house" or is it vendored out. If vendored out, who has handled your FMLA leave March 2011 to the present.

When does your leave year begin for FMLA purposes?

(1)(a) Provide a copy of all employees who have requested FMLA leave from March 21, 2011 to the present time. This information should be provided by employee name, address, type of leave requested, for example:

- (a) Birth and/or care
- (b) Placement related to adoption or foster care.
- (c) Care of a spouse, child or parent.
- (d) Employees' own serious health condition.
- (e) Qualifying exigency military
- (f) Other

1(b) Please identify if any of these employees have not received a Perfect Attendance Bonus, and explain why.

(2) For each of the above employee requests, please provide the initial, subsequent, and final disposition of each FMLA request.

(3) If any of these employees have received attendance related discipline, points, failure to receive perfect attendance awards, etc, please explain for each employee.

(4) For each of the categories of leave, provide a "full packet" of the documentation that is sent to each employee, including any release forms, and any requests for clarification

(5) Please provide the number of hours Employee worked from July 31, 2011 thru July 20, 2012. If there is not a complete record, please estimate \_\_\_\_\_

(6) Please provide a copy of your written FMLA policy for DOL review; e.g. employee handbook sections, orientation packet information given to employees etc that was in effect on September 28, 2010 and any changes to date

(7) Please provide a copy of all Collective Bargaining Agreements in effect, September 28, 2010 to the present

(8) Please provide the written attendance policy the firm uses. If nothing is in writing, please reduce to writing and provide a copy of the attendance policies in effect, Sept 12, 2010 to the present.

(9) Please attach a chronology of events pertaining to Employee that concerns any time off from work, July 30, 2011 thru Sept 28, 2012. Ensure in this chronology to include all details that describe the events as they occurred, the persons that had contact with Employee concerning any time off requests, and her call in and/or paperwork provided by Individual or others on her behalf, any paperwork provided by the firm or others on its behalf to Individual, and the persons that provided that paperwork, up to the last time you had

contact with this employee. You should attach copies of all documents that support this chronology, (ie notes, requests by employee, forms filled out and copies of written, mail and/or e/mail communication etc, related to time off requests..This should include all records of correspondence between Individual, the management team, and Administrator.

(10)Please provide the names of all Company employees, representatives, and/or consultants who have had any involvement with Personnel matters, including the Family and Medical Leave Act, March 22, 2011 to the present.

(10)Please provide a copy of Employees.

(11)Please provide a full explanation of Company's position on on the reason that Employee was failed to Please provide a copy of Company's present policy, and any previous policies in effect from March 22, 2011 that deal with Perfect Attendance.

12. Provide a copy of any Company guidelines

(12)Please provide any other information that you feel would be helpful.

(13)Please provide a copy of the firm's progressive discipline process, and if not written, please reduce to writing and provide that copy.

(14)Please provide a copy of the firm's attendance policy at the plant, beginning with Sept 2010, and any changes through September 28, 2012.

(15) Please provide a copy of Employees attendance, August 2011 thru August 2012.

(16) Provide a copy of all documentation that Administratory has on this matter. Specifically, all letters and attachments medical certification forms, medical releases, leave profile- including leave event, employee, employment, eligibility, leave period including Leave Profile-Action History, and claim document.

(17)Are you aware of any employment related lawsuits pending against the company?

(18) Please provide copies of any grievances that deal with attended related matters, June 25, 2010 to the present.

**I attest that the above information is true and correct to the best of my knowledge and belief.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**NAME (PRINT PLEASE)** \_\_\_\_\_